

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000 TAMPA, FL 33607



Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2022. Please follow renewal instructions on the remittance coupon below.

Policy Number:

99055447662020

Policy Expiration Date: 03/01/2022

Loan Number:

Billing Date:

01/12/2022

Payor:

Insured

Insured Property Location:

707 S OCEAN DR **FIRE STATION 40**

HOLLYWOOD, FL 330192009

Coverage Options	Coverage Amounts	Ded	uctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	500,000.00	176,400.00	5,000.00	5,000.00	21,414.00	
B. Increased coverage	500,000.00	185,200.00	5,000.00	5,000.00	21,429.00	

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit https://TheHartford.ManageFlood.com and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order:

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
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- Return this portion in the attached return envelope.

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Insured Name: CITY OF HOLLYWOOD Renewal Date: 03/01/2022 99055447662020 Policy No: 17383513-151967312 Bill ID: Option A Option B Select One: \$21,414 \$21,429

Amount Enclosed:	\$		T						.00
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Hartford Fire Insurance Company PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205662020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location: 1621 N 14TH AVE RAS PUMP HOLLYWOOD, FL 330200000

Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW \$1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

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This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts	Ded	luctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,350.00	
B. Increased coverage	N/A	N/A	N/A	N/A	N/A	

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- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to:

CITY OF HOLLYWOOD Insured Name:

03/01/2022 Renewal Date:

87029205662020 Policy No: 17383514-151647614 Bill ID:

Option A Option B Select One:

\$3,350 N/A

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385



AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW \$1000 **TAMPA, FL 33607**

OFFICE OF HUMAN RESOURCES

2022 JAN 10 PM 3: 09

Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205722020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE RAS PUMP #3 HOLLYWOOD, FL 330200000

AON RISK SVCS INC OF FLORIDA

Agent: AON RISK SVCS INC OF FLORIDA

7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

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Coverage Options	Coverage Amounts	Ded	uctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,350.00	
B. Increased coverage	N/A	N/A	N/A	N/A	N/A	

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- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

03/01/2022 Renewal Date:

87029205722020 Policy No:

17383516-151647976 Bill ID:

Option A Option B Select One: N/A \$3,350

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205692020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE RAS PUMP #4 HOLLYWOOD, FL 330200000

Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

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Coverage Options	Coverage Amounts	Ded	uctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,350.00	
B. Increased coverage	N/A	N/A	N/A	N/A	N/A	

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- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

Renewal Date: 03/01/2022

87029205692020 Policy No:

17383517-151648425 Bill ID:

Option A Option B Select One:

> N/A \$3,350

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205642020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE REFUSE STORAGE

HOLLYWOOD, FL 330200000

Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

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IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts	Ded	uctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	450,000.00	0.00	1,250.00	0.00	3,184.00	
B. Increased coverage	495,000.00	0.00	1,250.00	0.00	3,333.00	

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Insured Name:

Renewal Date:

Select One:

Policy No:

Bill ID:



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- Return this portion in the attached return envelope.

Amount Enclosed:	\$	
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Option B

\$3,333

CITY OF HOLLYWOOD

17383518-151647979

03/01/2022

87029205642020

Option A

\$3,184

Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385



TAMPA, FL 33607



Mail To:

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205652020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location:

1621 N 14TH AVE REFUSE WATER CONTROL

HOLLYWOOD, FL 330200000

Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

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IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts	Ded	Deductibles		Premium		
	Building	Contents	Building	Contents			
A. Current coverage	500,000.00	282,000.00	1,250.00	1,250.00	6,399.00		
B. Increased coverage	500,000.00	296,100.00	1,250.00	1,250.00	6,494.00		

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CITY OF HOLLYWOOD **Insured Name:** 03/01/2022 Renewal Date: 87029205652020

Policy No: 17383520-151648274 Bill ID:

Option B Option A Select One: \$6,494 \$6,399

Amount Enclosed:

Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

Policy Number:

87029205632020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Insured Payor: **Insured Property Location:**

1621 N 14TH AVE SLUDGE BLDG HOLLYWOOD, FL 330200000

Agent: AON RISK SVCS INC OF FLORIDA AON RISK SVCS INC OF FLORIDA

7650 W CRTNY CMPBLL CSW S1000 **TAMPA, FL 33607**

(813) 636-3500

RENEWAL NOTICE

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This policy contains a 10% credit for community floodplain management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts	Ded	luctibles	P	remium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,350:00
B. Increased coverage	N/A	N/A	N/A	N/A	N/A

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- Return this portion in the attached return envelope.

Make check or money order payable to:

CITY OF HOLLYWOOD **Insured Name:**

03/01/2022 Renewal Date:

87029205632020 Policy No:

17383521-151647991 Bill ID: Option B Option A

Select One: N/A \$3.350

Amount Enclosed:

Hartford Fire Insurance Company

PO BOX 913385



AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000 **TAMPA, FL 33607**



2022 JAN 10 PM 3: 08

Mail To:

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CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045

RENEWAL NOTICE

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Agent: AON RISK SVCS INC OF FLORIDA

TAMPA. FL 33607 (813) 636-3500

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

This policy contains a 10% credit for community floodplain

management activities.

