# New Police Headquarters Design Team Insurance Documents

Updated 11/29/2021



DATE (MM/DD/YYYY)

O'Donnell Dannwolf and Partners Architects       Insulance 1         2432 Hollywood Bivd Hollywood       FL 33020         THS 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 RECURRENT, TEAM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SUCCUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY RECURRENT, TEAM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SUCCUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS:         WERE C.       INSURANCE       NOTWITH THE TEAM.       INSURANCE INTERNATION OF ANY CONDITIONS OF ANY CONDITIONS OF ANY CONDITIONS OF ANY CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS:         WERE C.       INSURANCE       MODILIVER       SUCCUSION AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY AND CLAIMS:         WERE C.       INSURANCE       OCCUR       Y       N       ACP5994801119       03/02/2021       03/02/2022       PERSONAL AGV NUMERY & SUDID POLICY BEEN DEAL         A MY AUTO O'DONNE       SCHEDING DAVIA       Y       N       ACP5994801119       03/02/2021       03/02/2022       PERSONAL AGV NUMERY & SUDID POLICY BEEN DEAL	<u> </u>							03	/05/2021			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy result have ADDITIONAL INSURED my require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(d).       WORKER       OWORKER       WORKER       OWORKER       OWORKER </td <td colspan="11">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</td>	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											
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Mandatory in NP)       E.L. DISEASE - EA EMPLOYCE       \$         If yes, describe under       E.L. DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate Holder included as Additional Insured       E.L. DISEASE - POLICY LIMIT       \$         Certificate Holder included as Additional Insured       EXAMPLE - EXAM	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$				
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City of Hollywood       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN         Building and Zoning       AUTHORIZED REPRESENTATIVE         2600 Hollywood Boulevard       FL 33020	CERTIFICATE HOLDER				CANCELLATION							
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ACORD 25 (2016/03)

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C B R	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.												
lf	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 any rights to the certificate holder in lieu of such endorsement(s). RODUCER												
US	Ins	<sup>:R</sup> surance Services, LLC Rocky Point Drive				E-MAIL	o, Ext): 813 32	21-7500	FAX (A/C, No	<sub>):</sub> 813 32	21-7525		
Sui	te 4	00				ADDRE	55:		FORDING COVERAGE		NAIC #		
Tar	npa	, FL 33607				INSURE	RA: XL Spec	ialty Insuranc			37885		
INSU	RED							Insurance Col			38920		
		O'Donnell Dannwolf and	Partn	ers		INSURE	RC:						
		Architects Inc				INSURE	RD:						
		2432 Hollywood Blvd				INSURE	RE:						
		Hollywood, FL 33020				INSURE	RF:						
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		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
			-						MED EXP (Any one person)	\$			
	CEN	V'L AGGREGATE LIMIT APPLIES PER:	-						PERSONAL & ADV INJURY	\$			
	GEI	PRO-							GENERAL AGGREGATE	\$			
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$			
	AUT								COMBINED SINGLE LIMIT				
	-	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$			
		OWNED AUTOS ONLY							BODILY INJURY (Per accident	) \$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									(	\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MAD	E						AGGREGATE	\$			
		DED RETENTION \$								\$			
		RKERS COMPENSATION							PER OTH STATUTE ER	1-			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	(Mai	ndatory in NH)	1						E.L. DISEASE - EA EMPLOYE	E \$			
		s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α		ofessional			DPR9974408		03/05/2021	03/05/2022	\$2,000,000 per clai				
		bility							\$2,000,000 annl ag	-			
		cess Liab			01001095841				\$3,000,000 per clai	m/ag			
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Professional Liability coverage is written on a claims-made basis.												
CEF	TIF	ICATE HOLDER				CANC	ELLATION						
	City of Hollywood 2600 Hollywood Boulevard						EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL LICY PROVISIONS.				
		Hollywood, FL 33020-4	807			AUTHO	RIZED REPRESE						

5 m	Conc
C 1.1	Carter

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DATE (MM/DD/YYYY) 04/08/2021

