

**From:** [Certificate of Insurance](#)  
**To:** [Karl Chuck](#); [Certificate of Insurance](#)  
**Subject:** RE: Juniper  
**Date:** Thursday, February 29, 2024 12:54:48 PM

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The COI is acceptable

Thanks,

Stacy

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**From:** Karl Chuck <KChuck@hollywoodfl.org>  
**Sent:** Wednesday, February 28, 2024 4:55 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** Juniper

See attached for Juniper Landscaping.

Juniper maintains the sports turf and baseball/softball clay at seven City ballfields. Annual expenditure \$330k - \$360k.

KC



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2023

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).

<b>PRODUCER</b> Brown & Brown of FL, Inc. - Fort Myers 6611 Orion Drive Suite 201 Fort Myers FL 33912	<b>CONTACT NAME:</b> Lorie Frost <b>PHONE (A/C No. Ext):</b> 12392780278 <b>E-MAIL ADDRESS:</b> lorie.frost@bbrown.com		<b>FAX (A/C, No):</b> 239-278-5306													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Pennsylvania Manufacturers' Association Insurance</td> <td>12262</td> </tr> <tr> <td>INSURER B : Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C : Accredited Specialty Insurance Company</td> <td>16835</td> </tr> <tr> <td>INSURER D : Gemini Insurance Company</td> <td>10833</td> </tr> <tr> <td>INSURER E : Capitol Specialty Insurance Corporation</td> <td>10328</td> </tr> <tr> <td>INSURER F : Transverse Specialty Insurance Company</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Pennsylvania Manufacturers' Association Insurance	12262	INSURER B : Great American Insurance Company	16691	INSURER C : Accredited Specialty Insurance Company	16835	INSURER D : Gemini Insurance Company	10833	INSURER E : Capitol Specialty Insurance Corporation	10328	INSURER F : Transverse Specialty Insurance Company
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<b>INSURED</b> Juniper Landscaping of Florida, LLC Including all Subsidiaries 4415 Metro Parkway Suite 300 Fort Myers FL 33916	JUNIP-1															

**COVERAGES**

CERTIFICATE NUMBER: 1995741532

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
F	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TSAHGL000031-00	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Personal Inj			1522751093921	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Prot \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			TUE316176404	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	2022751093921	7/1/2023	7/1/2024	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
D C E	Professional Cyber Pollution			VPPL016981 2CIAFL17S011250200 EV2018460705	1/1/2023 7/3/2023 1/1/2023	1/1/2024 7/3/2024 1/1/2024	Professional \$ 1,000,000 Cyber \$ 5,000,000 Pollution \$ 100000/\$3000000

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

Additional Named insureds;  
 Juniper Group Acquisition LLC, Juniper Landscaping Holdings, LLC, Juniper Landscaping of Florida, LLC, Juniper of Bradenton, LLC, Coast to Coast Landscaping, LLC, Prestige Property Maintenance Inc., Juniper Landscape Services, LLC, Yohes Lawncare and Landscaping, Battista Farms  
 Certificate holder is additional insured in regards to the general liability and auto liability. 30 days notice of cancellation except for non-payment

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood  
 2600 Hollywood Blvd. Suite 303  
 P. O. Box 229045  
 Hollywood FL 33022-9045

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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