

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

PRODUCER STATE SETUMBATE HOIDER IN HELD OF SE	uch endorsement(s).				
EQUITY INSURANCE UNDERWRITERS 1930 Harrison Street Ste 306 Hollywood, FL 33020	CONTACT NAME: PHONE (A/C, No, Ext): (954)923-2474 E-MAIL ADDRESS: equity3501@gmail.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A: SCOTTSDALE INSURANCE COMPANY	09112			
ART AND CHI TUDE CENTED OF HOLLOW	INSURER B: FCBI	12459			
	INSURER C: UNITED STATES LIABILITY INS. CO.	25262			
1650 HARRISON STREET	INSURER D: UNITED STATE FIRE INS. CO,.	3258			
HOLLYWOOD, FL 33020	INSURER E :				
COVERAGES	INSURER F:				

CERTIFICATE 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 INCLIDANCE	ADDL	SUBR	EMINIO CHOWN WAT HAVE BEEN F					
	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	CLAIMS-MADE X OCCUR	14		CPS8075896	10/15/24	10/15/25	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000 s 500,000	
		x					MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	^	CPS8075896				PERSONAL & ADV INJURY	s 1,000,000	
	POLICY PRO- LOC						GENERAL AGGREGATE	s 1,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY	-	-					\$	
	ANY AUTO	x	CPS8075896		10/15/24	10/15/25	COMBINED SINGLE LIMIT (Ea accident)	\$	
A	OWNED SCHEDULED						BODILY INJURY (Per person)	\$ 1,000,000	
^	X HIRED NON-OWNED			CPS8075896			BODILY INJURY (Per accident)		
t	AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ 1,000,000		
	UMBRELLA LIAB OCCUP	-	-					\$	
	EVCESSIAR						EACH OCCURRENCE	\$	
	DED RETENTION \$						AGGREGATE	\$	
-	WORKERS COMPENSATION	-	_					S	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1063		04/01/25	04/01/26	X PER OTH-		
B	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			10635799			E.L. EACH ACCIDENT	\$ 100,000	
- 11	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
- 1	DÉSCRIPTION OF OPERATIONS below	+	+					E.L. DISEASE - POLICY LIMIT	\$ 100,000
	PROFESSIONAL LIABILITY						1,000,000		
		X		NPP156939011	02/22/25	02/22/26		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more cases in a second in the control of the co									

RD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: CITY OF HOLLYWOOD

CERTIFICATE HOLDER	CANCELLATION
CITY OF HOLLYWOOD OFFICE OF CITY MANAGER RM419	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 HOLLYWOOD, FL 33020	AUTHORIZED REFRESENTATIVE

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