

Inez Murphy

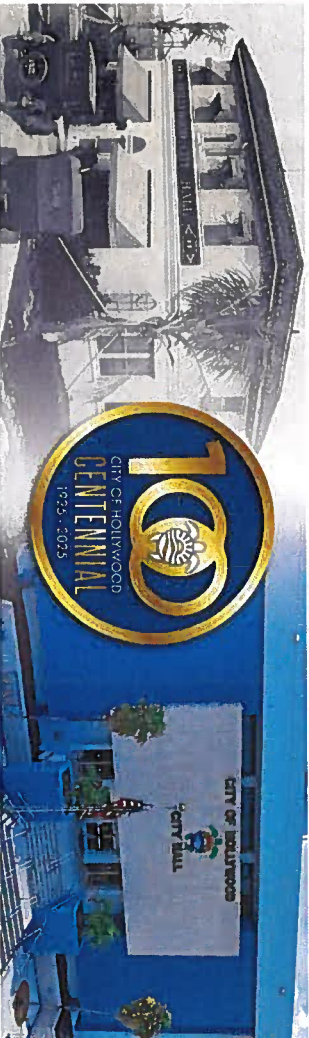
From: Betzaida Cambero
Sent: Wednesday, April 16, 2025 3:35 PM
To: Stephanie Gardner
Cc: Certificate of Insurance; Samantha Corbett; Inez Murphy; Robert Delorimiere
Subject: Fw: Carrier Corp
Attachments: City of Hollywood_2025 COL.pdf

Acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources - Risk Management
P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org
Telephone: 954-921-3639

www.HollywoodFL.org



From: Stephanie Gardner
Sent: Tuesday, April 15, 2025 8:13 AM
To: Certificate of Insurance
Cc: Samantha Corbett; Inez Murphy; Robert Delorimiere
Subject: Carrier Corp

Scope of service:
HVAC installation, maintenance and repairs

Stephanie Gardner
Administrative Assistant I
Public Works

Email: SGARDNER@hollywoodfl.org
Telephone: 954-967-5513
Fax: 954-967-4510

From: Prior, Cassie <Cassie.Prior@carrier.com>
Sent: Tuesday, April 15, 2025 7:52 AM
To: Bermudez, Mario <mario.bermudez@carrier.com>; Stephanie Gardner <SGARDNER@hollywoodfl.org>
Cc: Relf, Alex <Alex.L.Relf@Carrier.com>
Subject: [EXT]RE: Requesting an updated COL for Carrier Corp

You don't often get email from cassie.prior@carrier.com. [Learn why this is important](#)

Good Morning,

Please find updated COI for 2025, attached.

Thank You & Best Regards,

Cassie Prior | Service Operations Lead – Fort Lauderdale | Carrier
Commercial Service | Carrier
| Cassie.Prior@Carrier.com | carrier.com/service



From: Bermudez, Mario <mario.bermudez@carrier.com>
Sent: Tuesday, April 8, 2025 9:51 AM
To: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Cc: Relf, Alex <Alex.L.Relf@Carrier.com>; Prior, Cassie <Cassie.Prior@carrier.com>
Subject: RE: Requesting an updated COI for Carrier Corp

Thanks Stephanie,

I have copied Cassie Prior who will be able to help.

Onward,

Mario John Bermudez
Commercial Service Sales – South Florida | Carrier Service
Call | **Text:** 305.978.4232
24-Hour Service: 800.379.6484

Repairs | Service | Overhauls | Retrofits | Maintenance Agreement
Extended Warranty | Temporary Cooling | Controls



From: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Sent: Tuesday, April 8, 2025 9:40 AM
To: Relf, Alex <Alex.L.Relf@Carrier.com>

Cc: Bermudez, Mario <mario.bermudez@carrier.com>

Subject: [External] Requesting an updated COI for Carrier Corp

Good morning Carrier,

Please email me your updated COI. Please see the attached COI Sample City of Hollywood Risk Management requires. If you need assistance, please feel free to call or email.

City of Hollywood should be listed as an additional insured on **General Liability and Auto Policy.**

Please check **PER STATUTE** box in the Workers Compensation section.

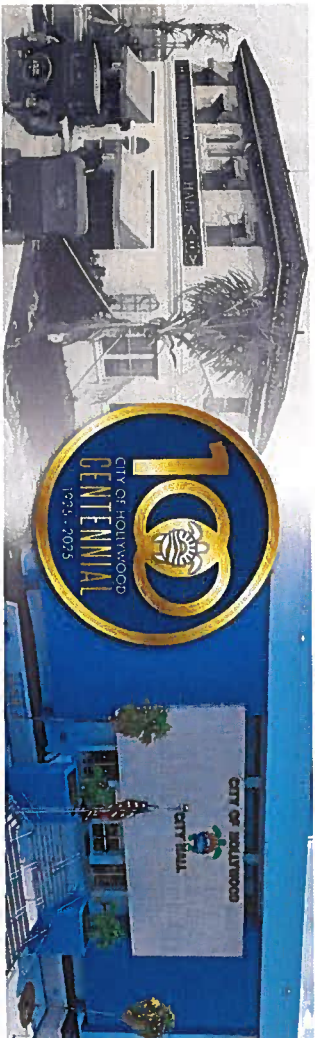
The **Certificate Holder** section, below the COI, should read in the same style / format:

City of Hollywood (**nothing written**)
Public Works
1600 S. Park Rd
Hollywood, FL 33021

Thanks

Stephanie Gardner
Administrative Assistant |
Public Works
P.O. Box 229045
Hollywood, FL 33022

Email: SGARDNER@hollywoodfl.org
Telephone: 954-967-5513
Fax: 954-967-4510



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.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/12/2025

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 MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Carrier.certrequest@Marsh.com
CN101479273-CCS-GAWX*-25-26 041125 041126	INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: AIU Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:
INSURED CARRIER GLOBAL CORPORATION 13995 PASTEUR BOULEVARD PALM BEACH GARDENS, FL 33418	NAIC # 24147 19399

COVERAGES

CERTIFICATE NUMBER:

NYC-012264126-01

REVISION NUMBER: 4

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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			MWZY 316149-25 \$2,000,000 General Aggregate Per Location \$10,000,000 General Aggregate Per Policy	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 316148-25	04/01/2025	04/01/2026	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 RETENTION \$			MWZU 316150-25	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	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	WC 064083735 (AOS) WC 064083736 (WI) SEE ACORD 101.	04/01/2025 04/01/2025	04/01/2026 04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

RE: Term; April 11, 2025 - April 11, 2026

City of Hollywood is/are included as additional insured (except Workers Compensation) when required by written contract and/or agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood Public Works 1600 S. Park Rd 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 <i>Marsh USA LLC</i>
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AGENCY CUSTOMER ID: CN101479273

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, LLC.		NAMED INSURED CARRIER GLOBAL CORPORATION 13995 PASTEUR BOULEVARD PALM BEACH GARDENS, FL 33418
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

CONTINUED FROM WORKERS' COMPENSATION:

INSURER: AIU Insurance Company

POLICY NUMBER: WC 064083735

EFFECTIVE DATE: 04/01/2025

EXPIRATION DATE: 04/01/2026

ADDITIONAL STATES COVERED: AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WY