



STATCON-02

JRDRIGUEZ2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2025

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).

<b>PRODUCER</b> <b>Acrisure Southeast Partners Insurance Services, LLC</b> <b>1317 Citizens Blvd</b> <b>Leesburg, FL 34748</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (800) 845-8437</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b>  <b>State Contracting &amp; Engineering Corporation</b> <b>5391 N. Nob Hill Road</b> <b>Sunrise, FL 33351</b>	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : <b>Transportation Insurance Company</b></td><td><b>20494</b></td></tr><tr><td>INSURER B : <b>National Fire Insurance Co of Hartford</b></td><td><b>20478</b></td></tr><tr><td>INSURER C : <b>The Continental Insurance Company</b></td><td><b>35289</b></td></tr><tr><td>INSURER D : <b>Allied World Assurance Company (U.S.) Inc.</b></td><td><b>19489</b></td></tr><tr><td>INSURER E : <b>Travelers Excess and Surplus Lines Company</b></td><td><b>29696</b></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Transportation Insurance Company</b>	<b>20494</b>	INSURER B : <b>National Fire Insurance Co of Hartford</b>	<b>20478</b>	INSURER C : <b>The Continental Insurance Company</b>	<b>35289</b>	INSURER D : <b>Allied World Assurance Company (U.S.) Inc.</b>	<b>19489</b>	INSURER E : <b>Travelers Excess and Surplus Lines Company</b>	<b>29696</b>	INSURER F :	
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## 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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		2092885153	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
B	<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	X		2092885122	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 \$ <b>10,000</b>			2092930480	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
A	<input checked="" type="checkbox"/> 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	2094687783	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	Professional/Poll			0311-3576	4/1/2025	4/1/2026	Per Claim/Incident \$ <b>2,000,000</b>
E	Cyber Liability			CYB10809816100	11/8/2024	11/8/2025	Each Claim/Aggregate \$ <b>1,000,000</b>

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

Project: HBGC Clubhouse

City of Hollywood is included as Additional Insured with respects to General Liability and Auto Liability, when required by written contract.

Professional Liability Limits of Liability: \$2,000,000 Each Act/\$2,000,000 Aggregate-Pollution Liability \$2,000,000 each occurrence/\$2,000,000 Aggregate-Allied World Assurance Company Policy #0311-3576 Term 04/01/25-0401/26.

Cyber Liability \$1,000,000 Each Claim/\$1,000,000 Aggregate-Travelers Excess &amp; Surplus Lines Company Policy #CYB-108098161-00 Term 11/08/24/-11/08/25.

## CERTIFICATE HOLDER

## CANCELLATION

City of Hollywood  
Department of Design and Construction Management  
P.O. Box 229045  
Hollywood, FL 33022-9045

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