

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2023

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).

this certificate does not confer rights to the certificate holder in fieu of such												
PRODUCER						CONTACT Christine Dewey NAME:						
JDA Insurance Group						PHONE (561) 296 0373 FAX (561) 828,0997						
120 N. Federal Hwy., #301					(A/C, No. Ext): (301) 230-3373 (A/C, No): (301) 220-3371  E-MAIL ADDRESS: christine@thejdagroup.com							
					INSURER(S) AFFORDING COVERAGE							
Lake	Worth	INSURE	28860W									
INSU	RED	INSURE	39497									
	Concrete Works & Paving Inc				INSURER C:							
5322 Chesterfield Dr						INSURER D:						
<b>-</b>						INSURER E :						
A Marie						INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2382504119												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO									IOD			
CE	DICATED. NOTWITHSTANDING ANY REQUIRESTRICATE MAY BE ISSUED OR MAY PERTA	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBE	HEREIN IS SI						
			LICIES. LIMITS SHOWN MAY HAVE BEEN  ADDL SUBR			POLICY EFF   POLICY EXP						
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	4 000 000		0.000		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED 300 (				
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,000			
		١., ا					00/00/0004	MED EXP (Any one person)	\$ 10,000			
Α		Y		BGFL0026318201		09/20/2023	09/20/2024	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000			
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	OTHER:							COMPANS ON OUR LIMIT	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ANYAUTO						i	BODILY INJURY (Per person)	\$			
В	OWNED SCHEDULED AUTOS			509820047723001		09/20/2023	09/20/2024	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY			ŀ				PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB COCCUR		BXFL0026318201				09/20/2024	EACH OCCURRENCE	\$ 3,00	0,000		
Α	EXCESS LIAB CLAIMS-MADE					09/20/2023		AGGREGATE	\$ 3,00	0,000		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION	N/A						PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			i				E.L. EACH ACCIDENT	s			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
								p				
	of Hollywood is included as additional insur ract.	ed wit	haw	aiver of subrogation in regard	ls to the	General Liabili	ty and Auto po	licies when required by writte	en			
CERTIFICATE HOLDER					CANC	ELLATION						
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLEI	BEFORE		
					THE	<b>EXPIRATION</b> D	ATE THEREO	F, NOTICE WILL BE DELIVER				
City of Hollywood						ORDANCE WIT	H THE POLIC	Y PROVISIONS.				
2600 Hollywood Blvd.												
						AUTHORIZED REPRESENTATIVE						
Hollywood FL 33022				Therene								
					0.4000.0010.00000.00000.00000.0000.0000							



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2023

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.

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SUNZ Insurance Solutions, LLC. ID: (TLR) c/o TLR of Bonita, Inc					CT ,	Norkers' Com	p Department				
					-	727-520-7676		FAX (A/C, No):	72	7-525-3862	
					(A/C, No. Ext): /2/-320-/6/6 x 3 (A/C, No): E-MAIL ADDRESS: certs@encorehr.com						
700 Central Ave, Suite 500 St. Petersburg, FL 33701	ADDRE	NAIC#									
St. Fetersburg, FE 33701	-										
	INSURER A: SUNZ Insurance Company						34762				
INSURED INC	INSURER B:										
TLR of Bonita, Inc dba EnterpriseHR					INSURER C:						
I 700 Central Avenue Suite 500					INSURER D:						
St. Petersburg FL 33701	INSURER E :										
	INSURER F:										
COVERAGES CEF	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.											
INSP	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS	•		
TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCUPER		\$		
CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
							MED EXP (Any on		\$		
							PERSONAL & AD	- 1	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
POLICY PRO- JECT LOC					İ		PRODUCTS - COM		\$		
OTHER:							COMBINED SING		\$		
AUTOMOBILE LIABILITY							(Ea accident)		\$		
ANY AUTO							BODILY INJURY (Per person) \$				
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
HIRED NON-OWNED AUTOS ONLY	-	-			-		PROPERTY DAMA (Per accident)	AGE	\$		
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION\$	1								\$		
A WORKERS COMPENSATION			WC039-00001-023		6/1/2023	6/1/2024 6/1/2023	✓ PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)			WC039-00001-022		6/1/2022		E.L. EACH ACCID		s 1.00	0,000.00	
										•	
If ves, describe under							E.L. DISEASE - EA EMPLOYEE \$ 1,000				
DÉSCRIPTION OF OPERATIONS below	+-	<del> </del>					L.C. DIGENSE - FOLIOT EIMIT   \$ 1,00			5,000.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	156 4	COR	101 Additional Pamarka School	ıla mau b	e attached if mor	e enace le requie	(he				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	) 101, Additional Remarks Schedu	ne, may b	e attached if mor	e space is requir	eaj				
Coverage Provided for all leased employe	es but	not	subcontractors of: Concrete	e Works	& Paving Inc	;					
Client Effective: 6/30/2018											
CERTIFICATE HOLDER					CANCELLATION						
5185											
City of Hollywood 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.						
1.03,4000 1 2 00020				AUTUS	DITED DESSES	AITATNE					
1	AUTHORIZED REPRESENTATIVE										
1			* SUCX								

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Rick Leonard