



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2023

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 Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: Andy Noye PHONE (A/C, No, Ext): (954) 776-2222 E-MAIL ADDRESS: 053.certs@bbrown.com FAX (A/C, No): (954) 776-4446																					
INSURED MBR Construction, Inc. 1020 NW 51 Street Fort Lauderdale FL 33309	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>General Security Indemnity Company of Arizona</td><td>20559</td></tr><tr><td>INSURER B:</td><td>United Specialty Insurance Company</td><td>12537</td></tr><tr><td>INSURER C:</td><td>Endurance American Specialty Insurance Company</td><td>41718</td></tr><tr><td>INSURER D:</td><td>Bridgefield Casualty Insurance Company</td><td>10335</td></tr><tr><td>INSURER E:</td><td>Markel American Insurance Company</td><td>28932</td></tr><tr><td>INSURER F:</td><td>Houston Casualty Co</td><td>42374</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	General Security Indemnity Company of Arizona	20559	INSURER B:	United Specialty Insurance Company	12537	INSURER C:	Endurance American Specialty Insurance Company	41718	INSURER D:	Bridgefield Casualty Insurance Company	10335	INSURER E:	Markel American Insurance Company	28932	INSURER F:	Houston Casualty Co	42374
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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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:	Y		GSA463914143301	02/22/2023	02/22/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>EBL</td><td>\$ 1,000,000</td></tr></table>	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	EBL	\$ 1,000,000
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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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B/C	☐ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0			BTN2329794/ELD30016329601	02/22/2023	02/22/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr></table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000										
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D	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	N/A	19646760	08/01/2023	08/01/2024	<table><tr><td>☒ PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	☒ 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						
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E/F	IM-Leased/Rented Equipment Professional Liability			MKLM2IM0001506/HCC2368906	02/22/2023	02/22/2024	<table><tr><td>L/R Limit</td><td>500,000</td></tr><tr><td>PL Per Claim Limit</td><td>1,000,000</td></tr><tr><td>PL Per Claim Aggregate</td><td>1,000,000</td></tr></table>	L/R Limit	500,000	PL Per Claim Limit	1,000,000	PL Per Claim Aggregate	1,000,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Co F) All Practice Pollution Policy \$1,000,000 Per Occurrence; \$2,000,000 Aggregate; \$10,000 Deductible
City of Hollywood is listed as additional insured with respect to General Liability if required by written contract.
Project: FLETCHER STREET PRIVACY WALL
Bid No.: IFB-132-24-WV

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 2600 Hollywood Blvd Hollywood FL 33021	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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