

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOL

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Mi	ilton Carpenter Insurance, Inc.				NAME	ACT Tonya M			10 - 20 5		
	35 S. E. Avenue C				(A/C, N		996-7211		FAX (A/C, No): (561) 9	996-2601
P.(O. Box 1270				E-MAIL ADDRESS: tonya@miltoncarpenterins.com						
Ве	elle Glade		CI 00400			NAIC #					
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	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMP	PLOYEE	s	
	MODERAL CONTROL NAME AND ADDRESS OF THE PARTY OF THE PART		-					E L. DISEASE - POLICY		\$	
B	Bailees Policy			CPS7689024		11/21/2022		Limit		\$100,0	000
City	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACC	ORD 101	1, Additional Remarks Schedule, n	nay be att	ached if more sp	ace is required)				
JII.,	of Hollywood is listed as an Additional Insure	d in re	egards	s to the General Liability polic	су.						
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ER	TIFICATE HOLDER				CANCE	LLATION					
				1	SHOU	LD ANY OF TH	IE ABOVE DES	CRIBED POLICIES E	BE CAN	CELLED B	EFORE
	City of Hollywood			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	2600 Hollywood BLVD Room 212				TO T						
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	Hollywood			FL 33020			-	0			
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ACORD 25 (2016/03)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2023

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 INSURE

Nexus Partners Insurance 5745 North Scottsdale Road, Suite B120 Scottsdale, AZ 85250 Scottsdale, AZ 85250 Scottsdale, AZ 85250 Scottsdale, AZ 85250 Susuers : Certs@vensure.com NSURERS : StarStone National Insurance Company NSURER S: StarStone National Insuranc		olleen DeWitt		TACT					ificate does not confer rights	PRODUC
S745 North Scottsdale Road, Suite B120 Scottsdale, AZ 85250 MSURER S. MSURER S. MSURER HR, Inc L/C/F Tripp Electric Motors, Inc 1475 S. Price Road Chandler AZ 85286 CERTIFICATE NUMBER: 1000/1416 CHANGER S. COVERAGES CERTIFICATE NUMBER: 1000/1416 MSURER E: MSURER MAIN MUMBER: THE FOLICY MY THE ROUGHOUTH NUMBER EN ROUGHOUTH NUMBER EXTENSIVE DEAD NUMBER: MSURER E: MSURER E: MSURER E: MSURER E: MSURER E: MSURER E: MSURER MAIN MUMBER MSURER MSUR			200 000						us Dartners Ingurana	ì
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2023

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 be

PRO	nis certificate does not confer rights				CONTA		n Robertson				
Dia	Gretchen Robertson				PHONE				FAX		
6	309 NE 2ND ST				E-MAIL			91k@statefarm.co	(A/C, No)		
	99 B				ADDRE		extract the		om		
	Okeechobee			FL 34972	INSURER(S) AFFORDING COVERAGE						NAIC#
ISU	IRED				INSURER A: State Farm Mutual Automobile Insurance Company						25178
	TRIPP ELECTRIC MOTORS	SINC			INSUR						
	1225 NW AVENUE L				INSURER C:						
					INSURE	W. S.					
	BELLE GLADE			El 224204707	INSURE						
O		\TIC!	O A T	FL 334301727	INSURE	RF:					
		SOF	LNICH	NUMBER:		_		REVISION NUM	IBER:		
CE	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER POL	TAIN	THE INSURANCE AFFOR	OF AN	THE POLICIE REDUCED BY	ES DESCRIBE PAID CLAIMS	DOCUMENT WIT	/E FOR H RESP JBJECT	THE PO ECT TO TO ALL	LICY PERIO WHICH THI THE TERMS
R	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMI	TS	
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTE	DE FD	\$	
								PREMISES (Ea occu	71-9/2-11/3	\$	
								MED EXP (Any one ;		S	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV I	200200000000000000000000000000000000000	\$	-
	POLICY PRO- JECT LOC							GENERAL AGGREG		\$	
	OTHER:							PRODUCTS - COMP	OP AGG	\$	
	AUTOMOBILE LIABILITY			J13 4767-F18-59F		M source transfer		COMBINED SINGLE	LIMIT	\$	
A	ANY AUTO			313 4707-F18-59F		06/18/2023	12/18/2023	(Ea accident)		\$ 1,00	0,000
	OWNED SCHEDULED AUTOS	D Y	N					BODILY INJURY (Pe		S	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Pe PROPERTY DAMAG		\$	
	AUTOS ONET							(Per accident)	One of the second	\$	
	UMBRELLA LIAB OCCUR									\$	
Ī	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	E	\$	
Ī	DED RETENTION \$							AGGREGATE		\$	
1	WORKERS COMPENSATION							DEO	OF	S	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N				1			PER STATUTE	OTH- ER	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	T	s	
	If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
1	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLI	CY LIMIT	\$	
SCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	F0 //									
700	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	-E3 (A	COKD	101, Additional Remarks Schedu	ile, may be	attached if more	space is requir	ed)			7.70
R	TIFICATE HOLDER				CANC	ELLATION		*****	-		
									-		Her I also
	CITY OF HOLLYWOOD		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	2600 HOLLYWOOD BLVD.				AUTUOD	ZED REPRESEN					
					AUTHOR	VED REPRESEN	TATIVE				

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HOLLYWOOD

FL 33020

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