



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/08/2024

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).

PRODUCER Insurance Consulting Group, LLC 1825 Main Street Suite 102 Weston FL 33326	CONTACT NAME: Diana Rodriguez PHONE (A/C, No, Ext): (305) 347-5651 E-MAIL ADDRESS: Dianar@insurancecgc.com FAX (A/C, No): (844) 593-9453
INSURED High Tech Engineering, Inc 13284 SW 120th Street Miami FL 33186	INSURER(S) AFFORDING COVERAGE INSURER A: The Travelers Indemnity company INSURER B: The Travelers Indemnity company of Connecticut INSURER C: Travelers Property Casualty Co of America INSURER D: Travelers Casualty and surety Company INSURER E: Kinsale Insurance Company INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL242805716 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		X-660-5K331770-IND-24	02/09/2024	02/09/2025	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> HNO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BA-4R124588-24-47-G	02/09/2024	02/09/2025	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP-2W827015-24-47	02/09/2024	02/09/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> 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	N / A	UB-7P169499-24-47-G	02/09/2024	02/09/2025	<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
E	Professional Liability			0100224797-1	02/09/2024	02/09/2025	Each Claim \$1,000,000 Aggregate Limit \$1,000,000 Each Claim Deductible \$25,000

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

City of Hollywood is named as Additional Insured with respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
2600 Hollywood Blvd

Hollywood

FL 33020

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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From: [Certificate of Insurance](#)
To: [Maria Gonzalez](#); [Certificate of Insurance](#)
Subject: RE: [EXT]RE: High Tech COI
Date: Thursday, February 15, 2024 10:03:25 AM
Attachments: [City of Hollywood, 2600 Hollywood Blvd, Hollywood, FL, 33020.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.jpg](#)

Hello,

The COI is acceptable.

Thanks,

Stacy

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Thursday, February 15, 2024 9:16 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: [EXT]RE: High Tech COI

Good morning,

I am waiting for your response about this COI.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Maria Gonzalez
Sent: Monday, February 12, 2024 7:22 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]RE: High Tech COI

Good morning,

Here is High Tech (Locating services) COI for your approval.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: angiem insurancecg.com <angiem@insurancecg.com>
Sent: Friday, February 9, 2024 9:42 AM
To: ovidal htlocating.com <ovidal@htlocating.com>
Cc: asanabria htlocating.com <asanabria@htlocating.com>; Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>; Jaime Castillo <JCASTILLO@hollywoodfl.org>; dianar insurancecg.com <dianar@insurancecg.com>
Subject: [EXT]RE: High Tech COI

You don't often get email from angiem@insurancecg.com. [Learn why this is important](#)

Good Morning,

Please see the attached renewal certificate for our client.

Should you have any questions or concerns, please advise.

Best Regards

Angie Miranda
Account Executive
Insurance Consulting Group, LLC

BROWARD BRANCH
1825 Main Street, Suite 102
Weston, Florida 33326
Tel: 954-389-4799

DADE BRANCH

(by appointment only)

801 Brickell Avenue, 8th Floor
Miami, Florida 33131
Tel: 305-347-5651



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From: ovidal htlocating.com <ovidal@htlocating.com>
Sent: Thursday, February 8, 2024 4:25 PM
To: angiem insurancecg.com <angiem@insurancecg.com>
Cc: asanabria htlocating.com <asanabria@htlocating.com>
Subject: Fwd: High Tech COI

Angie,

Please see below. Thanks

Sincerely,

Octavio Vidal

High Tech Locating

Dir. Phone: 786-345-0986

Central: 305-412-0891

Fax: 305-412-0590

13284 SW 120th St,

Miami, Fl. 33186

ovidal@htlocating.com

www.htlocating.com

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Thursday, February 8, 2024 3:31:21 PM
To: ovidal htlocating.com <ovidal@htlocating.com>
Cc: Jaime Castillo <JCASTILLO@hollywoodfl.org>
Subject: High Tech COI

Good afternoon Mr. Vidal:

Our records show that your COI is expiring. Please send us an updated COI at your earliest convenience.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



Maria Gonzalez

Administrative Specialist II
City of Hollywood
Public Utilities

P.O. Box 229045
Hollywood, FL 33022-9045
Office:
E-mail: MAGONZALEZ@hollywoodfl.org



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