

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2023

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(les) 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). CONTACT Rhonda Sankersingh
PHONE
[A/C, No. Ext): (954) 703-5146

Flinsco.com LLC Dba: Florida First Insurance Agency LLC					PHONE [A/C, No, Ext): (954) 703-5146 FAX [A/C, No): (954) 929-6694					
2515 Hollywood Blvd					E-MAIL ADDRESS; rsankersingh@hotmail.com					
·					INSURER(S) AFFORDING COVERAGE					
Hollywood	FL 33020	INSURER A: Western World Insurance Company								
INSURED		INSURER B:								
Nice & Smooth Landscaping		INSURER C:								
6101 Cleveland Street				INSURER D:						
Lot 87				INSURER E:						
Hollywood			FL 33024	INSURE						
	TIFI	CATE	NUMBER:	MOOKE	м.		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,									THIS	
EXCLUSIONS AND CONDITIONS OF SUCH								JALL THE TEN	.wio,	
INSR LTR TYPE OF INSURANCE	ADD	SUBR			POLICY EFF		LIMITS	;	\neg	
X COMMERCIAL GENERAL LIABILITY	INSU	WW	TODOT NOMBER		THINK DON'T LLIT	(MINUDO/1311)	EACH OCCURRENCE	s 1,000,000.00	,	
CLAIMS-MADE X OCCUR							DAMAGE TO DENTED	s 100,000.00		
							T TELINIOLO (La Goodiforios)	s 5,000.00		
A	Y		NPP8925655		08/25/2023	08/25/2024		s 1,000,000.00	,	
GENTL AGGREGATE LIMIT APPLIES PER:	1							s 2,000,000.00	$\overline{}$	
X POLICY PRO- LOC								s 2.000.000.00	-	
OTHER:							***************************************	\$ 1,000.00		
AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	\neg	
OWNED SCHEDULED	*		E un		4.075 (0.000)	1.00		s		
HIRED NILY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY			(#)				(Per accident)	s	-	
UMBRELLA LIAB OCCUR	+	1					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MAD	-							<u>, </u>		
DED RETENTION\$	1							s		
WORKERS COMPENSATION	+						PER OTH-	•	\neg	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					¥ .			s		
OFFICERMEMBER EXCLUDED? (Mandatory in NH)		1					E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below								s	\neg	
DESCRIPTION OF OPERATIONS BROW	+	\vdash					L.L. DIOLAGE - FOLIOT EMIT	•	\neg	
							9			
							9,			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES 4	ACORE) 101. Additional Remarks Schedu	de, may h	e attached if mor	re space is requir	red)		\dashv	
Certificate holder is also listed as addition			7 10 1, Flourdonai Hermania Gorioda	,	o attached in mo	e speec is requi	,			
again de esta esta esta esta esta esta esta est										
CERTIFICATE HOLDER				CAN	CELLATION					
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 Blvd		AUTHORIZED REPRESENTATIVE								
Hollywood,, FL 33020		Rhonda Sankersingh								

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ACORD 25 (2016/03)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

	is certificate does not confer rights to				ch end	orsement(s)					
PRO	DUCER				NAME: Metropolitan Insurance LLC						
Metropolitan Insurance LLC						PHONE (A/C, No. Ext): (954) 448 7012 EXT 702 (A/C, No.):					
9000 SHERIDAN ST. SUIT 149					E-MAIL ADDRESS: claudia@insurancemetropolitan.com						
								RDING COVERAGE		NAIC #	
PEMBROKE PINES FL 33024						INSURER A: INFINITY ASSURANCE INS CO					
INSURED					INSURER B:						
NICE & SMOOTH LANDSCAPE CORP					INSURER C:						
5718 MONROE ST					INSURER D :						
,					INSURER E :						
HOLLYWOOD FL 33023					INSURER F:						
_		TIFIC	ATF	NUMBER:	IIIOOIIL			REVISION NUMBER:			
IN CE ED	IIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH P	UIREN ITAIN,	THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	TRACT OR OT LICIES DESCR DUCED BY PAI	NSURED NAMI THER DOCUMI RIBED HEREIN D CLAIMS.	ED ABOVE FOR THE POLICE	HICH THIS		
INSR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							,	MED EXP (Any one person)	\$		
		1						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:				17	es lite			\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	OTUA YMA							BODILY INJURY (Per person)	\$		
A	OWNED SCHEDULED AUTOS	Y		509800010603001		11/15/2022	11/15/2023	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY			2. 4	e 2		541 1	PROPERTY DAMAGE (Per accident)	\$	1,000,000	
									\$		
	UMBRELLA LIAB OCCUR	-						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		,	l			E.L. EACH ACCIDENT	\$		
				gat, and a		A.	2.3	E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is req	uired)			
	Vehides: 2019 Isuzu 54DC4J1B0KS809184										
	2014 Mitsubis JL6BPH1A4EK004064										
,	City of Hollywood is listed as a Addition	al Ins	ured.								
CEF	TIFICATE HOLDER				CANC	ELLATION					
	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 BLVD						AUTHORIZED REPRESENTATIVE					
HOLLYWOOD FL 33020											

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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: 8/15/2023

EXPIRATION DATE: 8/14/2025

PERSON: JOSE M FUENTES

EMAIL: NSLCORP@HOTMAIL.COM

FEIN:

550811242

BUSINESS NAME AND ADDRESS:

NICE & SMOOTH LANDSCAPE CORP

1093 NW 82ND AVE

CORAL SPRINGS, FL 33071

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.

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 (3) 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

E01775346

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: 8/16/2023

EXPIRATION DATE: 8/15/2025

PERSON: DANIEL VERGARA

EMAIL: NSLCORP@HOTMAIL.COM

FEIN: 550811242

BUSINESS NAME AND ADDRESS:

NICE & SMOOTH LANDSCAPE CORP

1093 NW 82ND AVE

CORAL SPRINGS, FL 33071

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

E01775372

QUESTIONS? (850) 413-1609