

Inez Murphy

From: Betzaida Cambero
Sent: Thursday, May 29, 2025 5:48 PM
To: Stephanie Gardner
Cc: Robert Delorimiere; Jennie Dennett;
Subject: Certificate of Insurance
Fw: S & R Engineering Group dba AIR
CHANGES
Attachments: scan_sgardner@hollywoodfl.org_2025-05-28-06-42-26.pdf

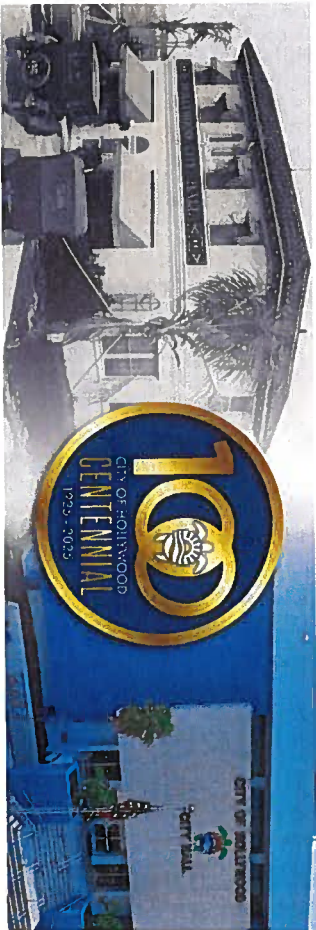
Follow Up Flag: Follow up
Flag Status: Flagged

Acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources | HR Career Development and Training
P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org
Telephone: 954-921-3639

www.HollywoodFL.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood may be subject to disclosure as a matter of public record.

From: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Sent: Wednesday, May 28, 2025 7:43 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Robert Delorimiere <RDELOIRMIERE@hollywoodfl.org>; Jennie Dennett <JDENNETT@hollywoodfl.org>
Subject: S & R Engineering Group dba AIR CHANGES

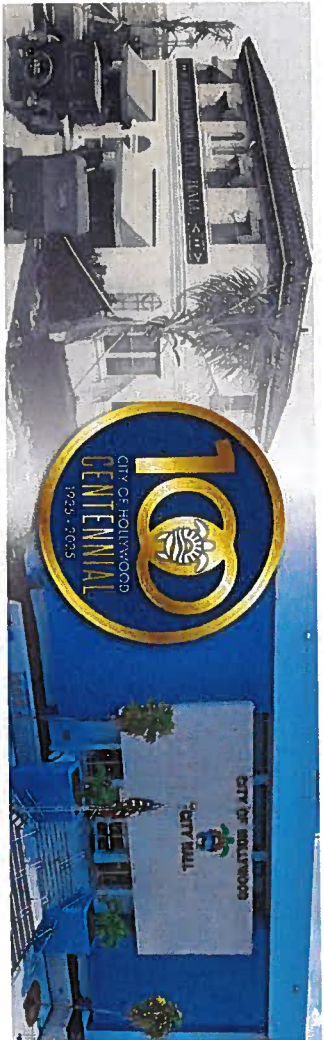
Scope of service:
HVAC installation, maintenance and repairs

Stephanie Gardner
Administrative Assistant I
Public Works
P.O. Box 229045
Hollywood, FL 33022

Email: SGARDNER@hollywoodfl.org
Telephone: 754-329-0497

www.HollywoodFL.org





Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2025

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).

PRODUCER One Protect Insurance 7971 RIVIERA BLVD STE 335 Miramar FL 33023		CONTACT NAME: VICENTE SALGUERO PHONE (A/C No. Ext): (954) 784-9070 FAX (A/C No.): (954) 928-9070 E-MAIL ADDRESS: vin@oneprotectins.com	
INSURED S&R ENGINEERING GROUP LLC dba AIR CHANGES MECHAI 1385 NW 98TH CT UNIT 4 DORAL FL 33172		INSURER(S) AFFORDING COVERAGE INSURER A: MAXUM IND CO INSURER B: INFINITY IND INS CO INSURER C: SCOTTSDALE INSURANCE COMPANY INSURER D: LLOYDS OF LONDON INSURER E: INSURER F:	
		NAIC # 26743 10081	

COVERAGES**CERTIFICATE NUMBER:****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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	BDG-3107788-01	03/18/2025	03/18/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	50000392702	12/22/2024	12/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$	X	X	CXS4047403	03/18/2025	03/18/2026	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	\$						
	\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE OTH-ER
	Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
D	BOP Property			AMA-A0022692	03/18/2025	03/18/2026	Business Personal Pr \$52,500 RC
							Win Ded 10%
							AOP Ded \$2,500 p occu

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

91585 -Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC

95647 - Heating or Combined Heating and Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair - No

Liquefied Petroleum Gas (LPG) Equipment Sales

E1430 Flexible Blanket Additional Insured As Required By Written Contract, Written Agreement Or Written Permit

E906 Amendment-Aggregate Limits of Insurance (Per Project)

E921 Additional Insured-Owners, Lessees or Contractors-Primary and Non-contributory

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
Public Works

1600 S. Park Rd
Hollywood

FL 33021

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

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**

Page ____ of ____

AGENCY One Protect Insurance		NAMED INSURED S&R ENGINEERING GROUP LLC dba AIR CHANGES MECHANICAL	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

E919 Blanket Waiver of Transfer of Rights of Recovery Against Others to Us
Excess Underlying Insurance (General Liability and Auto Liability)
The City of Hollywood is listed as an additionally insured for General liability And Automobile liability.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2025

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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PRODUCER PAYCHEX INSURANCE AGENCY, INC. 225 KENNETH DRIVE ROCHESTER, NY 14623	CONTACT NAME: Paychex Insurance Agency, Inc. PHONE (A/C No. Ext): 877-266-8850 E-MAIL Address: FlexCerts@paychex.com FAX (A/C No.):
INSURED S&R Engineering Group, LLC 1385 NW 98th Unit 4 Miami, FL 33172	INSURER(S) AFFORDING COVERAGE INSURER A: Technology Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42376

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSURER	TYPE OF INSURANCE	ADDL. SUBR.	POLICY NUMBER	POLICY EFF.	POLICY EXP.	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	NA N TWC4533233	01/15/2025	01/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**City of Hollywood
1600 S. Park Rd
Hollywood, FL 33021

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AUTHORIZED REPRESENTATIVE

Mary P. Storti