CI BI RI	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.										
lf	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).										
	DUCER	0 1110			CONTA						
	ur J. Gallagher Risk Services for CoAdv	/anta	ge		NAME:         FAX           PHONE         (A/C, No, Ext):           (A/C, No, Ext):         (866) 854-5423						
	rey Rendel Tequesta Drive				E-MAIL ADDRESS: coi@coadvantage.com						
	uesta, FL 33418				ADDILL	NAIC #					
_					INSURF			DING COVERAGE rance Company	40142		
INSU	RED				INSURE						
	dvantage Corporation Alt. Emp: O'DONNELL	DAN	NWOL	F AND PARTNERS	INSURE						
	HITECTS ) Buschwood Park Drive #200				INSURE						
Tam	pa, FL 33618				INSURE						
					INSURE						
CO	/ERAGES CER	TIFIC		NUMBER:21FL0909590				REVISION NUMBER:			
IN Ce	THIS IS TO CERTIFICATE NUMBER:21FL090939069 REVISION NUMBER: 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
								PRODUCTS - COMP/OP AGG \$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
	ANY AUTO							(Ea accident) Ψ BODILY INJURY (Per person) \$			
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED AUTOS							PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
								EACH OCCURRENCE \$			
	CLAING-MADE							AGGREGATE \$			
	DED RETENTION \$							X PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y / N										
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		WC 56-11-942-07		04/01/2021	04/01/2022	E.L. EACH ACCIDENT \$	2,000,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$	2,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	2,000,000		
				Location Coverage Perio	od:	04/01/2021	04/01/2022	Client# 115116-FL			
Cove only	RIPTION OF OPERATIONS / LOCATIONS / VEHICL O'DONNELL DANN ARCHITECTS 2432 Hollywood Blvd Hollywood, FL 33020	WOÙ d.			e, may b	e attached if mor	e space is require	ed)			
CEF					CANO	CELLATION					
	The City of Hollywood 2600 Hollywood Blvd Hollywood,, FL 33022-9045				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CANCELI REOF, NOTICE WILL BE DE Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

ACORD 25 (2016/03)

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	Client	#: 2517	76		ноко	GROUP						
			ATE OF LIABI	LITY INSU			Γ	DATE (MM/DD/YYYY) 12/12/2020				
C B	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.											
lf	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 any rights to the certificate holder in lieu of such endorsement(s).											
	DUCER			CONTACT Jerry No	.,							
	yling Ins. Brokerage/EPIC			PHONE (A/C, No, Ext): 770-22			FAX (A/C, No):					
	0 Mansell Road, Suite 370			ADDRESS: jerry.no		ing.com						
Alp	haretta, GA 30022				INSURER(S) AF	FORDING COVERAG	E	NAIC #				
				INSURER A : National				20478				
INSU	Hellmuth, Obata & Kassab	aum. I	nc.	INSURER B : The Con		ance Company		35289				
	Canal House; 3223 Grace	-		INSURER C : Lloyds o		Company		085202				
	Washington, DC 20007-36	514			ital Casualty	Company		20445				
				INSURER E : INSURER F :								
CO	/ERAGES CER	TIFICAT	TE NUMBER: 20-21	INSURER F .		REVISION NUM	BER:					
IN C E	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 SU	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S				
Α	X COMMERCIAL GENERAL LIABILITY		6072906715	12/15/2020	12/15/2021	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu		\$1,000,000 \$1,000,000				
	X Contractual Liab.					MED EXP (Any one person) \$15,000						
						PERSONAL & ADV INJURY \$1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG		\$2,000,000				
	POLICY X JECT X LOC					PRODUCTS - COMP	/OP AGG	\$ <b>2,000,000</b> \$				
D	OTHER: AUTOMOBILE LIABILITY		6072906729	12/15/2020	12/15/2021	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000,000				
	Χ ΑΝΥ Αυτο		0072300723	12/13/2020	12/13/2021	(Ea accident) BODILY INJURY (Per		\$1,000,000				
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per	r accident)	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAG (Per accident)	E	\$				
								\$				
В	X UMBRELLA LIAB X OCCUR		6072906763	12/15/2020	12/15/2021	EACH OCCURRENC	E	\$5,000,000				
	EXCESS LIAB CLAIMS-MADE	-				AGGREGATE		\$5,000,000				
	DED X RETENTION \$10,000					PER	OTH-	\$				
	AND EMPLOYERS' LIABILITY						OTH- ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDEN		\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA E						
С	Professional Liab		B0146LDUSA2003767	12/15/2020	12/15/2021							
						Aggregate \$	-					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	DRD 101, Additional Remarks Schedu	l Ile, may be attached if mo	ore space is requ	ired)						
Re	HOK Project #20.14032.00. City	of Holl	ywood, its employees ar	nd officials are na	med as Ad	ditional						
	ureds with respects to General &		-	-		-						
	above described policies be can		• •	•		-						
	ill endeavor to provide 30 days' written notice (except 10 days for nonpayment of premium) to the											
Ce	Certificate Holder.											
CEI				CANCELLATION								
	City of Hollywood 2600 Hollywood Bouleva	ird			I DATE THE	REOF, NOTICE	WILL B	NCELLED BEFORE E DELIVERED IN				

AUTHORIZED REPRESENTATIVE

DAN. Collinga

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2600 Hollywood Boulevard Hollywood, FL 33020 This page has been left blank intentionally.

