

New Police Headquarters Design Team Insurance Documents

Updated 5/8/2023

Approved Certificates of Insurance for the New Police Headquarters Design Team

Insurance Documents and Approvals by Risk Management

- O'Donnell, Dannwolf and Partners Architects, Inc.
- HOK
- Kimley Horn
- Langan
- Enviroprobe
- OCI
- Osborn Engineering
- SLS

O'Donnell, Dannwolf and Partners
Architects, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2023

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 have ADDITIONAL INSURED provisions or 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 Fulton Agency, Inc. 660 E Hillsboro Blvd Ste 105 Deerfield Beach FL 33441		CONTACT NAME: Candace Maloman PHONE (A/C, No. Ext): (954) 510-4485 E-MAIL ADDRESS: candace@fultonagency.com FAX (A/C, No):	
INSURED O'Donnell Dannwolf and Partners Architects Inc 2432 Hollywood Blvd Hollywood FL 33020		INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Assurance Company INSURER B: Nationwide Mutual Insurance company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10723 23787	

COVERAGES

CERTIFICATE NUMBER: 16105

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	ACBPB015924801119	03/02/2023	03/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	ACPBA015924801119	03/02/2023	03/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	ACPCU015924801119	03/02/2023	03/02/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder included as Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Building and Zoning 2600 Hollywood Boulevard 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2023

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 Paycor Insurance Agency LLC 10550 Deerwood Park Blvd Suite 306 Jacksonville FL 32256	CONTACT NAME: Savannah Tye PHONE (A/C, No. Ext): 855.565.3300 E-MAIL ADDRESS: workerscompservices@paycor.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Company of America		NAIC #
INSURED O'Donnell Dannwolf and Partners Architects, Inc 2432 Hollywood Boulevard Hollywood FL 33020	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>	UB-9S667663	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

The City of Hollywood
 2600 Hollywood Blvd
 Hollywood FL 33022

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

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: New Police HQ - Professional Liability for ODP
Date: Tuesday, March 14, 2023 2:01:46 PM
Attachments: [2023-03-01 Updated Prof Liability COI for ODP 2023-2024.pdf](#)

The COI is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, March 14, 2023 11:54 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: New Police HQ - Professional Liability for ODP
Importance: High

Stacy,

Here is the Professional Liability for ODP for the New Police HQ project. Please let me know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Review needed (urgent) COI for New Police Headquarters ODP
Date: Tuesday, March 14, 2023 2:01:12 PM
Attachments: [2023-03-01 Updated O'Donnell Dannwolf COI 2022-2023.pdf](#)
[2023-01-01 Updated WC ODonnell Dannwolf and Partners - 2023-2024.pdf](#)
[2020-04-09 Executed Design Contract - optimized.pdf](#)

The COIs are acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, March 14, 2023 11:33 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Review needed (urgent) COI for New Police Headquarters ODP
Importance: High

Stacy,

Attached please find the updated COI for O'Donnell Dannwolf & Partners, architects for the New Police Headquarters project. I have also attached their old COI and the contract for your reference. Please review at your earliest convenience, as we need to urgently route an ATP in Docusign for this project.

The Worker's Comp insurance is also expired, and I will submit it separately as soon as I receive it.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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HOK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2023

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.

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PRODUCER Marsh USA Inc. One Towne Square Suite 1100 Southfield, MI 48076 Attn: DetroitGroupCaptive.CertRequest@marsh.com CN102618388--WC-23-24 27	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No):		
	E-MAIL ADDRESS:		
INSURED Hellmuth, Obata & Kassabaum, Inc. Canal House, 3223 Grace St. N.W. Washington, DC 20007	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : New Hampshire Insurance Company		23841
	INSURER B : Allu Insurance Company		19399
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** CHI-009577707-10 **REVISION NUMBER:** 4

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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC080756205 (AOS) WC080756206 (CA) (Does not apply to ND, OH, WA, WI, Puerto Rico, or the Virgin Islands)	03/01/2023 03/01/2023	03/01/2024 03/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)

Re: HOK Project Number 20.14032.00; Hollywood FL Police Headquarters
As respects WC, a Waiver of Subrogation is applicable in favor of the Certificate Holder as required by written contract or agreement.

