

## Inez Murphy

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**From:** Stephanie Gardner  
**Sent:** Thursday, June 26, 2025 2:13 PM  
**To:** Robert Delorimiere  
Jennie Dennett; Daniel Maltese; Joshua Collazo  
**Subject:** FW: Rooster Concrete Corp  
**Attachments:** scan\_sgardner@hollywoodfl.org\_2025-03-13-07-09-58.pdf

**Stephanie Gardner**  
Administrative Assistant I  
Public Works

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**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [754-329-0497](tel:754-329-0497)

**From:** Certificate of Insurance <COI@hollywoodfl.org>  
**Sent:** Thursday, March 13, 2025 9:18 AM  
**To:** Stephanie Gardner <SGARDNER@hollywoodfl.org>  
**Cc:** Samantha Corbett <scorbett@HollywoodFL.org>; Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>; Inez Murphy <IMURPHY@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** FW: Rooster Concrete Corp

Acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. Any request for records from the City of Hollywood via e-mail may be subject to disclosure under the law.

**From:** Stephanie Gardner <SGARDNER@hollywoodfl.org>  
**Sent:** Thursday, March 13, 2025 7:12 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Samantha Corbett <scorbett@HollywoodFL.org>; Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>; Inez Murphy <IMURPHY@hollywoodfl.org>  
**Subject:** Rooster Concrete Corp

PA600855

**Scope of service:**  
Supplies concrete mix and materials for city wide sidewalk repairs.

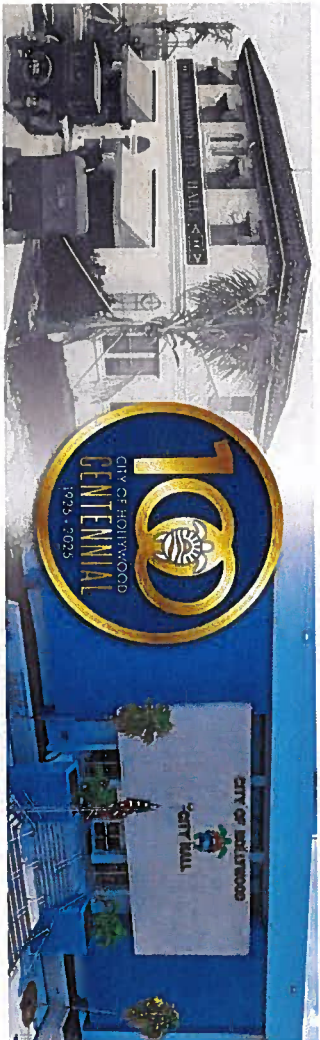
**Stephanie Gardner**  
Administrative Assistant I  
Public Works  
**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [954-967-5513](tel:954-967-5513)  
**Fax:** [954-967-4510](tel:954-967-4510)

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2025

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 YLJ INSURANCE SERVICES 8700 WEST FLAGLER ST SUITE 404 MIAMI FL 33174	CONTACT NAME: Yuliet Lopez PHONE (A/C No. Ext): (786) 374-3015 FAX (A/C No.): EMAIL: ylopez@yljinsurance.com ADDRESS: ylopez@yljinsurance.com
INSURED ROOSTER CONCRETE CORP 40 WEST 53RD TERRACE HIALEAH FL 33012	INSURER(S) AFFORDING COVERAGE INSURER A: ACCREDITED SPECIALTY INS CO INSURER B: PROGRESSIVE INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 16835

## 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.

INSURER	TYPE OF INSURANCE	APPLICABLE	POLICY NUMBER	POLICY EFF	POLICY EXP	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	2ACPFL17S033830901	02/28/2025	02/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> 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	Y	01854144	02/25/2025	02/25/2028	COMBINED SINGLE LIMIT (Per accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in MI) 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)

City of Hollywood is named Additional Insured for General Liability and Auto Liability

## CERTIFICATE HOLDER

## CANCELLATION

City of Hollywood Accounts Payable, Room 119 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 YULIET LOPEZ
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### Reimbursement of Surcharge

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

### Policyholder inquiries

You may call your agent at 1-786-509-4674 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

### Agent signature



### Company officers



Secretary



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**• • CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW • •**

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 2/23/2024

**EXPIRATION DATE:** 2/22/2026

**PERSON:** JULIA E NAVARRO

**EMAIL:** ROOSTERCONCRETECORP@GMAIL.COM

**FEIN:** 844743005

**BUSINESS NAME AND ADDRESS:**

**ROOSTER CONCRETE CORP**

**40 NW 53TERR**

**HIALEAH, FL 33012**

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

**IMPORTANT:** Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (2) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 01/2023

E01679886      QUESTIONS? (850) 413-1609



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**• • CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW • •**

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE: 2/23/2024**

**EXPIRATION DATE: 2/22/2028**

**PERSON: YOANDY PEREZ**

**EMAIL: ROOSTERCONCRETECORP@GMAIL.COM**

**FEIN: 844743005**

**BUSINESS NAME AND ADDRESS:**

**ROOSTER CONCRETE CORP**

**40 WEST 53 TERR,**

**HIALEAH, FL 33012**

**This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).**

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**DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 01/2023**

**E01870882      QUESTIONS? (850) 413-1809**