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Policy Number:

87029205622020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021 Insured

Payor: **Insured Property Location:**

1621 N 14TH AVE TRUCK SCALE HOLLYWOOD, FL 330200000

Coverage Options	Coverage Amounts		Deductibles	THE REAL PROPERTY.	Premium
	Building	Contents	Building	Contents	
A. Current coverage	80,000.00	0.00	1,000.00	0.00	1,209.00
B. Increased coverage	88,000.00	0.00	1,000.00	0.00	1,299.00

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- Return this portion in the attached return envelope.

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87029205622020 Policy No: 17383522-151648114 Bill ID: Select One: Option A Option B \$1,209 \$1,299

03/01/2022

CITY OF HOLLYWOOD

Amount Enclosed: .00

Hartford Fire Insurance Company

PO BOX 913385

Insured Name:

Renewal Date:





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2022. Please follow renewal instructions on the remittance coupon below.

Policy Number:

87029206012020

Policy Expiration Date: 03/01/2022

Loan Number:

N/A

Billing Date:

12/31/2021

Payor:

Insured

Insured Property Location:

2207 RALEIGH ST

HOLLYWOOD, FL 330201631

Coverage Options	Coverage Amounts	Ded	uctibles	Premium		
	Building	Contents	Building	Contents		
A. Current coverage	350,000.00	50,000.00	1,250.00	1,250.00	3,887.00	
B. Increased coverage	400,000.00	100,000.00	1,250.00	1,250.00	4,454.00	

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Insured Name :	CITY OF HOLLYWOOD
Ponowal Date:	03/01/2022

Renewal Date: **U3/U1/ZUZZ** 87029206012020 Policy No: 17383524-151647885 Bill ID:

Option A Option B Select One: \$3,887 \$4,454

Amount Enclosed:

Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2022. Please follow renewal instructions on the remittance coupon below.

Policy Number: 87029206062020 Policy Expiration Date: 03/01/2022

Loan Number : N/A

Billing Date : 12/31/2021
Payor : Insured
Insured Property Location :

2311 N 23RD AVE

HOLLYWOOD, FL 330202010

Coverage Options	Coverage Amounts	Deductibles		Premium	
•	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	50,000.00	1,250.00	1,250.00	4,467.00
B. Increased coverage	500,000.00	100,000.00	1,250.00	1,250.00	4,854.00

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001001 0110.	\$4.467 \$4.854	
Select One:	Option A Option E	3
Bill ID:	17383525-151648220	
Policy No:	87029206062020	
Renewal Date:	03/01/2022	
Insured Name :	CITY OF HOLLYWOOD	

Amount Enclosed:	\$.00
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Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385





CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 Agent: AON RISK SVCS INC OF FLORIDA

AON RISK SVCS INC OF FLORIDA 7650 W CRTNY CMPBLL CSW S1000

TAMPA, FL 33607 (813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2022. Please follow renewal instructions on the remittance coupon below.

Policy Number: 87029205962020 Policy Expiration Date: 03/01/2022

Loan Number: N/A

Billing Date: 12/31/2021 Payor: Insured

6197 TAFT ST

HOLLYWOOD, FL 330246038

Insured Property Location:

Coverage Options	Coverage Amounts	Deductibles		Premium	
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	50,000.00	1,250.00	1,250.00	4,467.00
B. Increased coverage	500,000.00	100,000.00	1,250.00	1,250.00	4,854.00

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- Return this portion in the attached return envelope.

Insured Name :	CITY OF HOL	LYWOOD
Renewal Date:	03/01/2022	
Policy No:	87029205962	020
Bill ID :	17383526-15	_
Select One:	Option A	Option B
	\$4 467	\$4.854

Amount Enclosed:	\$		00
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Make check or money order payable to:

Hartford Fire Insurance Company

PO BOX 913385

Due 3/01/22							
Policy#	\$	Property Address	Description	Building	Contents	Ded/Building	Ded/Contents
99055447662020	\$21,414.00	707 South Ocean Drive	Fire Station	500,000	176,400	5,000	5,000
87029205662020	\$3,350.00	1621 N 14th Ave.	RAS Pump	500,000	0	1,250	C
87029205722020	\$3,350.00	1621 N 14th Ave.	RAS Pump #3	500,000	0	1,250	C
87029205692020	\$3,350.00	1621 N 14th Ave.	RAS Pump #4	500,000	0	1,250	C
87029205642020	\$3,184.00	1621 N 14th Ave.	Refuse Storage	450,000	0	1,250	C
87029205652020	\$6,399.00	1621 N 14th Ave.	Refuse Water Control	500,000	282,000	1,250	1,250
87029205632020	\$3,350.00	1621 N 14th Ave.	Sludge Building	500,000	0	1,250	C
87029205622020	\$1,209.00	1621 N 14th Ave.	Truck Scale	80,000	0	1,000	C
87029206012020	\$3,887.00	2207 Raleigh St.	HPD Network	350,000	50,000	1,250	1,250
87029206062020	\$4,467.00	2311 N 23rd Ave.	Boggs Field	500,000	50,000	1,250	1,250
87029205962020	\$4,467.00	6197 Taft St.	West Annex Park	500,000	50,000	1,250	1,250
	\$58,427.00						

FloodDPV2022.xls 1/13/2022