ACORD	

DATE (MM/DD/YYYY) 04/01/2021

Ī					DILI	111113	URANC	, <b>C</b>	04/01	1/2021	
C B	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.										
If	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights t	to t	he te	rms and conditions of th	ne polio	cy, certain p	olicies may				
PRO	DUCER				CONTA NAME:	ст					
	Marsh USA Inc. One Towne Square Suite 1100				PHONE (A/C, N			FAX (A/C, No)			
	Southfield, MI 48076				E-MAIL ADDRE	55. 55.		(4,0,10)			
	Attn: DetroitGroupCaptive.CertRequest@marsl	n.com			ADDICE			RDING COVERAGE		NAIC #	
CN1	02618388WC-21-22 27						shire Insurance (			23841	
	IRED					RB: AIU Insural		Joinpany		19399	
	Hellmuth, Obata & Kassabaum, Inc. Canal House, 3223 Grace St. N.W.				INSURE						
	Washington, DC 20007				INSURE						
					INSURE						
					INSURE						
	VERAGES CER	TIFI	CATE	E NUMBER:		-009577707-05		REVISION NUMBER:	4	1	
	HIS IS TO CERTIFY THAT THE POLICIES									ICY PERIOD	
C E	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER1 POLI	<sup>-</sup> AIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT T			
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	)\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC080756205 (AOS)			03/01/2022	X PER OTH- STATUTE ER			
В	AND EMPLOYERS LIABLITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBEREXCLUDED?	N / A		WC080756206 (CA)		03/01/2021	03/01/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	N/A		(Does not apply to ND, OH, WA, V	WI,			E.L. DISEASE - EA EMPLOYE	Ξ\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			Puerto Rico, or the Virgin Islands)	)			E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC IOK Project Number 20.14032.00; Hollywood FL Poli				ie, may b	e attached if mor	e space is requir	ea)			
	espects WC, a Waiver of Subrogation is applicable in				ten contra	ct or agreement.					
CE	RTIFICATE HOLDER				CAN	CELLATION					
	City of Hollywood 2600 Hollywood Boulevard Hollywood, FL 33020				ТНЕ	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE ( EREOF, NOTICE WILL Y PROVISIONS.			
						RIZED REPRESE sh USA Inc.					
1					John (	CHurley		folt. ch	<		

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#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 03/01/2021 forms a part of Policy No. WC 080-75-6205

Issued to HOK GROUP, INC.

#### By NEW HAMPSHIRE INSURANCE COMPANY

#### LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL TO ENTITIES OTHER THAN THE NAMED INSURED (WORKERS' COMPENSATION ONLY)

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- 2. the Named Insured or, if applicable, any other employers named in Item 1 of the Information Page is under an existing contractual obligation to notify a certificate holder when this policy is canceled (hereinafter, the "Certificate Holder(s)") and the Named Insured has provided to the Insurer, either directly or through its broker of record, the email address of a contact at each such entity; and
- 3. the **Insurer** received this information after the **Named Insured** receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the **Insurer**,

the **Insurer** will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within <u>30</u> days after the **Named Insured** provides such information to the **Insurer**; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the **Named Insured** provides such information to the **Insurer**.

Proof of the **Insurer** emailing the Advice, using the information provided by the **First Named Insured**, will serve as proof that the **Insurer** has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following definitions apply to this endorsement:

- 1. Named Insured means the insured first named employer in Item 1 of the Information Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Information Page of this policy.

All other terms, conditions and exclusions shall remain the same.

S.W. H.Z.S.

AUTHORIZED REPRESENTATIVE

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 03/01/2021 forms a part of Policy No. WC 080-75-6205

Issued to HOK GROUP, INC.

## By NEW HAMPSHIRE INSURANCE COMPANY

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

ANY PERSON OR ORGANIZATION TO WHOM YOU BECOME OBLIGATED TO WAIVE YOUR RIGHTS OF RECOVERY AGAINST, UNDER ANY WRITTEN CONTRACT OR AGREEMENT YOU ENTER INTO PRIOR TO THE OCCURRENCE OF LOSS.