CERTIFICATE HOLDER

City of Hollywood
2600 Hollywood Boulevard
Hollywood, FL 33020

CANCELLATION

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

Marsh USA Inc.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 03/01/2023 forms a part of Policy No. WC 080-75-6205

Issued to HOK GROUP, INC.

By NEW HAMPSHIRE INSURANCE COMPANY

**LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL
TO ENTITIES OTHER THAN THE NAMED INSURED
(WORKERS' COMPENSATION ONLY)**

This policy is amended as follows:

In the event that the **Insurer** cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the **Named Insured** or, if applicable, any other employers named in Item 1 of the Information Page is under an existing contractual obligation to notify a certificate holder when this policy is canceled (hereinafter, the "Certificate Holder(s)") and the **Named Insured** has provided to the **Insurer**, either directly or through its broker of record, the email address of a contact at each such entity; and
3. the **Insurer** received this information after the **Named Insured** receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the **Insurer**,

the **Insurer** will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within 30 days after the **Named Insured** provides such information to the **Insurer**; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the **Named Insured** provides such information to the **Insurer**.

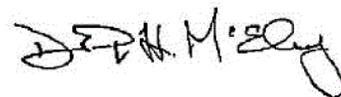
Proof of the **Insurer** emailing the Advice, using the information provided by the **First Named Insured**, will serve as proof that the **Insurer** has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following definitions apply to this endorsement:

1. **Named Insured** means the insured first named employer in Item 1 of the Information Page of this policy.
2. **Insurer** means the insurance company shown in the header on the Information Page of this policy.

All other terms, conditions and exclusions shall remain the same.



AUTHORIZED REPRESENTATIVE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 03/01/2023 forms a part of Policy No. WC 080-75-6205

Issued to HOK GROUP, INC.

By NEW HAMPSHIRE INSURANCE COMPANY

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

**ANY PERSON OR ORGANIZATION TO WHOM YOU BECOME
OBLIGATED TO WAIVE YOUR RIGHTS OF RECOVERY
AGAINST, UNDER ANY WRITTEN CONTRACT OR AGREEMENT
YOU ENTER INTO PRIOR TO THE OCCURRENCE OF LOSS.**

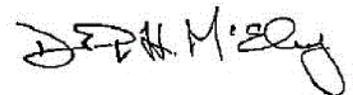
This form is not applicable in Kansas for private construction contracts as defined in K.S.A. 16-1801 through K.S.A. 16-1807 or public construction contracts as defined in K.S.A. 16-1901 through 16-1908, except where permitted by statute or other applicable law, such as for use in wrap-up insurance programs.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

WC 00 03 13
(Ed. 04/84)

Countersigned by _____



Authorized Representative

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: New COI for HOK - New Police Headquarters project
Date: Monday, December 12, 2022 8:07:26 AM
Attachments: [2022-12-15 HOK new COI 22-23 New Police HO.pdf](#)
[2021-12-15 OLD HOK COI 2021-2022.pdf](#)
[2022-03-01 HOK COI - WC.pdf](#)
[2020-04-09 Executed Design Contract - optimized.pdf](#)

The COIs are acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Thursday, December 8, 2022 2:56 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: New COI for HOK - New Police Headquarters project

Dear Risk Management,

Attached please find the updated COI for HOK, a design subconsultant on the New Police Headquarters project (Design Contract attached). I've also attached their old COI and their WC insurance, for your reference. Please review and let us know if the new COI is approved.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: New Police HQ - HOK's Worker's Comp insurance renewal
Date: Monday, March 13, 2023 8:02:23 AM
Attachments: [2022-2023 HOK WC Renewal.pdf](#)

The WC renewal is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Thursday, March 9, 2023 4:38 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: New Police HQ - HOK's Worker's Comp insurance renewal

Stacy,

Attached please find HOK's Worker's Comp insurance renewal COI. I've attached their expired WC COI for reference, as well as their other insurance documents and the design contract. Please let us know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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Kimley Horn

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Kimley Horn updated COI - New Police Headquarters
Date: Monday, May 8, 2023 11:49:13 AM

Hi Heather,

The COI is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Monday, May 8, 2023 9:48 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Kimley Horn updated COI - New Police Headquarters

Stacy,

Attached please find the updated COI for Kimley Horn, for the New Police Headquarters project. I've also attached their old COI and the Design Contract for your reference.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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Langan

Heather Guenot

From: Certificate of Insurance
Sent: Tuesday, May 2, 2023 3:17 PM
To: Heather Guenot; Certificate of Insurance
Subject: RE: Updated Langan Insurance documents, New Police Headquarters project
Attachments: CITY OF HOLLYWOOD 18082574.pdf

Hi

The COI is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, May 2, 2023 2:48 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Updated Langan Insurance documents, New Police Headquarters project

Stacy,

Attached please find the updated COI from Langan for the New Police Headquarters project. I've also attached the design contract for the project, and our previous correspondence on this COI.

