



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Certificate Department	
Rovner Insurance Group		PHONE (A/C, No, Ext): 561-287-6279	FAX (A/C, No): 561-629-1335
11098 Biscayne Boulevard		E-MAIL ADDRESS: support@rovnerco.com	
Suite 100		INSURER(S) AFFORDING COVERAGE	
Miami FL 33161		INSURER A: Hamilto Select Insurance Inc	
INSURED		INSURER B: Oak River Insurance Company	
		INSURER C: Starstone Specialty Insurance Company	
		INSURER D: TRANSPORTATION INS CO	
		INSURER E:	
		INSURER F:	
TAC Armatures & Pumps			
800 NW 73 St			
Miami FL 33150			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	SBHS0003041	06/25/2024	06/25/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 1000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY	Y	Y	04APM050949-01	09/04/2024	09/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
C	<input type="checkbox"/> UMBRELLA LIAB	Y	Y	75357U230ALI	06/25/2024	06/25/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	7013541763	02/19/2024	02/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

85000-517 HOLLYWOOD EMERGENCY REPAIR. Certificate holder is additional insured with respects to the General Liability and Auto Liability .

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 1621 N 14TH AVE HOLLYWOOD FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Marc Rovner</i>

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From: [Kelly Angeles](#)
To: [Daniela Behm](#)
Subject: FW: TAC Armatures & Pumps COI
Date: Wednesday, November 13, 2024 3:59:51 PM
Attachments: [City of Hollywood \(10\) \(2\).pdf](#)
[image001.png](#)

FYI..

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Thursday, September 26, 2024 1:52 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kellyv Angeles <KANGELES@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

Approved

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Thursday, September 26, 2024 9:34 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kellyv Angeles <KANGELES@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

Good morning,

The attached was sent to COI email on 9/19 by Kellyv Angeles. He has been out of office on approved leave. Can you advise if the attached was approved since I was not in cc of the email he sent to COI?

Thank you,

Daniela "Dani" Behm
Administrative Assistant I
Public Utilities Administration
Phone: 954-967-4455 Ext: 5641



From: Kellyv Angeles <KANGELES@hollywoodfl.org>
Sent: Thursday, September 19, 2024 3:18 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

FYI...

From: Kellyv Angeles
Sent: Thursday, September 19, 2024 9:19 AM

To: Certificate of Insurance <COI@hollywoodfl.org>

Subject: RE: TAC Armatures & Pumps COI

Good morning,

Please review and advise.

Thanks,

Kelly Angeles

Public Utilities ICE Manager

City of Hollywood, Florida

Phone: 954-921-3288 Ext. 5558

kangeles@hollywoodfl.org

From: Certificate of Insurance <COI@hollywoodfl.org>

Sent: Thursday, September 12, 2024 11:50 AM

To: Kelly Angeles <KANGELES@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Subject: FW: TAC Armatures & Pumps COI

Not acceptable:

The auto is fixed, but they removed the City as Additional Insured for General liability. Probably and oversight since were listed as such on the previous COI.

From: Kelly Angeles <KANGELES@hollywoodfl.org>

Sent: Wednesday, September 11, 2024 7:10 AM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Horace McLarty <hmclarty@HollywoodFL.org>

Subject: RE: TAC Armatures & Pumps COI

Hi Horace,

Please review and advise.

Thanks,

Kelly Angeles

Public Utilities ICE Manager

City of Hollywood, Florida

Phone: 954-921-3288 Ext. 5558

kangeles@hollywoodfl.org

From: Certificate of Insurance <COI@hollywoodfl.org>

Sent: Monday, September 9, 2024 2:17 PM

To: Kellyv Angeles <KANGELES@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Subject: FW: TAC Armatures & Pumps COI

Not acceptable:

1. **Auto Liability** - the City requires a minimum of \$300,000 in coverage with the City named as an additional insured. The vendor currently has \$100,000 in coverage.

From: Kellyv Angeles <KANGELES@hollywoodfl.org>

Sent: Monday, September 9, 2024 2:12 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Horace McLarty <hmclarty@HollywoodFL.org>

Subject: TAC Armatures & Pumps COI

Hello,

Please review and advise the attached COI from TAC Armatures & Pumps, Electric motors and pumps repairs services.

Thanks and Regards,

Kellyv Angeles

Public Utilities ICE Manager

City of Hollywood, Florida

Phone: 954-921-3288 Ext. 5558

kangeles@hollywoodfl.org