

Inez Murphy

From: Betzaida Cambero
Sent: Tuesday, July 15, 2025 5:46 PM
To: Jennie Dennett
Cc: Stephanie Gardner, Robert Delormiere; Certificate of Insurance Fw: American Capital Construction COI
Subject: American Capital Construction COI.pdf
Attachments:

Acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources | HR Risk Management
P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org
Telephone: 954-921-3639

www.HollywoodFL.org



From: Jennie Dennett <JDENNETT@hollywoodfl.org>
Sent: Monday, July 14, 2025 8:49 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Stephanie Gardner <SGARDNER@hollywoodfl.org>; Robert Delormiere <RDELOIRMIERE@hollywoodfl.org>
Subject: American Capital Construction COI

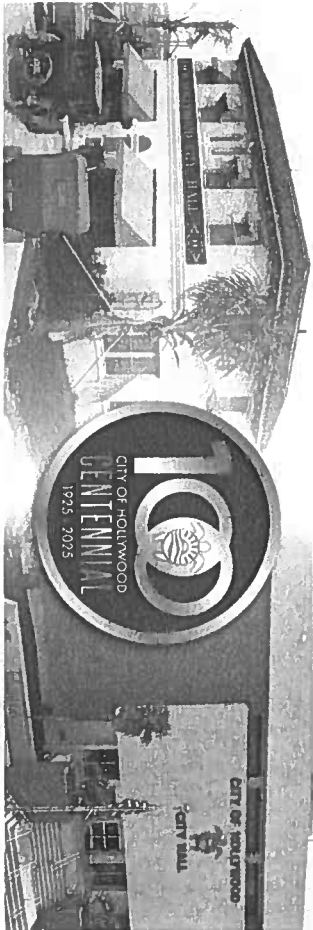
Good morning,

Scope of work: General maintenance and repairs citywide.
Thanks,
Jennie

Jennie Dennett
Administrative Assistant I
Public Works
P.O. Box 229045
Hollywood, FL 33022

Email: JDENNETT@hollywoodfl.org
Telephone: 754-329-0506

www.HollywoodFL.org





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2025

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 FFB/GONZALEZ 5220 S UNIVERSITY 105C, DAVIE, FL 33328		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C No. Ext): 1-800-444-4487 FAX (A/C No.): E-MAIL: progressivecommercial@email.progressive.com ADDRESS: progressivecommercial@email.progressive.com	
INSURED American Capital Construction, Inc. 11912 SW 47th St Cooper City, FL 33330		INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Express Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10193	

COVERAGES

CERTIFICATE NUMBER: 357470626820771786D061025T223846

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	ADOL 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 - COMPOP AGG \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	979965094	05/21/2025	11/21/2025	COMBINED SINGLE LIMIT (Ea accident) \$300,000 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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in HI) 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 \$
A	See ACORD 101 for additional coverage details.	Y	Y	979965094	05/21/2025	11/21/2025	\$

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

CERTIFICATE HOLDER

City of Hollywood
Public Works
1600 S. PARK RD
HOLLYWOOD, FL 33021

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

Mark P. [Signature]

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY FFB/GONZALEZ		NAMED INSURED American Capital Construction, Inc. 11912 SW 47th St Cooper City, FL 33330	
POLICY NUMBER 97986094			
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 05/21/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Uninsured Motorist - Nonstacked	\$300,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only
2005 TOYOTA SEQUOIA 5TDZT38A25S269851

Additional Information

Blanket Waiver of Subrogation in favor of certificate holder, but only if party to a written waiver agreement executed by the named insured, as required by contract, prior to the occurrence of any loss.
Certificate holder is listed as an Additional Insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2025

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PRODUCER	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME:	Simply Business	
		PHONE (A/C, No, Ext):	(844) 654-7272	FAX (A/C, No):
		E-MAIL ADDRESS:	contactus@simplybusiness.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:		38970
INSURED	American Capital Construction, Inc. 11912 SW 47th St. Fort Lauderdale, Florida 33330	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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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:	X		MKUS3152778XB	06/17/2025	06/17/2026	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 - COMPROP AGG \$2,000,000
	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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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
	PROFESSIONAL LIABILITY						EACH CLAIM AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as an additional insured on the General Liability policy per written contract.

CERTIFICATE HOLDER

City of Hollywood
1600 N Park Rd,
Hollywood, FL 33021

CANCELLATION

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AUTHORIZED REPRESENTATIVE

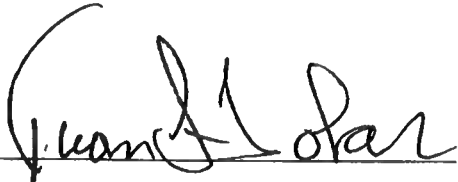
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American Capital Construction Inc.
11912 SW 47th Street
Cooper City, FL 33330
Juan Tobar (954) 554-0095



July 8, 2025

I, Juan Tobar, acknowledge that I do have worker comp exemption due to only having three employees.


Juan Tobar

[WC Home](#) [WC Databases](#) [CFO Home](#)

NOTICE OF ELECTION TO BE EXEMPT

THANK YOU FOR SUBMITTING YOUR APPLICATION TO
THE **DIVISION OF WORKERS' COMPENSATION.**

Payment Confirmation Number:

219503430

Application Number: E02170241

The Division of Workers' Compensation (Division) has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will issue a Certificate of Election to be Exempt from Florida Workers' Compensation Law or request additional information. The Division reviews and processes exemption applications in the order they are received.

An email notification will be sent to the email address indicated on the exemption application of the issuance of the Certificate. Certificate holders may print the Certificate of Election to be Exempt immediately after the exemption is issued by the Division. Additionally, exemption information is reflected on the Exemption Search database the day following the issuance of the exemption.