Sincerely,

Heather Baburek Guenot, P.E.
Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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Message from your system. Disclosure, use, distribution, or copying of a message or any of its attachments by anyone other than the intended recipient is strictly prohibited.

Enviroprobe



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/2022

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.

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PRODUCER AssuredPartners Northeast, LLC. 8 Stanley Circle Latham NY 12110		CONTACT NAME: Cindy Myers PHONE (A/C, No, Ext): (518) 783-8801 FAX (A/C, No): (518) 783-0345 E-MAIL ADDRESS: certs.latham@AssuredPartners.com	
INSURED Enviroprobe Service Inc. 81 Marter Ave Mount Laurel NJ 08054		INSURER(S) AFFORDING COVERAGE INSURER A: New Jersey Manufacturers Insurance Co. NAIC # 426 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2022-2023 Master 1**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		1102959657	09/04/2022	09/04/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Hollywood are additional insured with regards to automobile liability per form CAGM002, where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 2600 Hollywood Blvd 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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

- I. SECTION II - COVERED AUTOS LIABILITY COVERAGE**, Paragraph **A.1. Who Is An Insured**, is amended to include as an additional insured:

Any person or organization who is required to be named as an additional insured for liability coverage under a written contract or written agreement between you and that person or organization, so long as the written contract or written agreement was signed by you prior to any "accident" or "loss" resulting in "bodily injury" or "property damage" arising from the ownership, maintenance or use of a covered "auto", and only to the extent that person or organization qualifies as an insured under the **WHO IS AN INSURED** provision contained in **SECTION II** of the policy. However, this definition does not provide liability coverage for "bodily injury" or "property damage" arising out of the sole negligence of such additional insured for its own acts or omissions or those of its employees or anyone else acting on its behalf.

- II.** With respect to the insurance afforded to these additional insureds, **SECTION II - COVERED AUTOS LIABILITY COVERAGE**, Paragraph **C. Limit Of Insurance** is amended to include:

The most we will pay on behalf of the additional insured is the limit of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Covered Autos Liability Limit shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Covered Autos Liability Limit shown in the Declarations pertaining to the coverage provided herein.

- III. SECTION IV – BUSINESS AUTO CONDITIONS** and **SECTION V - MOTOR CARRIER CONDITIONS**, Paragraph **A.2. Duties In The Event Of Accident, Claim, Suit Or Loss**, is amended to include:

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions of **SECTION IV, A.2.**

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Cc: [Tanya Bouloy](#); [Nicole Heran](#)
Subject: RE: Urgent: approval needed for COI - Enviroprobe
Date: Thursday, November 17, 2022 4:19:49 PM
Attachments: [2021-09-30 Enviroprobe Master -21-22.pdf](#)
[2021-09-30 Enviroprobe Auto COI.pdf](#)
[2022-09-22 Enviroprobe COI 22-23.pdf](#)
[2022-03-02 Langan Proposal.pdf](#)
[Executed ATP Orangebrook Environmental-pdf.pdf](#)
[Langan Engineering and Environmental Service - Professional CSA - Environmental Engineering.pdf](#)
[8 R-2022-105_executed.pdf](#)
[2022-09-04 Enviroprobe COI auto 22-23.pdf](#)

Hi Heather,

The COIs are sufficient

Stacy

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Thursday, November 17, 2022 4:03 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Tanya Bouloy <TBouloy@hollywoodfl.org>; Nicole Heran <NHERAN@hollywoodfl.org>
Subject: Urgent: approval needed for COI - Enviroprobe
Importance: High

Dear Risk Management,

Attached are the old (2021) previously-approved COI for Enviroprobe (an Environmental Sampling firm) and the updated COI for Enviroprobe. Our consultant for the Orangebrook Golf Course project is using them for environmental sampling, and they have plans to be onsite starting November 27. Due to the holidays next week, we wanted to request that you review the attached COI at your earliest convenience and let us know if they're approved. Please note that there are two separate COI, one for auto and the other for all the other insurances.

