

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.

		ATION IS WAIVED, subject Ite does not confer rights to							require an endorsemen	t. As	tatement on	
	DUCER	to dood not comer rights to		00111	noute negaci in fica or co	CONTA	CT Crotobon	n Robertson				
Sta	te <i>Farm</i>	Gretchen Robertson				NAME: Getchen Robertson FAX (A/C, No, Ext): 863-763-5561 FAX (A/C, No):						
		309 NE 2ND ST				E-MAIL ADDRESS: gretchen.robertson.b91k@statefarm.com						
(INSURER(S) AFFORDING COVERAGE					NAIC #	
	Okeechobee				FL 34972	INSURER A: State Farm Mutual Automobile Insurance Company					25178	
INSU	INSURED					INSURER B:						
TRIPP ELECTRIC MOTORS					INSURER C:							
		1225 NW AVENUE L				INSURE	RD:					
						INSURE	RE:					
	I	BELLE GLADE			FL 334301727	INSURER F:						
CO	VERAGES	CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN E>	DICATED. ERTIFICATE	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADD INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	СОММІ	ERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CI	AIMS-MADEOCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN'L AGGF	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY	JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER								COMBINED SINGLE LIMIT	\$	0.000	
	ANY AL				J13 4767-F18-59I		12/18/2023	06/18/2024	(Ea accident)	\$ 1,00	0,000	
Α	OWNE	OWNED UTOS ONLY IIRED SCHEDULED AUTOS NON-OWNED	Υ	N					BODILY INJURY (Per person)	\$		
^	HIRED		'	"					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS	ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRE	ELLA LIAB OCCUR							EACH OCCURRENCE	\$ \$		
	EXCES	- OCCOR							AGGREGATE	\$		
	DED	RETENTION \$								\$		
	WORKERS (OMPENSATION							PER OTH- STATUTE ER	\$		
	ANY PROPR	YERS' LIABILITY ETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$		
	(Mandatory		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describ DESCRIPTION	oe under ON OF OPERATIONS below							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											
<u> </u>	TITIC A T	LIOLDED				CANC	CLIATION					
CER		CITY OF HOLLYWOOD				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.						
	•	2600 HOLLYWOOD BLVD				AUTHORIZED REPRESENTATIVE						
	1	HOLLYWOOD			FL 33020	This form was system-generated on 01/26/2024 .						

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DATE (MM/DD/YYYY) 01/19/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSI

	f SUBROGATION IS WAIVED, subjecting certificate does not confer rights objects.	to th	e cer	tificate holder in lieu of s	uch er	idorsement(s	5).				
Sta	ateFarm Gretchen Robertson				NAME	Gretche	n Robertson				
	309 NE 2ND ST				(A/C,	No, Ext): 003-7			FAX (A/C, No)	1	
1			E-MAIL ADDRESS: gretchen.robertson.b91k@statefarm.com								
	Okeechobee	EL 04070	INSURER(S) AFFORDING COVERAGE NAIC #								
INSU	JRED	FL 34972	INSURER A: State Farm Mutual Automobile Insurance Company 25178								
	TRIPP ELECTRIC MOTORS	e INC			INSURER B:						
	1225 NW AVENUE L	2 1140	,		INSURER C :						
	1220 HW AVENOL E				INSUR	ER D :					
	BELLE GLADE				INSURER E:						
CO				FL 334301727	INSUR	ERF:					
		RTIFI	CAT	E NUMBER:				REVISION NUM	IBFR:		
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PER POL	TAIN	THE INSURANCE AFFORD	01 71	VI CONTINAC	ES DESCRIBE PAID CLAIMS	ED HEREIN IS SU	VE FOR H RESPI JBJECT	THE PO ECT TO TO ALL	OLICY PERIOD WHICH THIS THE TERMS,
	COMMERCIAL GENERAL LIABILITY	INCL	1000	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMI	rs	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	DE	\$	
								PREMISES (Ea occu	rrence)	\$	
								MED EXP (Any one		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV I		\$	
	POLICY PRO- JECT LOC							GENERAL AGGREG		\$	
	OTHER:							PRODUCTS - COMP	P/OP AGG	\$	
	AUTOMOBILE LIABILITY			140 4707 540 501				COMBINED SINGLE	LIMIT	\$	1576
	ANY AUTO			J13 4767-F18-59I		12/18/2023	06/18/2024	(Ea accident)		\$ 1,00	00,000
A	OWNED SCHEDULED AUTOS ONLY		N					BODILY INJURY (Pe		\$	
	HIRED NON-OWNED							BODILY INJURY (Pe	r accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	E	\$	
	UMBRELLA LIAB OCCUP									\$	
- 1	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENC	E	\$	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION							PER	T OTH	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	2000						STATUTE	OTH- ER	\$	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	-	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA E			
	T E THE SELOW	-						E.L. DISEASE - POLI	CYLIMIT	\$	
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	COPD	101 Additional December C. L. L.							
					, may b	audoned ir mor	e space is requir	ea)			
ER	TIFICATE HOLDER				CANC	EL LATION					
	CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD				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.						ED BEFORE LIVERED IN
	HOLLYWOOD			FL 33020	AUTHORIZED REPRESENTATIVE This form was system-generated on 01/19/2024						