This form is not applicable in Kansas for private construction contracts as defined in K.S.A. 16-1801 through K.S.A 16-1807 or public construction contracts as defined in K.S.A. 16-1901 through 16-1908, except where permitted by statute or other applicable law, such as for use in wrap-up insurance programs.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

DE-DH.M.SC

WC 00 03 13 (Ed. 04/84)

Countersigned by

**Authorized Representative** 



DATE (MM/DD/YYYY) 07/01/2021

С В R	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.											
lf	SUE	RTANT: If the certificate holder is a BROGATION IS WAIVED, subject to ertificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies					
						CONTA		/lin				
		Advisory Services, Inc.				NAME: PHONE (A/C, No		)9-2420	FAX	(561) 3	67-3126	
		V Corporate Blvd.				E-MAIL	sarah hay	lin@centuryra.	(A/C, No):	( / -		
	e 40	•				ADDRE	33. ,				NAIC #	
Boo	a Ra	ton			FL 33431	INSURE	1.1	of London Syn			NAIC #	
INSU						INSURE	T	tation Insurand			20494	
		SLS Consulting, Inc				INSURE	.к. <b>б</b> .					
		260 Palermo Avenue				INSURE						
	INSURER E :											
	Coral Gables FL 33134 INSURER F :											
CO												
COVERAGES         CERTIFICATE NUMBER:         CL2152603624         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)	LIMIT	s		
	$\times$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 5,00	0,000	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 250,	000	
									MED EXP (Any one person)	\$ 5,00	)	
А					PSJ0721168211		09/06/2020	03/06/2022	PERSONAL & ADV INJURY	\$ 5,00	0,000	
	GEN	VLAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,00	0,000	
	$\times$	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 5,00	0,000	
		OTHER:				\$						
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 5,00	),000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
А		OWNED SCHEDULED AUTOS			PSJ0721168211		09/06/2020	03/06/2022	BODILY INJURY (Per accident)	\$		
	$\times$	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
	-								X PER OTH- STATUTE ER			
в		PROPRIETOR/PARTNER/EXECUTIVE N Idatory in NH)	N/A		6024869908		06/24/2021	06/24/2022	E.L. EACH ACCIDENT	<sub>\$</sub> 1,00	),000	
	(Mar	ndatory in NH)						•••	E.L. DISEASE - EA EMPLOYEE	\$ 1,00		
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 1,00	),000	
	Pro	ofessional Liability/Errors &Omissions										
А					PSJ0721168211		09/06/2020	03/06/2022	Each Claim		0,000	
									Aggregate	5,00	0,000	
Cer	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as Additional Insured (Blanket Basis, or Automatic Status) as respects Commercial General Liability and Auto Liability only when required by written contract.											
CE	RTIF	ICATE HOLDER				CANC	ELLATION					
		City of Hollywood 2600 Hollywood Boulevard				THE ACC	EXPIRATION D	DATE THEREON TH THE POLICY	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE	
1						AUTHO	RIZED REPRESE	NIAIIVE	2			
		Hollywood			FL 33020				CSA			

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	Clien	t#: 25320			KIML	IORN							
	ACORD. CERT	<b>IFICA</b>		ILITY INSU	JRANC	E	•	M/DD/YYYY) <b>/2021</b>					
C B	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.												
IN	EPRESENTATIVE OR PRODUCER, A IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	s an ADDI1	FIONAL INSURED, the pol										
th	is certificate does not confer any rig			of such endorsemen	nt(s).								
Gre	<sup>DUCER</sup> eyling Ins. Brokerage/EPIC 30 Mansell Road, Suite 370			CONTACT NAME:         Jerry Noyola           PHONE (A/C, No, Ext):         770-220-7699         FAX (A/C, No):           E-MAIL ADDRESS:         jerry.noyola@greyling.com									
	haretta, GA 30022			ADDRESS: Jerry.no		FORDING COVERAGE		NAIC #					
				INSURER A : National	Union Fire Ins	s. Co.		19445					
INSU	RED Kimley-Horn and Associa	tes. Inc.		INSURER B : Allied W				19489					
	421 Fayetteville Street, St	-		INSURER C : Everest				10120 23841					
	Raleigh, NC 27601			INSURER D : New Hall				085202					
				INSURER F :	London			000202					
CO	VERAGES CEI	TIFICATE	NUMBER: 21-22	INCOLERT :	F	REVISION NUMBER:							
TI IN C	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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS						
Α	X COMMERCIAL GENERAL LIABILITY		GL5268169	04/01/2021	04/01/2022	EACH OCCURRENCE	\$1,00	0,000					
	CLAIMS-MADE X OCCUR				-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>500</b> ,	000					
	X Contractual Liab	-			-	MED EXP (Any one person)	\$25,0						
		-			-	PERSONAL & ADV INJURY		0,000					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC				-	GENERAL AGGREGATE		0,000					
					-	PRODUCTS - COMP/OP AGG	\$2,00	0,000					
Α	AUTOMOBILE LIABILITY		CA4489663	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	<sub>\$</sub> 2,00	0,000					
	OWNED         SCHEDULED           AUTOS ONLY         AUTOS           HIRED         NON-OWNED           AUTOS ONLY         AUTOS ONLY				-	BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	) \$ \$ \$						
в	X UMBRELLA LIAB X OCCUR		03127930	04/01/2021	04/01/2022	EACH OCCURRENCE		0.000					
c	X EXCESS LIAB CLAIMS-MAD	=	XC8EX00363211		04/01/2022			0,000 0,000					
D	DED X RETENTION \$10,000 WORKERS COMPENSATION		WC015893685 (AOS)		04/01/2022		\$	0,000					
A	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ור	WC015893686 (CA)		l l	E.L. EACH ACCIDENT		0,000					
	(Mandatory in NH)	N/A			-	E.L. DISEASE - EA EMPLOYE							
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,00	0,000					
Е	Professional Liab		B0146LDUSA2104949	04/01/2021	04/01/2022	Per Claim \$5,000,00 Aggregate \$5,000,0							
						33 - 3							
Re	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Hollywood Police Headquarters; KHA #044241040; PM:Spencer Teufel. The City of Hollywood is named as an Additional Insured with respects to General & Automobile Liability where required by written contract.												
CEI	RTIFICATE HOLDER			CANCELLATION									
	City of Hollywood 2600 Hollywood Boulev Hollywood, FL 33020-0			SHOULD ANY OF 1 THE EXPIRATION	N DATE THE ITH THE POI	SCRIBED POLICIES BE C REOF, NOTICE WILL I LICY PROVISIONS.							
				DAN. alling									