I have also attached the original proposal from Langan for the work, as well as the executed ATP and Langan's CSA contract and the Reso approving it.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager

City of Hollywood

Design & Construction Management

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3410

Email: hguenot@hollywoodfl.org

OCI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2022

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 have ADDITIONAL INSURED provisions or 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 Shea Barclay (Tampa) Mike Shea 501 E. Kennedy Blvd, #1000 Tampa, FL 33602 Sandy Garrick		407-321-0991		CONTACT NAME: Sandy Garrick PHONE (A/C, No, Ext): 407-321-0991 FAX (A/C, No): 407-321-0993 E-MAIL ADDRESS: sgarrick@sheabarclay.com	
INSURED OCI Associates, Inc. & OCI Engineering, LLC & OCI Engineers, LLC 600 S Orlando Avenue #100 Maitland, FL 32751				INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty NAIC # 20443 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			B6016685981	08/17/2022	08/17/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6016685754	08/17/2022	08/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			B6016686029	08/17/2022	08/17/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 6 20671500	08/17/2022	08/17/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional			AEH591912214	08/17/2022	08/17/2023	PerCI/Agg \$ 5,000,000
A	Property			B6016685981	08/17/2022	08/17/2023	Contents \$ \$35,000 RC

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

CERTIFICATE HOLDER HOLLYW1 City of Hollywood 2600 Hollywood Blvd Hollywood, FL 33020	CANCELLATION 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>Sandy Garrick</i>
---	--

By blanket additional insured endorsement, certificate holder(s) is/are additional insured(s) with respects to comprehensive general liability and auto as required by written contract.

Additional insured endorsement includes ongoing ops & completed ops. Coverage is primary and non-contributory. Waiver of subrogation for workers compensation, auto and general liability. Umbrella follows form.
Continental Casualty Insurance Co. #20443 AM Best rated A
30 day notice of cancellation/10 day for non-payment

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Updated insurance for OCI
Date: Wednesday, January 11, 2023 8:51:38 AM
Attachments: [2022-08-17 OCI 22-23.pdf](#)

No problem... The COI is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Wednesday, January 11, 2023 8:33 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Updated insurance for OCI

Sorry Stacy! I will pre-check it more carefully next time. I looked through the dates to make sure they sent the right date range, but didn't catch that the first page was not COH. Attached is the COH certificate.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager

City of Hollywood

Design & Construction Management

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3410

Email: hguenot@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Wednesday, January 11, 2023 8:29 AM
To: Heather Guenot <HGUENOT@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Updated insurance for OCI

Hi Heather,

There are almost 500 pages of COIs from other certificate holders attached to the document you sent me. Please send me only the City of Hollywood's COI.

Thanks,
Stacy

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, January 10, 2023 5:52 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Updated insurance for OCI

Dear Risk Management,

Attached is the updated insurance for OCI, a subconsultant for the New Police Headquarters project. I believe I submitted this a while back, but I can't find an email showing that the COI is acceptable, so I wanted to re-submit it for your review. Please let me know if this COI is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

Osborn Engineering



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2022

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 have ADDITIONAL INSURED provisions or 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 The James B. Oswald Company 1100 Superior Avenue, Suite 1500 Cleveland OH 44114	CONTACT NAME: Jared Breeze PHONE (A/C. No. Ext): 513-577-4123 E-MAIL ADDRESS: jbreeze@oswaldcompanies.com		FAX (A/C. No): 216-839-2815
	INSURER(S) AFFORDING COVERAGE		
INSURED The Osborn Engineering Company 600 W. Hillsboro Blvd. Suite 102 Deerfield Beach FL 33441	OSBOR-1	INSURER A: Valley Forge Insurance Co.	NAIC # 20508
		INSURER B: National Fire Insurance Co of Hartford	20478
		INSURER C: Continental Casualty Company	20443
		INSURER D: Transportation Insurance Co.	20494
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1574610113

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> All Primary & <input checked="" type="checkbox"/> Non-Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	B 7013583267	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BUA 7011801436	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	B 7013583432	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 7 12527007	11/1/2022	11/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER State of FL E.L. EACH ACCIDENT \$ 1,000,000 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)

