

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2023

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)

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,						
PRODUCER						CONTACT Amy Miller						
STA	ARR-MATHEWS AGENCY	PHONE (A/C, No, Ext): (706) 629-4441 FAX (A/C, No): (706) 629-3631										
108 North Court St.						E-MAIL amiller@starrmathews.com						
P. C). Box 188		INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #			
Call	houn	GA 30703-0188	INSURER A: Cypress					10855				
INSU	IRED				INSURENA. 21						24082	
	Act Global Americas, Inc.				INSURER C:							
	4201 West Parmer Lane											
	Suite B175				INSURER D:							
	Austin			TX 78727	INSURER E:							
		TIFIC			INSURER F:							
_				ITO III DEITI	ICCLIED	TO THE INCHE	DED NAMED AL	REVISION NUM		IOD		
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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY	IIIOD				(, 22, ,	EACH OCCUR		RRENCE \$		-	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occu	ED	\$		
	02.4							MED EXP (Any one		\$		
		Υ						PERSONAL & ADV	`	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG			-	
	PRO-							PRODUCTS - COM		\$	-	
								PRODUCTS - COM	P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ 1,00	0.000	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$		
Α	OWNED SCHEDULED	1 000000		03APM033695-01		03/01/2023	03/01/2024	BODILY INJURY (Pe		\$		
, ,	AUTOS ONLY AUTOS NON-OWNED			00/ II MI000000 0 1		00/01/2020	00/01/2021	PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident) Medical paymer	ato	\$ 5,00		
	UMBRELLA LIAB OCCUB							. ,				
	H OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							 ▶ PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N	N/A		XWS57135451			03/01/2024	➤ PER STATUTE	ER	1.00	0.000	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					03/01/2023		E.L. EACH ACCIDE	NT	4.00	0,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$ 1,000,000 \$ 1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ 1,00	0,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Poli	cy Forms: M-5876 (05/2016) Blanket Addition	nal In	sured	Endorsement								
CERTIFICATE HOLDER C						CANCELLATION						
City of Hollywood						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2600 Hollywood Boulevard						AUTHORIZED REPRESENTATIVE						
					In Mark							
Hollywood FL 33020			FL 33UZU	ı			in Marke					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to any person or organization you are required to add to this policy as an additional insured in a written agreement between you and the additional insured that is executed prior to the "accident" provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered auto; and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such insurance does not apply if the additional insured is subject to motor carrier insurance requirements and is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are being used exclusively in the additional insured's business and pursuant to operating rights granted to the additional insured by a public authority; and
- 5) such inclusion of additional insured shall not increase our limit of liability under this policy.

All other terms, conditions and agreements remain unchanged.

Additional Premium:	\$ 1,000

Company Name	Policy Number 03 APM 033695 - 01				
Cypress Insurance Company	Endorsement Effective 03/01/2023 12:01 AM				
Named Insured	Countersigned by				
ACT GLOBAL AMERICAS INC					

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)