

FLA STATE INS & TAGS
927 A N FEDERAL HWY
FORT LAUDERDALE, FL 33304
1-954-467-1937

Policy number: 08192565-7

Underwritten by:
Progressive Express Ins Company
May 3, 2019
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Certificate of Insurance

Certificate Holder

Additional Insured
CITY OF HOLLYWOOD
POBOX 229045
HOLLYWOOD, FL 33022

Insured

MULLINGS ENGINEERING SVCS
LANDSCAPING DIVISION INC
6289 W SUNRSE BV122
SUNRISE, FL 33313

Agent

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FORT LAUDERDALE, FL 33304

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 9, 2018

Policy Expiration Date: Aug 9, 2019

| Insurance coverage(s) | Limits |
|--|--|
| Bodily Injury/Property Damage | \$1,000,000 Combined Single Limit |
| Uninsured Motorist | \$1,000,000 CSL Non-Stacked |
| Personal Injury Protection | \$10,000 w/\$0 Ded - Named Insd & Relative |
| Motor Trucking Cargo | \$100,000 w/\$2,500 Ded |
| Employer's Non-Owned Auto BIPD | \$1,000,000 Combined Single Limit |
| Hired Auto Bodily Injury/Property Damage | \$1,000,000 Combined Single Limit |

Description of Location/Vehicles/Special Items

Scheduled autos only

| | |
|---|-----------|
| 2004 FRHT 16M 1FVACWAL24HM83932 | |
| Medical Payments | \$5,000 |
| Comprehensive | \$500 Ded |
| Collision | \$500 Ded |
| 2009 FORD F350 SUPER DUTY 1FTWW33R09EB14018 | |
| Medical Payments | \$5,000 |
| Comprehensive | \$500 Ded |
| Collision | \$500 Ded |
| 1997 TRAN TRAILER 1TTF48205V1052045 | |
| Comprehensive | \$500 Ded |

| | |
|--|-------------|
| Collision | \$500 Ded |
| | |
| 2005 KW T80 1XKDD89X45J074772 | |
| Medical Payments | \$5,000 |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| | |
| 2001 FRHT FLD 1FUYDSEB61LH45307 | |
| Medical Payments | \$5,000 |
| Comprehensive | \$500 Ded |
| Collision | \$500 Ded |
| | |
| 2006 TRASCRAFT TRAILER 1TTF4820461081540 | |
| Comprehensive | \$500 Ded |
| Collision | \$500 Ded |
| | |
| 2016 LEXUS ES 350 58ABK1GG7GU012911 | |
| Comprehensive | \$500 Ded |
| Collision | \$500 Ded |

Certificate number

12319A12565

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

