



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/25

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**EQUITY INSURANCE UNDERWRITERS**

1930 Harrison Street Ste 306
Hollywood, FL 33020

CONTACT**NAME:****PHONE**

(A/C, No, Ext): (954)923-2474

FAX

(A/C, No): 1-954-399-6627

E-MAIL

ADDRESS: equity3501@gmail.com

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A:** SCOTTSDALE INSURANCE COMPANY**09112****INSURER B:** FCBI**12459****INSURER C:** UNITED STATES LIABILITY INS. CO.**25262****INSURER D:** UNITED STATE FIRE INS. CO.,**3258****INSURER E:****INSURER F:****INSURED****ART AND CULTURE CENTER OF HOLLYWOOD**

1650 HARRISON STREET
HOLLYWOOD, FL 33020

COVERAGES**CERTIFICATE NUMBER:****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	☒ COMMERCIAL GENERAL LIABILITY	X		CPS8075896	10/15/24	10/15/25	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
A	☐ POLICY ☐ PRO-JECT ☐ LOC	X		CPS8075896	10/15/24	10/15/25	GENERAL AGGREGATE \$ 1,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	X		CPS8075896	10/15/24	10/15/25	COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$ 1,000,000
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ 1,000,000
	☒ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ 1,000,000
	☐ UMBRELLA LIAB						
	☐ EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
	DED ☐ RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		10635799	04/01/25	04/01/26	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000
C	PROFESSIONAL LIABILITY	X		NPP156939011	02/22/25	02/22/26	1,000,000 1,000,000

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

ADDITIONAL INSURED: CITY OF HOLLYWOOD**CERTIFICATE HOLDER**

CITY OF HOLLYWOOD
OFFICE OF CITY MANAGER RM419
2600 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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