			Client	-					LANG		DATE (M	M/DD/YYYY)	
	40	CORD <sub>™</sub>	CERT	FI	CA	TE OF LIABI	LIT	Y INSU	JRANC	CE	3/29/	-	
CI BI RI	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												
						certificate holder in lieu o				lire an endorsement. A	statem	ent on	
PROI	PRODUCER Greyling Ins. Brokerage/EPIC 3780 Mansell Road, Suite 370							CONTACT NAME:         Jerry Noyola           PHONE (A/C, No, Ext):         FAX (A/C, No):					
		etta, GA 30022					E-MAIL ADDRESS: jerry.noyola@greyling.com						
-		-					INSURF		. ,	FORDING COVERAGE		NAIC #	
INSU	RED									ance Company		35289	
			ineering & Env	/iror	mer	ntal			orge Insuranc			20508	
		Services, Inc 300 Kimball								ompany of Reading,PA		20427	
		Parsippany,				-	INSURE	RE: Evansto	n Insurance C	company		35378	
<u> </u>		AGES				NUMPER, 24.22	INSURE	RF:					
						NUMBER: 21-22 RANCE LISTED BELOW HAV	/F BEEI	NISSUED TO		REVISION NUMBER:	POLIC		
IN CE E>	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.         VSR       TYPE OF INSURANCE       ADDL SUBR       POLICY EFF       POLICY EFF       POLICY EFF         VSR       TYPE OF INSURANCE       ADDL SUBR       POLICY NUMBER       POLICY EFF         VSR       TYPE OF INSURANCE       POLICY NUMBER       POLICY EFF       POLICY EFF       POLICY EFF         IMMITS												
INSR LTR		TYPE OF INSU		ADDL INSR		POLICY NUMBER				LIMIT	-		
Α	X	COMMERCIAL GENER				7014708217		04/01/2021	04/01/2022	EACH OCCURRENCE	\$1,00	,	
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,		
										MED EXP (Any one person)	\$15,0 \$1,00		
	GEN	N'L AGGREGATE LIMIT A								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,00	,	
	UL1	POLICY X PRO- JECT	X LOC							PRODUCTS - COMP/OP AGG	\$2,00	,	
В	AUT	OTHER:				6016359856		04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ \$ \$1,00	,	
	Х									BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	Х	AUTOS ONLY X	AUTOS ONLY							(Per accident)	\$		
Р	v	UMBRELLA LIAB	×			0045004400			0.4/0.4/0000		\$		
в	<u>х</u> х	EXCESS LIAB	X OCCUR			6045964169		04/01/2021	04/01/2022	EACH OCCURRENCE	\$5,00	- /	
	~									AGGREGATE	\$5,00	0,000	
С		RKERS COMPENSATION	N			6016359842 (AOS)		04/01/2021	04/01/2022	X PER OTH- STATUTE ER	\$		
D		DEMPLOYERS' LIABILIT PROPRIETOR/PARTNEI ICER/MEMBER EXCLUD	R/EXECUTIVE			6016359873 (CA)				E.L. EACH ACCIDENT	\$1,00	0,000	
D	(Mai	ndatory in NH)	N N	N/A		6057485432 (NY)				E.L. DISEASE - EA EMPLOYEE	,		
	lf ye DES	s, describe under CRIPTION OF OPERATION	ONS below			-				E.L. DISEASE - POLICY LIMIT	\$1,00	0,000	
Е		ofessional Liab				MKLV7PL0004634		04/01/2021	04/01/2022				
	inc	I. Poll. Liab.								Aggregate \$5,000,00	00		
Re: the	La abo	ngan Project #33	30065801; PM iability policie	- Ca	rlos	0 101, Additional Remarks Schedu Ortiz. The City of Holly e exception of workers	/wood	are named	l as Additio	nal Insureds on			
		-											
CEF	TIF	ICATE HOLDER					CANC	ELLATION					
	City of Hollywood 2600 Hollywood Boulevard Hollywood, FL 33020-0000							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

