



CENTIND-02

BBARNES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2025

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. 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 Louisville / AssuredPartners NL 435 North Whittington Parkway, Suite 300 Louisville, KY 40222	CONTACT NAME: Brian Barnes	
	PHONE (A/C, No, Ext): (502) 259-9316 1316 FAX (A/C, No): (502) 259-9316	
	E-MAIL ADDRESS: brian.barnes@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Specialty Insurance Company	31295
INSURED Century Industries LLC 299 Prather Ln Sellersburg, IN 47172	INSURER B : Trumbull Insurance Co	27120
	INSURER C : Accident Fund General Insurance Company	12304
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

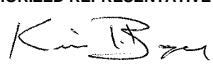
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ASP193935254-01	5/1/2025	5/1/2026	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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		33UENBS1K34	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			ASP778138118	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	AFWCP100126571	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to The City of Hollywood only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured. The City of Hollywood is also listed as additional insured with regards to the auto liability policy as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood Department of Parks, Recreation and Cultural Arts 1408 S 28th Avenue 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 

From: [Betzaida Cambero](#)
To: [David Vazquez](#)
Cc: [Certificate of Insurance](#)
Subject: Fw: Review of insurance for equipment purchase from Century Industries LLC
Date: Wednesday, October 15, 2025 1:24:17 PM
Attachments: [2526 Master COI - City of Hollywood\(2\).pdf](#)

Acceptable.

Betzaida Cambero

Risk Management Analyst
Office of Human Resources | HR Risk Management

Email: bcambero@HollywoodFL.org
Telephone: [954-921-3639](tel:954-921-3639)

From: David Vazquez <DVazquez@hollywoodfl.org>
Sent: Wednesday, October 15, 2025 1:22 PM
To: Betzaida Cambero <bcambero@HollywoodFL.org>
Cc: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Review of insurance for equipment purchase from Century Industries LLC

Betzaida,

Good afternoon. Attached is revised COI with requested coverage added.

DV

David Vazquez

Assistant Director, Parks, Recreation and Cultural Arts
Parks, Recreation and Cultural Arts | Administration

Email: DVazquez@hollywoodfl.org
Telephone: [954-921-3404](tel:954-921-3404)

From: Betzaida Cambero <bcambero@HollywoodFL.org>
Sent: Wednesday, October 15, 2025 11:39 AM
To: David Vazquez <DVazquez@hollywoodfl.org>
Cc: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Fw: Review of insurance for equipment purchase from Century Industries LLC

Thanks, will wait for the updated COI.

Betzaida Cambero

Risk Management Analyst

Office of Human Resources | HR Risk Management

Email: bcambero@HollywoodFL.org

Telephone: [954-921-3639](tel:954-921-3639)

From: David Vazquez <DVazquez@hollywoodfl.org>

Sent: Monday, October 13, 2025 5:43 PM

To: Betzaida Cambero <bcambero@HollywoodFL.org>

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

Subject: RE: Review of insurance for equipment purchase from Century Industries LLC

Betzaida,

They will be delivering the equipment to our department. I'll ask vendor to add.

DV

David Vazquez

Assistant Director, Parks, Recreation and Cultural Arts

Parks, Recreation and Cultural Arts | Administration

Email: DVazquez@hollywoodfl.org

Telephone: [954-921-3404](tel:954-921-3404)

From: Betzaida Cambero <bcambero@HollywoodFL.org>

Sent: Monday, October 13, 2025 2:26 PM

To: David Vazquez <DVazquez@hollywoodfl.org>

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

Subject: Re: Review of insurance for equipment purchase from Century Industries LLC

Will they be coming onsite to deliver the equipment or your department will be picking up purchased equipment? if they will be coming onsite we need below information added to the description of operations box,

1. Auto Liability – the City requires to be named as an additional insured for auto liability in the Description of Operations Box

Betzaida Cambero

Risk Management Analyst

Office of Human Resources | HR Risk Management

Email: bcambero@HollywoodFL.org

Telephone: [954-921-3639](tel:954-921-3639)

From: David Vazquez <DVazquez@hollywoodfl.org>

Sent: Friday, October 10, 2025 12:24 PM

To: Betzaida Cambero <bcambero@HollywoodFL.org>

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

Subject: RE: Review of insurance for equipment purchase from Century Industries

Good afternoon,

Atrached is current COI for review.

DV

David Vazquez

Assistant Director, Parks, Recreation and Cultural Arts
Parks, Recreation and Cultural Arts | Administration

Email: DVazquez@hollywoodfl.org

Telephone: [954-921-3404](tel:954-921-3404)

----- Original message -----

From: Betzaida Cambero <bcambero@HollywoodFL.org>

Date: 10/9/25 5:33 PM (GMT-05:00)

To: David Vazquez <DVazquez@hollywoodfl.org>

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

Subject: Fw: Review of insurance for equipment purchase from Century Industries

Not acceptable, attached COI is expired.

Betzaida Cambero

Risk Management Analyst

Office of Human Resources | HR Risk Management

P.O. Box 229045

Hollywood, FL 33022

Email: bcambero@HollywoodFL.org

Telephone: [954-921-3639](tel:954-921-3639)

www.HollywoodFL.org



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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: David Vazquez <DVazquez@hollywoodfl.org>

Sent: Monday, October 6, 2025 4:49 PM

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

Subject: Review of insurance for equipment purchase from Century Industries

Good afternoon,

Please review attached COI.

DV

David Vazquez

Assistant Director, Parks, Recreation and Cultural Arts
Parks, Recreation and Cultural Arts | Administration

P.O. Box 229045
Hollywood, FL 33022

Email: DVazquez@hollywoodfl.org

Telephone: [954-921-3404](tel:954-921-3404)

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