



CITY of HOLLYWOOD, FLORIDA

Office of Human Resources

2600 Hollywood Boulevard • Room 206 • P.O. Box 229045 • Hollywood, Florida 33022-9045
Phone (954) 921-3216 • www.hollywoodfl.org

Tammie L. Hechler, MPA, SPHR, IPMA-CP, SHRM-SCP
Director

July 10, 2017

Career Source Broward
6301 NW 5th Avenue
Suite 300
Fort Lauderdale, FL 33309
Legal Department, Rochelle J. Daniels

Re: Agreement-SYEP-CSC

Dear Ms. Daniels

As requested, enclosed is our self-insured letter summarizing the City's liability insurance coverage.

The City of Hollywood is a municipality of the State of Florida and is self-insured for liability as permitted under Section 768.28 of the Florida Statutes regarding Sovereign Immunity. Further, in this regard, the City has established a formal funded self-insurance program created by Ordinance.

The City has a self-insured retention of \$400,000 per occurrence for liability. The City has purchased excess coverage that covers up to \$1,000,000 per occurrence with an aggregate of \$5,000,000 over the City's self-insured retention.

Please contact me at (954) 921-3292 if you should have any questions.

Sincerely,

Horace McLarty
Sr. HR. Risk Management Accountant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2016

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 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 Arthur J. Gallagher Risk Management Services, Inc. 2255 Glades Road, Suite #200E Boca Raton FL 33431	CONTACT NAME: PHONE (A/C, No, Ext): 561-995-6706 FAX (A/C, No): 561-995-6708 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: HOLLYWO-01																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Underwriters at Lloyd's, London</td> <td></td> <td>11230</td> </tr> <tr> <td>INSURER B: Safety National Casualty Corporation</td> <td></td> <td>15105</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Underwriters at Lloyd's, London		11230	INSURER B: Safety National Casualty Corporation		15105	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED City of Hollywood P.O. Box 229045 Hollywood FL 33022																						

COVERAGES **CERTIFICATE NUMBER:** 448864384 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PK1021416	10/1/2016	10/1/2017	EACH OCCURRENCE \$See Below DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$See Below PRODUCTS - COMP/OP AGG \$ GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC
A	AUTOMOBILE LIABILITY		PK1021416	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$See Below BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB		PK1021416	10/1/2016	10/1/2017	EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$5,000,000 DEDUCTIBLE \$ RETENTION \$400,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below WC STATUTORY LIMITS OTH-ER
B	Excess Workers Comp Employers Liability *Self Ins. Retention		SP4055767	10/1/2016	10/1/2017	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Statutory \$1,000,000

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

*Self Insured Retention \$600,000 Combined Package Buffer and Excess Workers Compensation

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION 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 