Dog N. Collinga	
0 1000 0015	

AC	ć	ORD®	CERT	ΊF		ATE OF LIA	BIL		SURAI	NCE		(MM/DD/YYYY) 4/2021
CI BI	ERT ELO	IFICATE DOES NOT W. THIS CERTIFIC	AFFIRMATIVE	LY O	r ne E doe	NFORMATION ONLY AND GATIVELY AMEND, EXTEN ES NOT CONSTITUTE A CO RTIFICATE HOLDER.	ND OR	ALTER THE (	COVERAGE A	<b>AFFORDED BY THE POLI</b>	CIES	6
th	e te		of the policy, c	ertai	n pol	ONAL INSURED, the polic icies may require an endo						
_	DUCE						CONTA	<sup>CT</sup> Kevin G	anascioli			
вос	JAR'	T & BROWNELL	OF MD.INC.				PHONE (A/C, No	(201)	444-4500	FAX (A/C, No):	(301)444	4-4510
764	18	Standish Plac	e				E-MAIL	<sub>ss</sub> . certifi	cates@boga	artandbrownell.com		
										DING COVERAGE		NAIC #
Roc	kv:	ille	MD 20	855			INSURE	RA: Sentin	el Insura	ance Company LTD		11000
INSU	RED	WINBOURNE	CONSULTING	, Ц	LC				ord Casua Insurance	lty Insurance Co		29424 37273
162	21 1	N Kent St, St	e 704					RD: Travel		company		3609
		-					INSURE					
ARI	IN	GTON	VA 22	209			INSURE					
CO	VER	AGES	CER	TIFIC	ATE	NUMBER: 2021-2022				REVISION NUMBER:		
IN CE	DICA ERTII	ATED. NOTWITHSTAN FICATE MAY BE ISSUE	IDING ANY REQU ED OR MAY PERT	IREM AIN,	IENT, THE II	CE LISTED BELOW HAVE BEE TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BEI	IY CON <sup>.</sup> He pol	FRACT OR OT	HER DOCUMEI IBED HEREIN I	NT WITH RESPECT TO WHI	СН ТНІЗ	
INSR LTR		TYPE OF INSURA	NCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
	х	COMMERCIAL GENERAL	LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
А		CLAIMS-MADE	X OCCUR			42SBAPB4058		6/7/2021	6/7/2022	MED EXP (Any one person)	\$	10,000
	х	Deductible - \$5	00			Business Personal Prop:				PERSONAL & ADV INJURY	\$	1,000,000
						\$162,430 - RC				GENERAL AGGREGATE	\$	2,000,000
	GEN					42 MB 0389338-21 - Cyber				PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY X PRO- JECT	LOC			\$2,000,000 Aggregate Limi	.t			COMBINED SINGLE LIMIT	\$	
	AUI	OMOBILE LIABILITY								(Ea accident)	\$ \$	1,000,000
А		ANY AUTO	SCHEDULED			42SBAPB4058		6/7/2021	6/7/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	x		AUTOS NON-OWNED							PROPERTY DAMAGE	э \$	
	x	HIRED AUTOS A Ded - \$500	AUTOS							(Per accident)	\$	
	x		X OCCUR							EACH OCCURRENCE	\$	3,000,000
~		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	3,000,000
A		DED X RETENTION				42SBAPB4058		6/7/2021	6/7/2022		\$	
в		RKERS COMPENSATION								Y WC STATU- TORY LIMITS OTH- ER		
	ANY	PROPRIETOR/PARTNER/E		N/A						E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ICER/MEMBER EXCLUDED ndatory in NH)		N/A		42WECCF5270		6/7/2021	6/7/2022	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye DES	s, describe under CRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Emj	ployment Practi	ices			42KB0270197		6/15/2021	6/15/2022			\$1,000,000
С	Pro	ofessional Liab	oility			P-001-000053062-04		10/17/2020	10/17/2021	Retention- \$10,000 OCC/AGG		\$2,000,000
		ION OF OPERATIONS/LO f Hollywood is				ORD 101, Additional Remarks Scheman insured.	dule, if m	ore space is requi	 ired)	<u> </u>		
CEF	RTIF	ICATE HOLDER					CAN	ELLATION				
	City of Hollywood 2600 Hollywood Boulevard						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				D BEFORE	
							L .	_	-	14 A	min	
		I					John	Seguin/KG	G	(3 to	2	
ACO	ORD	25 (2010/05)						© 19	88-2010 AC	ORD CORPORATION.	All rig	hts reserved.

