



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2025

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 McGriff Insurance Services LLC 4850 NW 41st Street Suite 100 Doral FL 33178	CONTACT NAME: Lauren Mayer PHONE (A/C, No, Ext): 954-385-6022 E-MAIL ADDRESS: lauren.mayer@marshmma.com FAX (A/C, No): 866-802-8684												
INSURED Calvin, Giordano & Associates, Inc. 1800 Eller Dr. Suite 600, 114, 501 Fort Lauderdale FL 33316-4208	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A : Berkshire Hathaway Homestate Ins Co</td><td>NAIC # 20044</td></tr><tr><td>INSURER B : Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER C : Bridgeway Insurance Company</td><td>12489</td></tr><tr><td>INSURER D : Great American E&S Insurance Company</td><td>37532</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER A : Berkshire Hathaway Homestate Ins Co	NAIC # 20044	INSURER B : Everest Indemnity Insurance Company	10851	INSURER C : Bridgeway Insurance Company	12489	INSURER D : Great American E&S Insurance Company	37532	INSURER E :		INSURER F :	
INSURER A : Berkshire Hathaway Homestate Ins Co	NAIC # 20044												
INSURER B : Everest Indemnity Insurance Company	10851												
INSURER C : Bridgeway Insurance Company	12489												
INSURER D : Great American E&S Insurance Company	37532												
INSURER E :													
INSURER F :													

COVERAGES**CERTIFICATE NUMBER:** 1266063179**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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CF3GL00415251	10/3/2025	10/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CF3CA00337251	10/3/2025	10/3/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess per occ / agg \$ 1,000,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-	Y	Y	8EA7XL000207904	10/3/2025	10/3/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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 N	Y	SAWC666825	5/12/2025	5/12/2026	<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
D	Professional Liability			TER5780118	10/3/2025	10/3/2026	Each Claim/Aggregate 10,000,000

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

Excess policy # 140002058 effective 10/03/2025 -10/03/2026 - QBE Ins Corp NAIC #39217 - Limits- \$5,000,000 part of \$10,000,000 Excess of \$5,000,000. Crime coverage - Federal Insurance Company, NAIC 20281- Policy #J06767825 effective 10/3/25 -10/3/26; Limit \$1,000,000 DED \$10,000. Technology Errors & Omissions and Cyber Coverage - Allied World Assurance Company US, Inc. NAIC # 19489 - Policy #03148733 effective 10/3/25 - 10/3/26. Each Claim/AGG \$3,000,000 DED \$100,000.

RE: Contract # C-24-935: BPA PA600861 - General Planning Services Consultant.

City of Hollywood and its elected and appointed boards, officers, officials, agents, employees, and volunteers are Additional Insureds on a Primary and Non-contributory basis as respects General Liability and Automobile Liability, as required by a written contract. Waiver of Subrogation in favor of the Additional Insureds with respect to Workers Compensation applies, as required by a written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Development Services, 2nd Floor Library 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 <i>Felice Vinarub</i>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

From: [Certificate of Insurance](#)
To: [Robert Gooljar](#); [Certificate of Insurance](#)
Cc: [Anand Balram](#); [Stacey Sequeira](#); [Cameron Palmer](#); [Simone Alci](#)
Subject: FW: Calvin Giordano Associates Inc COI
Date: Monday, December 1, 2025 9:38:31 AM
Attachments: [Revised City of Hollywood Calvin Giordano Associates Inc. 2526 Calvin Giordano.pdf](#)
[CONTRACT Wilton Manors General Planning Consulting Services 12.13.22.pdf](#)
[CONTRACT Wilton Manors, FL - 2nd Amend Gen Planning Agmt Dec24.pdf](#)

Acceptable

Certificate of Insurance



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: Robert Gooljar <rgooljar@HollywoodFL.org>
Sent: Monday, December 1, 2025 7:52 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Tanya Bouloy <TBouloy@hollywoodfl.org>; Anand Balram <ABALRAM@hollywoodfl.org>; Stacey Sequeira <ssequeira@HollywoodFL.org>; Cameron Palmer <CPALMER@hollywoodfl.org>; Simone Alci <salci@hollywoodfl.org>
Subject: Calvin Giordano Associates Inc COI

Good morning,

Please find the attached COI and reference contracts for our Piggyback as outlined below.

- Rob

Robert Gooljar

Principal Planner - GIS

Development Services | Planning and Urban Design

Email: rgooljar@HollywoodFL.org
Telephone: [754-329-0635](tel:754-329-0635)

From: Tanya Bouloy <TBouloy@hollywoodfl.org>