

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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 confor rights to the certificate holder in liquid found and properties.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				cy, certain policies may require an endorsement. A statement on endorsement(s).								
	DUCER				CONTACT Teresita Carmona								
iSur	e Insurance Brokers, Inc.				PHONE (305) 223-2533 FAX (305) 220-0765								
	31 N. Kendall Drive				(A/C, No, Ext): (A/C, No): (A/C, No):								
	e 210				ADDRESS:								
Miar				FL 33176	Florida Citava Dissipaca 9 Industry (FCDI)								
INSU				FL 33170	INSURER A: Florida Citrus Business & Industry (FCBI)								
	JCR Mechanical Contractors Inc	,			INSURER B:								
	2520 W 74th Street	,			INSURER C:								
	2020 W 7-411 Olicot				INSURER D:								
	Hialeah			FL 33016	INSURER E : INSURER F :								
COV	/ERAGES CER	TIFIC	ATE I	NUMBER: CL2310240730									
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		POLICY NUMBER	POLICY EFF   POLICY EXP   (MM/DD/YYYY)   LIMITS								
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WINDE/TTTT)	(MIM/DD/1111)	EACH OCCURRENCE	\$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$				
	OE WIND WAS COOK							MED EXP (Any one person)	\$				
								PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$				
	PRO-								\$				
	POLICY JECT LOC								\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$				
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED								\$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$	1						AGGREGATE	\$				
	WORKERS COMPENSATION							PER OTH-	Ψ				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	<sub>\$</sub> 1,00	0,000			
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		10667517-2024		10/24/2024	10/24/2025	E.L. DISEASE - EA EMPLOYEE	φ .	0,000			
	If yes, describe under								\$ 1,00	•			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<b>\$</b> /	-,			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)						
CER	RTIFICATE HOLDER				CANCELLATION								
	City of Hollywood 2600 Hollywood Blvd # 303				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	2000 Honywood Bivd # 000			ſ	AUTHORIZED REPRESENTATIVE								
	Hollywood FL 33020					Tenenta Comone.							



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DATE (MM/DD/YYYY) 10/23/2024

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tł	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su									
PRO	DUCER	CONTA NAME: PHONE		Areas									
Amco Insurance Agency						o, Ext): (305) 4	180-0980		FAX (A/C, No):	(305)	480-0950		
10404 W. Flagler St #1						ss: tatiana@	amcomiami.	com					
			INS	URER(S) AFFOR	RDING COVERAGE			NAIC #					
Miami FL 33174						INSURER A: PROGRESSIVE							
INSU	RED				INSURER B:								
	JCR MECHANICAL CONTR	ACT	OR IN	IC	INSURER C:								
	2520 W 74 St				INSURE	RD:							
					INSURER E:								
	HIALEAH			FL 33016-	INSURER F:								
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:							
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
	CLAIMS-MADE X OCCUR							EACH OCCURREN DAMAGE TO RENT	ED	\$			
	CLAIMS-MADE Z							PREMISES (Ea occ	,	\$ \$			
								MED EXP (Any one PERSONAL & ADV		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$			
	PRO-							PRODUCTS - COM		\$			
	OTHER:							T NODOCTO - COM	1701 700	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$ 300	0,000.00		
	ANY AUTO							BODILY INJURY (P	er person)	\$	.,		
	OWNED SCHEDULED AUTOS ONLY	Х		972118838		08/07/2024	08/07/2025	BODILY INJURY (P	er accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$			
	X COLL \$500.( X COMP \$500.(							(Fer accident)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	_	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requi	red)					
LIC	ENSE # CMC1250546												
LIC	ENSE #CGC1533041												
								_					
TH	E CERTIFICATE HOLDER IS NAME AS	S ADI	OITIO	NALLY INSURED WITH R	EGAR	D ТО СОММІ	ERCIAL AUT	0					
CF	RTIFICATE HOLDER				CANO	CELLATION							
				-									
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	CITY OF HOLLYWOOD				AUTHO	RIZED REPRESE	NTATIVE						
	2600 HOLLYWOOD BLVD				EDU	ARDO AREAS	3						
	HOLLYWOOD		FL 33020										



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PRO	DUCER		CONTACT NAME: Sunem (Sue) Herrera										
The Herrera Insurance Group, Ilc.						PHONE (A/C, No, Ext): (305) 264-0177 (A/C, No): (305) 859-4017							
8180 NW 36 Street #228						E-MAIL ADDRESS: SUNEM@HERRERAINSGROUP.COM							
					INSURER(S) AFFORDING COVERAGE NAIC #								
Do	al			FL 33166	INSURER A : EVANSTON INS CO 35378								
INSU					INSURER B:								
	JCR MECHANICAL CONTR	ACT	OR IN	VC.									
	2520 WEST 74TH STREET	., .	J. (,		INSURER C:								
	2020 WEGT 741110111211				INSURER D : INSURER E :								
	HIALEAH			FL 33016									
		TIEI	^ A T E	NUMBER:	INSURER F :						<u></u>		
					VE BEE	N ISSUED TO				HE PO	LICY PERIOD		
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INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
	COMMERCIAL GENERAL LIABILITY	1,430	***	I OLICI NOMBER				EACH OCCURREN			00,000		
	CLAIMS-MADE X OCCUR						01/04/2025	DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100			
	oz mile milizz (v.v.) edeelk							MED EXP (Any one		\$ 5.00			
Α		X		3AA742895		01/04/2024		PERSONAL & ADV		· /	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					01/04/2024		GENERAL AGGREGATE \$ 2,00		,			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,0					
	OTHER:							11(ODOO10 - OOW	1701 AGG	\$	20,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$			
	ANY AUTO							BODILY INJURY (Po	er person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Po	er accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	,	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL	\$			
	DED RETENTION \$							AGGREGATE		\$			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDE	_	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$			
	DEGOTAL TIGHT OF ENVIRONG BOICK							2.2. 2.02, 102	2.01 2	<u> </u>			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)					
cer	rified Mechanical Contractor # CMC125	0546											
Се	tified General Contractor# CGC153304	<b>!</b> 1											
	0% (11.11)												
Ine	city of Hollywood is listed as an additi	onally	/ insui	red for General Liability,									
CERTIFICATE HOLDER CANCELLATION													
	City of Hollywood	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								
	2600 Hollywood Blvd	0	unen	2.4	experin	•							
	Hollywood	Sunem Herrera											