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## 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 of Covered Operations:
City of Hollywood	All Locations/Jobs

(If no entry appears above, information required to complete this endorsement will be shown in the declarations as applicable to this endorsement).

- 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 or 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 locations(s) designated above.

- 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.

CG 20 10 07 04

© ISO Properties, Inc. 2004

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

Name Of Additional Insured Person(s) Or Organizations(s):	Location And Description Of Completed Operations						
City of Hollywood	All Locations/Jobs						
Information required to complete this Schedule, if not shown above, will be shown in the Declaration							

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown is 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".

CG 20 37 07 04

ISO Properties, Inc., 2004

ACC	CERI	٦IF	IC	ATE OF LIA	BILI		SURA	NCE		(MM/DD/YYYY) )/2021
CERT BELC	CERTIFICATE IS ISSUED AS A MAT IFICATE DOES NOT AFFIRMATIVE W. THIS CERTIFICATE OF INSUR/ ESENTATIVE OR PRODUCER, ANI	LY OI ANCE	R NE DOB	GATIVELY AMEND, EXTER ES NOT CONSTITUTE A CO	ND OR	ALTER THE	COVERAGE A	AFFORDED BY THE POL	R. THIS	
IMPO the te	RTANT: If the certificate holder is a rms and conditions of the policy, o	an AD ertai	DITI n pol	ONAL INSURED, the polic						
	cate holder in lieu of such endorse	emen	t(s).			·т .				
PRODUCE					NAME: PHONE	(201)	anascioli 444-4500	FAX		
	T & BROWNELL OF MD.INC. Standish Place				(A/C, No	, Ext): (301)		FAX (A/C, No): artandbrownell.com	(301)444	4-4510
/040					ADDRE			DING COVERAGE		NAIC #
Rockv	ille MD 20	855						ance Company LTD		11000
INSURED	WINBOURNE CONSULTING	, Ц	гC					lty Insurance Co		29424
					INSURE	RC:Axis ]	Insurance	Company		37273
1621	N Kent St, Ste 704				INSURE	<sub>RD:</sub> Travel	ers			3609
ARLIN					INSURE	RF:				
	AGES CER S TO CERTIFY THAT THE POLICIES OF			NUMBER: 2021-2022				REVISION NUMBER:		
INDIC/ CERTI	ATED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER' JSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, <sup>-</sup>	ENT, THE I	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	NY CONT THE POL	RACT OR OT	HER DOCUME	NT WITH RESPECT TO WHI	СН ТНІЗ	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
						(		EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A	COMMERCIAL GENERAL LIABILITY			42SBAPB4058		6/7/2021	6/7/2022	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	10,000
x	Deductible - \$500			Business Personal Prop:				PERSONAL & ADV INJURY	\$	1,000,000
				\$162,430 - RC				GENERAL AGGREGATE	\$	2,000,000
GEI	VLAGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC								\$	
AU								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
a	ANY AUTO			42SBAPB4058		6/7/2021	6/7/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
x	AUTOS AUTOS NON-OWNED					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PROPERTY DAMAGE	\$ \$	
x	HIRED AUTOS AUTOS							(Per accident)	\$	
x	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	3,000,000
А	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	3,000,000
	DED X RETENTION \$ 10,000	)		42SBAPB4058		6/7/2021	6/7/2022		\$	
	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							Y WC STATU- TORY LIMITS OTH- ER		
OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		42WECCF5270		6/7/2021	6/7/2022	E.L. EACH ACCIDENT	\$	1,000,000
lf ye	ndatory in NH)			42WECCF 5270		0, ,, 2021	0, , , 2022		\$	1,000,000
	SCRIPTION OF OPERATIONS below					C /1 E /2021	6/15/2022	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	ployment Practices			42KB0270197 P-001-000053062-04		6/15/2021 10/17/2020	10/17/2021			\$1,000,000
	ofessional Liability			P-001-000053062-04		20, 2,, 2020		Retention- \$10,000 OCC/AGG		\$2,000,000
	ION OF OPERATIONS / LOCATIONS / VEHICLE of Hollywood is listed as				dule, if mo	ore space is requ	ired)			
					CANC	ELLATION				
C 2	ity of Hollywood 600 Hollywood Boulevard ollywood, 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.				D BEFORE			
	OIIYWOOU, FII 33020							12 Martin	uun	
	I				John	Seguin/KG	G	(3H	7 <sup></sup>	
ACORE	25 (2010/05)					© 19	88-2010 AC	ORD CORPORATION.	All rig	hts reserved.