Additional Insured and Waiver of Subrogation as designated above is provided when required of the Named Insured by written contract or agreement.
 Project: Hollywood Police Headquarters
 City of Hollywood is an Additional Insured as noted above.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
 2600 Hollywood Boulevard
 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2022

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 have ADDITIONAL INSURED provisions or 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 AssuredPartners of Washington, LLC 19689 7th Ave NE, Ste 183, PMB #369 Poulsbo WA 98370	CONTACT NAME: Robyn Catania	
	PHONE (A/C, No, Ext): 360-626-9535	FAX (A/C, No): 360-626-9535
E-MAIL ADDRESS: robyn.catania@assuredpartners.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hudson Insurance Company		25054
INSURER B: Scottsdale Insurance Company		41297
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 239555331 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Professional Liab; Claims Made Retro Date: Full Prior Acts Prof Excess Liab; Claims Made		Y	PRB 06 19 115126 PZH0000004	11/1/2022 11/1/2022	11/1/2023 11/1/2023	5,000,000 Per Claim 5,000,000 Agg. 5,000,000 Per Claim 5,000,000 Agg.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured Status is not available on Professional Liability Policy.
 Waiver of Subrogation as designated above is provided when required of the Named Insured by written contract or agreement.
 Project: Hollywood Police Headquarters

CERTIFICATE HOLDER City of Hollywood 2600 Hollywood Boulevard Hollywood FL 33020	CANCELLATION 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 
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any **Claim** made against the lawful spouse or domestic partner (whether such stature is derived by reason of applicable statutory law, common law, or any other applicable law anywhere in the world) of an **Insured Person** for **Claims** arising solely out of his or her capacity as the spouse or domestic partner of an **Insured Person**, including such **Claims** that seek damages recoverable from marital community property, property jointly held by the **Insured Person** and the spouse or domestic partner; or property transferred from the **Insured Person** to the spouse or domestic partner; provided, however, this extension shall not afford coverage for **Wrongful Acts** or acts giving rise to a **Pollution Incident** of the spouse or domestic partner. All terms, conditions and other provisions of this Policy, inclusive of any provision relative to the applicable Deductible, which would be applicable to **Damages** incurred by the **Insured Person** in such **Claim**, shall also apply to **Damages** incurred by the spouse or domestic partner in such **Claim**.

13. Severability

Except with respect to the Limits of Liability and any rights or duties specifically assigned to the **First Named Insured** stated in Item 1. of the Declarations, such as those rights and duties in Section 19. of this Policy, this insurance applies:

- a. as if each **Named Insured** were the only **Named Insured**; and
- b. separately to each **Insured** against whom **Claim(s)** is made or suit is brought.

14. Representations

The **Insureds** represent and acknowledge that the statements and information contained in the Application are true, accurate and are the basis of this Policy and are incorporated into and constitute a part of this Policy; and shall be deemed material to the acceptance of this risk or the hazard assumed by the Insurer under this Policy.

15. Subrogation

In the event of any payment under this Policy, the Insurer and the **Insured** may have the right to recover all or part of any payment the Insurer or the **Insured** makes under this Policy. If so, those rights are transferred to the Insurer.

The **Insured** must do nothing to impair such rights. The **Insured** will do everything necessary to secure such rights and help the Insurer enforce them, including the execution of documents necessary to enable the Insurer to effectively bring suit. Any recoveries will be applied as follows:

- a. first, to the Insurer up to the amount of its payment for **Damages** and **Claim Expenses**;
- b. then, to the **Insured** as recovery of Deductible amounts paid as **Damages** and **Claim Expenses**.

The Insurer waives its rights of subrogation under this Policy against clients of the **Insured** as respects **Claim(s)** arising from **Professional Services** under the client's contract requiring waiver of subrogation but only to the extent required by written contract.

16. Other Insurance

This Policy shall be excess of any other valid insurance available to the **Insured**, including any

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL - BLANKET

This endorsement modifies insurance provided under the following:

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY POLICY

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective 11/01/2022	Policy Number: PRB 06 19 115126
Named Insured The Osborn Engineering Company	Countersigned by:

(Authorized Representative)

If the Insurer cancels or chooses to nonrenew this Policy for any reason other than nonpayment of premium, the Insurer will provide written notice at least 30 days before the effective date of the cancellation or nonrenewal to the designated person or organization in the below schedule.

