



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/04/2023
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**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).**

<b>PRODUCER</b> RSC Insurance Brokerage, Inc. 750 Third Ave 15th Floor New York NY 10017	<table border="1" style="width: 100%;"> <tr> <td><b>CONTACT NAME:</b> Steve Brown</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (678) 690-5996</td> </tr> <tr> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td><b>E-MAIL ADDRESS:</b> sbrown@risk-strategies.com</td> </tr> </table> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: Hartford Underwriters Insurance Company A+</td> <td style="text-align: center;">30104</td> </tr> <tr> <td>INSURER B: Nutmeg Insurance Company a Hartford Company A+</td> <td style="text-align: center;">39608</td> </tr> <tr> <td>INSURER C: Allied World Assurance Company A XV</td> <td style="text-align: center;">19489</td> </tr> <tr> <td>INSURER D: Hartford Casualty Insurance Company A+</td> <td style="text-align: center;">29424</td> </tr> <tr> <td>INSURER E: Travelers Casualty and Surety Co A++</td> <td style="text-align: center;">19038</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Steve Brown	<b>PHONE (A/C, No, Ext):</b> (678) 690-5996	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> sbrown@risk-strategies.com	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: Hartford Underwriters Insurance Company A+	30104	INSURER B: Nutmeg Insurance Company a Hartford Company A+	39608	INSURER C: Allied World Assurance Company A XV	19489	INSURER D: Hartford Casualty Insurance Company A+	29424	INSURER E: Travelers Casualty and Surety Co A++	19038	INSURER F:	
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<b>INSURED</b> Sinalovski Romanik Saye LLC 1800 Eller Dr Ste 500 Ft Lauderdale FL 33316																			

**COVERAGES** **CERTIFICATE NUMBER:** CL2310486240 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			84 SBW AU3X06	10/06/2023	10/06/2024	<table border="1" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000		\$
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B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			84UEGEK8182	10/06/2023	10/06/2024	<table border="1" style="width: 100%;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB-8J676605	12/23/2022	10/06/2024	<table border="1" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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C	Professional Liability Pollution Liability			0313-5660	10/06/2023	10/06/2024	<table border="1" style="width: 100%;"> <tr><td>Each Claim</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>Annual Aggregate</td><td style="text-align: right;">\$10,000,000</td></tr> </table>	Each Claim	\$5,000,000	Annual Aggregate	\$10,000,000										
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

RE: Architectural/Engineering Continuing Services Agreement DS 19-009. The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of Hollywood, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Hollywood  
 2600 Hollywood Boulevard;  
  
 Hollywood FL 33020-0000

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