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								00	CIAS-1 _		OP ID: SG	
/	40		EF	RTI	FICATE OF LIA	٩BIL	ITY INS	SURAN	CE		(MM/DD/YYYY) 3/11/2021	
	CER BEL	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ТЕ НО ВУ ТНЕ	LDER. THIS E POLICIES	
Γ	If SL	DRTANT: If the certificate holder JBROGATION IS WAIVED, subject certificate does not confer rights t	to t	he te	rms and conditions of th	ne polic	y, certain p	olicies may				
F	RODUC				7-321-0991		<sup>c⊤</sup> Sandy G					
S		sarclay (Tampa)				PHONE (A/C, No	407-32	21-0991	FAX	407-32	21-0993	
5	01 E.	Kennedy Blvd, #1000				E-MAIL	<sub>ss:</sub> sgarrick	@sheabarc	lay.com			
		, FL 33602 Garrick				ADDICE			DING COVERAGE		NAIC #	
[						INSURE	RA: Contine				20443	
	SURE					INSURE						
lõ	CI AS CI En	sociates, Inc. & gineering, LLC &				INSURE	RC:					
6		o sociates, Inc. & gineering, LLC & gineers, LLC Jrlando Avenue #100				INSURE	RD:					
ľ	aitlan	id, FL 32751				INSURE	RE:					
L						INSURE	RF:					
_	OVE	RAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RI TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUII PERT	REME FAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS	
IN	SR	TYPE OF INSURANCE	ADDL	SUBR		BEEN	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	rr Α χ		INSU	WVD					EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR			B6016685981		08/17/2021	08/17/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GE	=							GENERAL AGGREGATE	\$	4,000,000	
		POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	4,000,000	
										\$		
Γ	Α 🗛	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X				6016685754		08/17/2021	08/17/2022	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	A   X				B.04000000		00/47/0004	00/47/0000	EACH OCCURRENCE	\$	3,000,000	
		EXCESS LIAB CLAIMS-MADE	-		B6016686029		08/17/2021	08/17/2022	AGGREGATE	\$	3,000,000	
┝	A	DED X RETENTION\$ 10,000								\$		
		DRKERS COMPENSATION ID EMPLOYERS' LIABILITY Y / N			WC 6 20671500		09/17/2021	08/17/2022	X PER X OTH- STATUTE X ER	<u> </u>	1,000,000	
	OF	Y PROPRIETOR/PARTNER/EXECUTIVE	N / A		WC 0 2007 1300		00/17/2021	00/11/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	İfv	andatory in NH)							E.L. DISEASE - EA EMPLOYEE		1,000,000	
$\vdash$		SCRIPTION OF OPERATIONS below			AEH591912214		08/17/2021	08/17/2022	E.L. DISEASE - POLICY LIMIT	\$	5,000,000	
							00,11,2021	00,11,2022	Ded		35,000	
IR	e: N	PTION OF OPERATIONS / LOCATIONS / VEHIC ew Hollywood Police Headqua ical, Plumbing and Fire Protect	rters	s. ME	EP/FP/Design, Mechani		e attached if mor	re space is requi	red)			
L												
ſ	ERT	FICATE HOLDER			HOLLYWO	CANC	ELLATION					
		The City of Hollywood 2207 Raleigh Stree			HOLLIWO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Hollywood, FL 33020				AUTHO	RIZED REPRESE					
							Sand & Dariul					

NOTEPAD	OCI Associates, Inc. & INSURED'S NAME	OCIAS-1 OP ID: SG	Date	PAGE <b>2</b> 08/11/2021
additional	additional insured endosement,certifica insured(s) with respects to comprehensi required by written contract.			
Coverage is subrogation Umbrella fo Continental	insured endorsement includes ongoing op primary and non-contributory. Waiver for workers compensation, auto and gen llows form. Casualty Insurance Co. #20443 AM Best ce of cancellation/10 day for non-payme	of eral liability. rated A		