

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2025

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	tatement on		
_	DUCER				CONTA	<u>~-</u> `	leen DeWit [.]	t				
	ioletberri, LLC				PHONE (900) 400 9059 FAX							
	475 S Price Rd,				(A/C, No, Ext): (600) 409-6956 (A/C, No): E-MAIL ADDRESS: certs@vensure.com							
C	handler, AZ 85286				ADDRE							
						INSURER(S) AFFORDING COVERAGE NA INSURER A: Midwest Employers Casualty Company 23612						
INSURED						INSURER B:						
	arbor America Holdings, Inc /C/F TRIPP ELECTRIC MOTORS IN	C			INSURE							
	475 S. Price Road	C			INSURER D :							
_	handler AZ 85286				INSURER E :							
					INSURER F:							
CO	VERAGES CER	RTIFI	CATE	NUMBER: 10214190				REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	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	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							● DED OTH	\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			KEYPE000002501	e	09/09/2024	09/09/2025	✓ PER STATUTE OTH- ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1	,000,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage provided for all leased employees but not subcontractors of: TRIPP ELECTRIC MOTORS INC. Client Effective: 01/01/2025.												
CE	RTIFICATE HOLDER		CANCELLATION									
FL - Florida City Of Hollywood PUBLIC UTILITIES 1621 N 14TH AVE Hollywood 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.						
		AUTHORIZED REPRESENTATIVE										
					lodi	e R. Krame	er Cole	Jedu Reframe Cole				

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2025

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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 tertificate holder is and conditions of the policy, certain policies may require an endorsement. A statement on

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A stat	ement	on	
PRODUCER						CONTACT Tonya Stamm - Csr					
Milton Carpenter Insurance, Inc.						PHONE (561) 996-7211 FAX (561) 996-260					
135	S. E. Avenue C				E-MAIL ADDRES	tonya@m	carpenterins.co	(A/C, No):	. ,		
							SURER(S) AFFOR	DING COVERAGE		NAIC#	
Belle Glade FL 33430							Specialty Insu			TOTAL OF THE	
INSU	RED				INSURE	RB: Scottsda	le				
	TRIPP ELECTRIC MOTORS, IN	IC.			INSURE	RC:					
	PO BOX 1059				INSURE						
					INSURER E :						
	BELLE GLADE			FL 33430	INSURER F:						
CO	COVERAGES CERTIFICATE NUMBER: CL244903896 REVISION NUMBER:										
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI LICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT NO DI HEREIN IS SI LAIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
	Blanket Additional Insured							MED EXP (Any one person)	_{\$} 10,0	000	
Α	Blanket Waiver of Subrogation	Υ		ESB-HS-GL-0001568-00		04/04/2024	04/04/2025	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								STATUTE ER			
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Bailees			CPS8094533		11/21/2024	11/21/2025	Limit	100	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Hollywood is listed as an Additional Insured in regards to the General Liability policy.											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
City of Hollywood Public Utilities						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1621 N 14th Ave				AUTHOR	RIZED REPRESEN					
	Hollywood			FL 33020	Margaret Breaky						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2024

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.

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PRODUCER					CONTACT aubreyi@Gretchenrobertson.com						
StateFarm Gretchen Robertson Ins Agy Inc					PHONE (A/C, No, Ext): 863-763-5561 FAX (A/C, No): 863-763-1161						
	309 NE 2nd Street					ss: aubrey@		ertson.com			
Okeechobee, Florida 34972					INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#
											25178
INSU	RED				INSURER B:						
	Tripp Electric Motors Inc				INSURE	RC:					
	1225 NW Avenue L				INSURE						
	Belle Glade, Florida 33430				INSURE					\Box	
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	/BER:		
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											
	ERTIFICATE MAY BE ISSUED OR MAY										
E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.			REDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	INSD	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:						SOURS COMO CARROLISMO			\$	
	AUTOMOBILE LIABILITY			J13 4767-F18-59L		12/18/2024	6/18/2025	COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,000	0,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Y	N					BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
	ACTOC CIVET							(i or dooldon)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		-	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	DEGGAM HON OF CI ENTHONO BOICH										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		<u> </u>	
CITY OF HOLLYWOOD IS LISTED AS ADDITIONAL INSURED ON AUTO POLICY J13 4767-F18-59L											
CIT OF HOLE WOOD TO ELOTED NO ADDITIONAL INCOMED CITACIO FOLIO FOL											
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED											
		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	CITY OF HOLLYWOOD										
	PUBLIC UTILITIES				AUTHORIZED REPRESENTATIVE						
	1621 N 14TH AVE	My the Dalla Francisco									
	HOLLYWOOD, FL 33020	Symme Kellinger									

From: Certificate of Insurance
To: Homero Rodriguez

Cc: Sarah Scovill; Daniela Behm; Amanda Brillant; Certificate of Insurance

Subject: FW: Tripp Electric Motors Inc. **Date:** Monday, February 10, 2025 5:44:32 PM

Attachments: Monday, February 10, 2025 5:44:32 PM COI CITY OF HOLLYWOOD 12.12.24.pdf

TRIPPELECTRICMOTORSINC-FL-CityOfHollywood-10214190.pdf

Tripp COI.pdf

Acceptable.

Certificate of Insurance



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: Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>

Sent: Thursday, February 6, 2025 4:29 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Sarah Scovill <SScovill@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>; Amanda

Brillant <abrillant@HollywoodFL.org> **Subject:** Tripp Electric Motors Inc.

Good afternoon Team,

Please find attached COI from Tripp Electric for your revision.

Thank you,

Homero

Homero Rodriguez

Wastewater Maintenance Superintendent Public Utilities

P.O. Box 229045

City of Hollywood, Florida 33022

Email: <u>HRODRIGUEZ@hollywoodfl.org</u>

Telephone: 954-921-3288 **Fax:** 954-921-3258

www.HollywoodFL.org

Banner		
	?	

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