

G.M. Selby

Insurance Documents



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2022

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> Landmark Insurance of the Palm Beaches, Inc. 8409 N Military Trail Suite 102 Palm Beach Gardens FL 33410	<b>CONTACT NAME:</b> Consandra Hernandez <b>PHONE (A/C, No, Ext):</b> (561) 691-4900 <b>FAX (A/C, No):</b> (561) 691-4800 <b>E-MAIL ADDRESS:</b> shernandez@landmarkpb.com
<b>INSURED</b> GM Selby, Inc. 7408 SW 48 St. Miami FL 33155	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Indemnity Company of America <b>INSURER B:</b> Hamilton Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 25666 11444

**COVERAGES****CERTIFICATE NUMBER:** CL2251118986**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		X6601R478336TIA20	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			FEIAEP12221/EOXSH21050801	04/27/2022	04/27/2023	Aggregate limit 1,000,000 Excess limit 1,000,000

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

Certificate holder is included as additional insured with respects to general liability as required by written contract.

**CERTIFICATE HOLDER**City of Hollywood  
2600 Hollywood Boulevard  
Hollywood, FL 33020**CANCELLATION**

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

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<b>PRODUCER</b> Landmark Insurance of the Palm Beaches, Inc. 8409 N Military Trail Suite 102 Palm Beach Gardens FL 33410	<b>CONTACT NAME:</b> Consandra Hernandez <b>PHONE (A/C, No, Ext):</b> (561) 691-4900 <b>E-MAIL ADDRESS:</b> shernandez@landmarkpb.com <b>FAX (A/C, No):</b> (561) 691-4800
<b>INSURED</b> GM Selby, Inc. 7408 SW 48 St. Miami FL 33155	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Indemnity Company of America <b>INSURER B:</b> Hamilton Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 25666 11444

**COVERAGES****CERTIFICATE NUMBER:** CL21102717414**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y		X6601R478336TIA20	06/26/2021	06/26/2022	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>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EOXSHI210508	10/22/2021	10/22/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<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 / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional liability			FEIAEP11886	04/27/2021	04/27/2022	Aggregate limit 1,000,000

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

Certificate holder is included as additional insured with respects to general liability as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City Of Hollywood Florida

2600 Hollywood Blvd  
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

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## G. M. SELBY, Inc.

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September 29, 2021

City of Hollywood  
Department of Design & Construction Management  
2207 Raleigh Street  
Hollywood, FL 33022

Attn: Risk Management Insurance Representative

I hereby declare that G. M. Selby, Inc. is exempt from Worker's Compensation Liability Insurance requested in Florida Statutes, Chapter 440."

Thanks for your help with this matter,

Marina Zadikoff,  
President



## **G. M. SELBY, Inc.**

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September 29, 2021

City of Hollywood  
Department of Design & Construction  
2207 Raleigh Street, Hollywood, FL 33022  
Hollywood, FL 33022

Attn: Risk Management Specialist

Dear Sir/Madam,

We are in receipt of your request for Auto-Coverage Waiver. The following is our declaration of not own autos:

I hereby declare that G. M. Selby, Inc. does not own, and has not owned during this year, any vehicles, and therefore we are exempt from Owned Auto Coverage.

Thanks for your help with this matter,

Marina Zadikoff,  
President

**From:** [Horace McLarty](#)  
**To:** [Heather Guenot](#)  
**Cc:** [Nicole Heran](#); [William Varandas](#)  
**Subject:** FW: GM Selby Insurance for Review & Approval  
**Date:** Thursday, October 28, 2021 8:44:42 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[ACORD Form 20211027-152819.pdf](#)  
[FW GM Selby Insurance - Review .msg](#)  
[G.M. Selby, Inc. Professional Continuing Services Agreement - Technology....pdf](#)

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GM Selby insurance reviewed and approved.

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**From:** Heather Guenot  
**Sent:** Wednesday, October 27, 2021 5:34 PM  
**To:** Horace McLarty <HMCLARTY@hollywoodfl.org>  
**Cc:** Nicole Heran <NHERAN@hollywoodfl.org>; William Varandas <WVARANDAS@hollywoodfl.org>  
**Subject:** GM Selby Insurance for Review & Approval

Horace,

Attached is the updated GM Selby insurance documents for your review and approval. I have attached the previous correspondence between you & Nicole Heran for your reference, as well as the GM Selby contract.

Sincerely,

**Heather Baburek Guenot, P.E.**

Senior Project Manager  
City of Hollywood  
Design & Construction Management  
P.O. Box 229045  
Hollywood, FL 33022-9045  
Office: 954-921-3410  
Email: [hguenot@hollywoodfl.org](mailto:hguenot@hollywoodfl.org)



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.

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**From:** [mzadikoff@gmselby.com](mailto:mzadikoff@gmselby.com) [<mailto:mzadikoff@gmselby.com>]  
**Sent:** Wednesday, October 27, 2021 5:14 PM  
**To:** Heather Guenot <[HGUENOT@hollywoodfl.org](mailto:HGUENOT@hollywoodfl.org)>  
**Cc:** William Varandas <[WVARANDAS@hollywoodfl.org](mailto:WVARANDAS@hollywoodfl.org)>  
**Subject:** [EXT]FW: GM Selby, Inc., X6601R478336TIA20

**From:** [Certificate of Insurance](#)  
**To:** [Heather Guenot](#)  
**Cc:** [Stacy Myers](#)  
**Subject:** FW: GM Selby COI for Police HQ Radio Tower project  
**Date:** Monday, May 16, 2022 2:33:45 PM  
**Attachments:** [2022-04-27 GM Selby Revised COI.PDF](#)  
[2021-10-28 GM Selby Insurance Documents - REV.PDF](#)  
[G.M. Selby, Inc. Professional Continuing Services Agreement - Technology....pdf](#)

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acceptable

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**From:** Heather Guenot <HGUENOT@hollywoodfl.org>  
**Sent:** Monday, May 16, 2022 7:49 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** FW: GM Selby COI for Police HQ Radio Tower project

Dear Risk Management,

Please review the attached Revised COI for G.M. Selby, Inc. and let me know if it is acceptable. I have attached the old previously-approved COI and the CSA contract for your reference. Please let me know if you have any questions, or if any additional information is required.

Sincerely,

**Heather Baburek Guenot, P.E.**

Senior Project Manager  
City of Hollywood  
Design & Construction Management  
P.O. Box 229045  
Hollywood, FL 33022-9045  
Office: 954-921-3410  
Email: [hguenot@hollywoodfl.org](mailto:hguenot@hollywoodfl.org)



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