

MWIGUTOW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2024

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).

tł	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch end	lorsement(s)						
PRO	DUCER				CONTAI NAME:	CT AG FL In	surance To	eam				
	erican Global LLC	PHONE (A/C, No, Ext): (305) 351-9150 FAX (A/C, No):										
900 S Pine Island Road Suite 210						E-MAIL ADDRESS: certsFL@americanglobal.com						
	ntation, FL 33324				ADDKE			RDING COVERAGE			NAIC #	
											11150	
	IDED.				•						11130	
INSU					INSURER B:							
	Hollywood Woodwork, Inc.				INSURER C:							
	2951 Pembroke Rd. Hollywood, FL 33020				INSURER D:							
	11011y WOOd, 1 E 33020				INSURE	RE:						
					INSURE	RF:						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUI	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	REQUI PER	REM TAIN,	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI' BED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN	POLICY EFF	PAID CLAIMS POLICY EXP	1.				
LTR	I YPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	:urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	for poreon)	\$		
	OWNED SCHEDULED											
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$							DED	OTH-	\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						0/4/0005	X PER STATUTE	ER ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	ZAWCI9970803		6/1/2024	6/1/2025	E.L. EACH ACCIDE	.NT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACORI	2 101 Additional Pemarks School	le may b	e attached if mor	e snace is requi	ired)				
RE:	PROJECT #330073701											
	aiver of Subrogation is granted in favor pensation Policy and if permissible by		he Ci	ty of Hollywood, its employ	/ees, ai	nd officials in	accordance	with the policy	provisions	s of the	Worker's	
0011	ipensation i oney and ii permissible by	iaw.										
CERTIFICATE HOLDER						CANCELLATION						
City of Hollywood Design and Construction Management PO Box 229045 Hollywood, FL 33022						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						RIZED REPRESE	NTATIVE					

(Ed. 4-84)

POLICY NUMBER: ZAWCI9970802

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO DATE OF LOSS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/01/2023 Policy No. ZAWCI9970802 Endorsement No. Insured HOLLYWOOD WOODWORK, INC. Premium INCL. HOLLYWOOD WOODWORK, LLC Insurance Company ARCH INSURANCE COMPANY

Countersigned By		

DATE OF ISSUE: