



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2025

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> iSure Insurance Brokers, Inc. 8950 SW 74th Court Suite 2201 Miami FL 33156	<b>CONTACT NAME:</b> Teresita Carmona <b>PHONE (A/C, No, Ext):</b> (305) 223-2533 <b>FAX (A/C, No):</b> (305) 220-0765 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> JCR Mechanical Contractor Inc 2520 W 74th Street Hialeah FL 33016	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atain Specialty Insurance Co <b>INSURER B:</b> Kemper P&C Group (formerly Infinity) <b>INSURER C:</b> Florida Citrus Business & Industry (FCBI) <b>INSURER D:</b> Scottsdale Insurance Co <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 17159 10914 15764 41297

**COVERAGES****CERTIFICATE NUMBER:** CL24103008084**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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		BWPF0082271	10/30/2024	10/30/2025	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 Employee Benefits \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> AUTOS ONLY	Y		50008405702	10/30/2024	10/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CXS4036422	10/28/2024	10/24/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	10667517-2024	10/30/2024	10/30/2025	<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)

City of Hollywood is named as additional insured

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood Public Utilities 1621 N 14th Ave Hollywood FL 33020	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> <b>AUTHORIZED REPRESENTATIVE</b> 
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**From:** [Certificate of Insurance](#)  
**To:** [Daniela Behm](#)  
**Cc:** [Ameer Khan](#); [Certificate of Insurance](#)  
**Subject:** FW: JCR Mechanical COI Review/Approval (updated COI)  
**Date:** Wednesday, April 2, 2025 12:21:37 PM  
**Attachments:** [image001.png](#)  
[ACORD Form 20250325-104022.pdf](#)

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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.

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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Sent:** Tuesday, April 1, 2025 11:45 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Ameer Khan <[AKHAN@hollywoodfl.org](mailto:AKHAN@hollywoodfl.org)>  
**Subject:** RE: JCR Mechanical COI Review/Approval (updated COI)

Good afternoon,

Following up on the below request.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator  
Public Utilities

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)  
**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Sent:** Wednesday, March 26, 2025 8:44 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Ameer Khan <[AKHAN@hollywoodfl.org](mailto:AKHAN@hollywoodfl.org)>  
**Subject:** RE: JCR Mechanical COI Review/Approval

Good morning,

Please find attached updated COI provided by Vendor.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator  
Public Utilities

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)

**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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**From:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Sent:** Monday, March 24, 2025 4:57 PM

**To:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>

**Cc:** Ameer Khan <[AKHAN@hollywoodfl.org](mailto:AKHAN@hollywoodfl.org)>; Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Subject:** FW: JCR Mechanical COI Review/Approval

Not acceptable,

1. *General Liability* - the City requires to be named as an additional insured for general liability in the Description of Operations Box.
2. *Auto Liability* - the City requires to be named as an additional insured for auto liability in the Description of Operations Box

**Certificate of Insurance**



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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>

**Sent:** Thursday, March 20, 2025 4:50 PM

**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Cc:** Ameer Khan <[AKHAN@hollywoodfl.org](mailto:AKHAN@hollywoodfl.org)>

**Subject:** JCR Mechanical COI Review/Approval

Good afternoon,

Please find attached COI for your review and approval. Vendor will be providing plumbing services at the Wastewater Treatment Plant.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator

Public Utilities

**P.O. Box 229045**

**Hollywood, FL 33022**

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)

**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



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