Inez Murphy

From:	Certificate of Insurance
Sent:	Tuesday, March 11, 2025 2:40 PM
To:	Samantha Corbett
Cc:	Certificate of Insurance
Subject:	FW: SFM Services, Inc.
Attachments:	SFMJ COI for City of Hollywood.pdf

Acceptable.

Certificate of Insurance

CITY OF Hollywood FLORIDA

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.

From: Samantha Corbett <scorbett@HollywoodFL.org>
Sent: Tuesday, March 4, 2025 12:22 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Tanya Bouloy <TBouloy@hollywoodfl.org>
Subject: SFM Services, Inc.

Is this acceptable?

Thank you,

Samantha

From: Vanezza Rivera <vrivera@sfmservices.com>
Sent: Tuesday, March 4, 2025 12:11 PM
To: Samantha Corbett <scorbett@HollywoodFL.org>
Cc: Pascale Lopez <plopez@sfmservices.com>; Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>
Subject: [EXT]RE: Requesting an updated COI

Good afternoon Samantha,

Here's our updated COI for your review.

Thank you,

SFM Services, Inc.
Clean • Green • Secure

Vanezza Rivera
Administrative Assistant
vrivera@sfmservices.com
D: 786.602.1343
F : 305.818.3510

From: Pascale Lopez <plopez@sfmservices.com>
Sent: Tuesday, March 4, 2025 8:33 AM
To: Vanezza Rivera <vrivera@sfmservices.com>
Subject: FW: Requesting an updated COI

SFM Services, Inc.
Clean • Green • Secure

Pascale Lopez
Janitorial General Manager
plopez@sfmservices.com
O: 305.818.2424 Ext 3023
C: 786.663.2248
F : 305.818.2428

From: Samantha Corbett <scorbett@HollywoodFL.org>
Sent: Tuesday, March 4, 2025 8:27 AM
To: Pascale Lopez <plopez@sfmservices.com>
Cc: Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>
Subject: Requesting an updated COI

You don't often get email from scorbett@hollywoodfl.org. Learn why this is important

SECURITY NOTE: *This email has originated from OUTSIDE of SFM Services. Please exercise caution with attachments and links *

Good Morning Ms. Lopez,

Attached is the expired Certificate of Liability Insurance. Please update all three insurances; commercial general liability, automobile liability, and worker's compensation and employers' liability.
Any questions, please let me know.

Thank you,

Samantha Corbett

Public Works

"Don't keep it to yourself, share your fee

anitc

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

SFMSER

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/28/2025

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
Commercial Lines - (305) 443-4886
USI Insurance Services LLC
201 Alhambra Circle, Suite 900
Coral Gables, FL 33134

CONTACT NAME: dewin.molina@usi.com
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: dewin.molina@usi.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Old Republic Insurance Company	24147
INSURER B :	Palomar Excess and Surplus Insurance Company	16754
INSURER C :	Westchester Surplus Lines Ins. Co.	10172
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
SFM Services, Inc.
7500 NW 74th Ave

Medley, FL 33166

COVERAGES **CERTIFICATE NUMBER:** 15941012 **REVISION NUMBER:** See below

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	X COMMERCIAL GENERAL LIABILITY	X		MWZY31262225	03/01/2025	03/01/2026	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY / X PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY	X		MWTB31519825	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Comp/$250/$ / X Coll/$500/$1,0							$
B	UMBRELLA LIAB / X OCCUR			APPEXS241000012904	03/01/2025	03/01/2026	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH); If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		MWC31262325	03/01/2025	03/01/2026	X PER STATUTE / 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
C	Contractor's Pollution Liab.	X		G17663723003	12/21/2025	12/21/2026	General Aggregate:	$ 2,000,000
							Each Occurrence	$ 1,000,000

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

The City of Hollywood is an additional insured with respects to general liability, pollution liability, and auto liability when required by written contract in accordance with the terms and conditions of the policy. Excess liability is follow form.

CERTIFICATE HOLDER

City of Hollywood
Public Works
1600 Hollywood Blvd.
Hollywood, FL 33020-4807

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

ACORD 25 (2016/03)

(This certificate replaces certificate# 15826196 issued on 1/31/2024)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All persons or organizations when required by written contract or agreement	All Locations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
All persons or organizations when required by written contract or agreement	All completed operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.