Such notice will be sent via the US mail address or E-mail address. Proof of mailing or E-mailing will be sufficient proof of notice.

Schedule

As per schedule to be provided upon request.

All other provisions remain unchanged.

(approval for professional liability on next page)

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Updated insurance for Osborn
Date: Wednesday, January 11, 2023 8:23:55 AM
Attachments: [2022-11-01 Osborn 22-23.pdf](#)
[2021-11-01 Osborne COI.pdf](#)
[2021-11-01 Osborne Professional Liability COI.pdf](#)

Hi Heather,

I don't see the vendors Professional liability has been updated. If they will be providing any consulting work they also need Professional liability as they provided on the expired COI. All the other coverages on the new COI are acceptable

Thanks,

stacy

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, January 10, 2023 5:49 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Updated insurance for Osborn

Dear Risk Management,

Attached is the updated COI for Osborn for the New Police Headquarters project. Their old approved COI is also attached for your reference. Please let me know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager

City of Hollywood

Design & Construction Management

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3410

Email: hguenot@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Updated Professional Liability insurance for Osborn
Date: Wednesday, January 11, 2023 10:52:10 AM

The COIs are acceptable

Thank you

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Wednesday, January 11, 2023 10:46 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Updated Professional Liability insurance for Osborn

Stacy,

Attached is the updated Professional Liability insurance for Osborn. I also attached the approved current Osborn COI for all the other areas, as well as the expired Osborn Professional Liability COI for your reference. They are a subconsultant for the New Police Headquarters project.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Wednesday, January 11, 2023 8:24 AM
To: Heather Guenot <HGUENOT@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Updated insurance for Osborn

Hi Heather,

I don't see the vendors Professional liability has been updated. If they will be providing any

consulting work they also need Professional liability as they provided on the expired COI. All the other coverages on the new COI are acceptable

Thanks,

stacy

From: Heather Guenot <HGUENOT@hollywoodfl.org>

Sent: Tuesday, January 10, 2023 5:49 PM

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

Subject: Updated insurance for Osborn

Dear Risk Management,

Attached is the updated COI for Osborn for the New Police Headquarters project. Their old approved COI is also attached for your reference. Please let me know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager

City of Hollywood

Design & Construction Management

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3410

Email: hguenot@hollywoodfl.org



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SLS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/31/2023

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 have ADDITIONAL INSURED provisions or 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 Marsh Affinity a division of Marsh USA Inc. PO Box 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity	
	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No):
E-MAIL ADDRESS: ADPTotalSource@marsh.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Illinois National Ins Co		23817
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		
INSURED ADP TotalSource CO XXI, Inc. 5800 Windward Parkway Alpharetta, GA 30005 Alternate Employer: SLS Consulting LLC 260 PALERMO AVE Coral Gables, FL 331340000		

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A	WC 053144668 FL	01/01/2023 07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for SLS Consulting LLC paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. SLS Consulting LLC is an alternate employer under this policy.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood 2600 Hollywood Boulevard 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>Jo Phillips</i>

ACORD 25 (2016/03)

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From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: SLS updated certificate of insurance - New Police HQ
Date: Monday, April 17, 2023 1:04:49 PM
Attachments: [2023-03-19 SLS CERT CITY OF HOLLYWOOD.pdf](#)

The COI is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Monday, April 17, 2023 10:58 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: SLS updated certificate of insurance - New Police HQ

Stacy,

Attached please find the new COI for SLS, a subconsultant on the New Police Headquarters project. I have also attached their current (approved) workers' comp COI, the expired COI, and the project contract. Please let me know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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From: [Certificate of Insurance](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Subject: RE: Worker's Comp for SLS
Date: Tuesday, January 31, 2023 12:12:27 PM
Attachments: [2022-2023 OTW_SLS Consulting L. City of Hollywood_135914725.pdf](#)

The workers comp is acceptable

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, January 31, 2023 10:38 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Worker's Comp for SLS

Stacy,

Attached please find the updated Worker's Comp insurance for SLS, a subconsultant on the New Police Headquarters contract (see attached contract.) I have included the new Worker's Comp COI, the old Worker's Comp COI, and the approved COI for the other areas for SLS. Please let me know if this is acceptable.

Sincerely,

Heather Baburek Guenot, P.E.

Senior Project Manager
City of Hollywood
Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3410
Email: hguenot@hollywoodfl.org



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