




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/26/2024

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Gretchen Robertson 309 NE 2ND ST Okeechobee FL 34972	CONTACT NAME: Gretchen Robertson PHONE (A/C, No, Ext): 863-763-5561 E-MAIL ADDRESS: gretchen.robertson.b91k@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Mutual Automobile Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25178
INSURED TRIPP ELECTRIC MOTORS INC 1225 NW AVENUE L BELLE GLADE FL 334301727	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

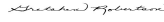
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	J13 4767-F18-59I	12/18/2023	06/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CITY OF HOLLYWOOD IS LISTED AS ADDITIONAL INSURED ON THE AUTO POLICY J13 4767-F18-59I

CERTIFICATE HOLDER**CANCELLATION**

CITY OF HOLLYWOOD 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  This form was system-generated on 01/26/2024
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2024

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Gretchen Robertson
309 NE 2ND ST

Okeechobee

FL 34972

CONTACT NAME: Gretchen Robertson
PHONE (A/C, No, Ext): 863-763-5561 FAX (A/C, No):
E-MAIL ADDRESS: gretchen.robertson.b91k@statefarm.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : State Farm Mutual Automobile Insurance Company

25178

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

TRIPP ELECTRIC MOTORS INC
1225 NW AVENUE L

BELLE GLADE

FL 334301727

COVERAGES

CERTIFICATE NUMBER:

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	J13 4767-F18-59I	12/18/2023	06/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CITY OF HOLLYWOOD
2600 HOLLYWOOD BLVD

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

This form was system-generated on 01/19/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2023

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PRODUCER Nexus Partners Insurance 1475 S. Price Road, Chandler, AZ 85286		CONTACT NAME: Colleen DeWitt PHONE (A/C, No, Ext): (800) 409-8958 E-MAIL ADDRESS: certs@vensure.com FAX (A/C, No):	
INSURED Harbor America Holdings, Inc L/C/F Tripp Electric Motors, Inc. 2300 Green Oak Drive Suite 120 Kingwood TX 77339		INSURER(S) AFFORDING COVERAGE INSURER A: StarStone National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25496	

COVERAGES

CERTIFICATE NUMBER: 10034066

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	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 <input checked="" type="checkbox"/> N N/A			T80240001-843 T80230001-843	01/01/2024 01/01/2023	01/01/2025 01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage provided for all leased employees but not subcontractors of: Tripp Electric Motors, Inc.
Client Effective: 11/28/2022

CERTIFICATE HOLDER

FL-Florida
City Of Hollywood
2600 Hollywood Blvd., Room 212
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

Jodie R. Kramer Cole

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PRODUCER Milton Carpenter Insurance, Inc. 135 S. E. Avenue C P.O. Box 1270 Belle Glade FL 33430	CONTACT NAME: Tonya M Stamm PHONE (A/C, No, Ext): (561) 996-7211 E-MAIL ADDRESS: tonya@miltoncarpenterins.com FAX (A/C, No): (561) 996-2601
INSURED TRIPP ELECTRIC MOTORS, INC. PO BOX 1059 BELLE GLADE FL 33430	INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty Ins Co INSURER B: Scottsdale Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL234403514

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	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 <input checked="" type="checkbox"/> Blanket Additional Insured <input checked="" type="checkbox"/> Blanket Waiver of Subrogation GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		VBA91089500	04/04/2023	04/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/>	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Bailees Policy			CPS7898548	11/21/2023	11/21/2024	Limit \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Hollywood is listed as an Additional Insured in regards to the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
2600 Hollywood BLVD Room 212

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

From: [Certificate of Insurance](#)
To: [Maria Gonzalez](#); [Certificate of Insurance](#)
Subject: FW: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.
Date: Monday, January 29, 2024 9:20:29 AM
Attachments: [Safe Attachments Scan In Progress.msg](#)

acceptable

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Friday, January 26, 2024 9:59 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Good morning,

Tripp sent an updated COI for your review.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Thursday, January 25, 2024 4:27 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Auto Liability - Not acceptable.

1. Auto Liability - the City requires that it be named as an additional insured for auto liability in the Description of Operations Box. The attached names us as an additional insured on the policy but it has a N (No) in the additional insured box. That box has to be a Y (Yes)

Please resubmit.

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Thursday, January 25, 2024 12:09 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Hi

Please see the Updated COI for approval.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, January 22, 2024 3:09 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Acceptable:
Workers' Compensation
General Liability

Not Acceptable:
1. Auto Liability -the City must be named as an additional insured in the Description of Operations Box.

Please submit corrected auto COI for further review.

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Monday, January 22, 2024 7:51 AM
To: Certificate of Insurance <COI@hollywoodfl.org>

Subject: RE: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Good morning,

I've attached the updated COI and Worker's compensation.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Certificate of Insurance <COI@hollywoodfl.org>

Sent: Thursday, January 18, 2024 3:26 PM

To: Certificate of Insurance <COI@hollywoodfl.org>; Maria Gonzalez
<MAGONZALEZ@hollywoodfl.org>

Subject: FW: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Not acceptable

1. Auto Liability - the City requires \$300,000 in coverage with the City named as an additional insured for auto liability in the Description of Operations Box.
2. Workers' Compensation - we require \$500,000 with the Per Statute Box checked. If they are exempt, we will need a copy of the exemption certificate/letter.

Please submit correct COI for additional review.

Thank you

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>

Sent: Thursday, January 18, 2024 2:51 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Subject: FW: [EXT]FW: COI-CITY OF HOLLYWOOD TRIPP Motors Electric.

Good afternoon,

Please see the attached COI for your approval. Tripp removes and repairs motors and pumps

for Public Utilities.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Tonya Stamm <tonya@miltoncarpenterins.com>
Sent: Thursday, January 18, 2024 2:15 PM
To: Luly Young <luly@trippmotors.com>
Cc: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Subject: [EXT]FW: COI-CITY OF HOLLYWOOD

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

Attached is the COI you requested.

Thank you!

Tonya Stamm
Commercial Lines Manager/Agent
Milton Carpenter Insurance, Inc.
(863) 824-0885 ext. 202 - Okeechobee office
(561) 996-2601 - fax



Please remember coverage cannot be bound, amended or cancelled via email. You cannot bind, alter or cancel coverage without speaking to an authorized representative of Milton Carpenter Insurance Inc. Coverage cannot be assumed to be bound without confirmation from an authorized representative of Milton Carpenter Insurance Inc.

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From: Luly Young <luly@trippmotors.com>

Sent: Thursday, January 18, 2024 1:04 PM
To: Tonya Stamm <tonya@miltoncarpenterins.com>
Subject: COI-CITY OF HOLLYWOOD

Good afternoon, Tonya!!

Happy New Year!!

Can you please provide them with the updated COI for City of Hollywood to: Maria Gonzalez
MAGONZALEZ@hollywoodfl.org an cc: me

Also, the COI needs to say: City of Hollywood
2600 Hollywood BLVD
Hollywood, FL 33020

Thank you!!

Luly



Luly T. Young
Accounting Specialist
E: luly@trippmotors.com
P: 561.996.3333
A: 1225 NW Avenue L, Belle Glade, FL 33430
W: www.trippmotors.com

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