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

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IMPORTANT: If the certificate holder i

If SUBROGATION IS WAIVED, subjethis certificate does not confer rights	ect to the terms s to the certifica	NAL INSURED, the po and conditions of the te holder in lieu of sur	olicy(ies) must he policy, certain	ave ADDITIO policies may	NAL INSURED provision require an endorseme	ons or b	e endorsed. tatement on		
PRODUCER			CONTACT Colleen DeWitt						
Nexus Partners Insurance			PHONE (A/C, No, Ext): (800) 409-8958 FAX						
1475 S. Price Road, Chandler, AZ 85286			ADDRESS: certs@vensure.com						
Chandler, AZ 83200			IN		NAIC#				
INSURED			INSURER A: StarS	iny	25496				
Harbor America Holdings, Inc			INSURER B ;						
L/C/F Tripp Electric Motors, Inc		L	INSURER C:						
2300 Green Oak Drive Suite 12	20	_1	INSURER D :						
Kingwood TX 77339		1	NSURER E :						
COVERAGES CE			NSURER F:						
	RTIFICATE NU	MBER: 10034066			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCINSR!	PERTAIN, THE H POLICIES. LIMIT	INCLIDANCE AFFORD	ANT CONTRAC	THE INSURE TOR OTHER I	DOCUMENT WITH RESP	THE POL ECT TO TO TO ALL T	ICY PERIOD WHICH THIS THE TERMS,		
LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF						
COMMERCIAL GENERAL LIABILITY			(WWW/DD/TTYY)	(MM/DD/YYYY)	LIM	1			
CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED	\$			
No. Committee					PREMISES (Ea occurrence)	\$			
			1		MED EXP (Any one person)	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$			

COMMERCIAL GENERAL LIABILITY						
CLAIMS-MADE OCCUR					EACH OCCURRENCE	\$
OCCUR OCCUR		1			DAMAGE TO RENTED PREMISES (Ea occurrence)	s
					MED EXP (Any one person)	\$
GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$
POLICY PRO- LOC					GENERAL AGGREGATE	\$
OTHER:					PRODUCTS - COMP/OP AGG	\$
AUTOMOBILE LIABILITY	_					\$
ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$
OWNED SCHEDULED					BODILY INJURY (Per person)	\$
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident)	\$
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB COCUE						\$
EXCESSION					EACH OCCURRENCE	\$
DED RETENTIONS					AGGREGATE	\$
WORKERS COMPENSATION	_					\$
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		T80240001-843	01/01/2024	01/01/2025	✓ PER OTH- STATUTE ER	
OFFICER/MEMBER EXCLUDED? N N (Mandatory in NH)	/ A	T80230001-843			E.L. EACH ACCIDENT	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			01/01/2023	01/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
SECOND FIGH OF OPERATIONS DEIOW					E.L. DISEASE - POLICY LIMIT	s 1,000,000
RIPTION OF OPERATIONS // OCATIONS // FILES						

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	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					
I.	Jodie R. Kramer Cole Juliu & Granulle					

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DATE (MM/DD/YYYY) 01/18/2024

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	REPRESENTATIVE OR PRODUCER, AN										
	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to	s an Al	DDIT	TIONAL INSURED, the polices and conditions of the re-	cy(ies)	must have Al	DDITIONAL I s may requir	NSURED provisions e an endorsement. /	or be endo A statement	rsed.	
	PRODUCER	2 31.5	00	neate molder in nea or such	ii enuoi	rsement(s).					
M	Milton Carpenter Insurance, Inc.				CONTACT TONYA M Stamm						
	135 S. E. Avenue C				PHONE (561) 996-7211 FAX (A/C, No, Ext): (561) 996-2601						
P.	P.O. Box 1270				E-MAIL ADDRESS: tonya@miltoncarpenterins.com						
В	Belle Glade			FL 33430	INSURER(S) AFFORDING COVERAGE N						
INS	NSURED	-	-	FL 33450	INSURER A : Covington Specialty Ins Co						
	TRIPP ELECTRIC MOTORS, II	NC.			INSURER B : Scottsdale Insurance Company						
	PO BOX 1059		INSURER C:								
					INSURER D:						
	BELLE GLADE			FL 33430	INSURE	Personal Parameters and Parameters a					
C	A	TIEIC	ATE		INSURE	RF:					
	THIS IS TO CERTIFY THAT THE POLICIES OF	INICIID	DANCE	NUMBER: CL234403514				REVISION NUMBER			
(E	THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT, EXCLUSIONS AND CONDITIONS OF SUCH POSE!	TAIN, TH	HE INS	ISURANCE AFFORDED BY THE MITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER	RDOCUMENT	BOVE FOR THE POLICY WITH RESPECT TO WH SUBJECT TO ALL THE TE	Y PERIOD IICH THIS ERMS,		
NSI	R TYPE OF INSURANCE	ADDL	SUBR	(POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
	COMMERCIAL GENERAL LIABILITY			The country of the State of the Country State of the Stat		(MIMI/DD/T111)	(אואו) (אואו)		LIMITS	00,000	
	CLAIMS-MADE X OCCUR	1 '						DAMAGE TO RENTED			
	➤ Blanket Additional Insured	1 /						PREMISES (Ea occurrence	3)		
Α	Blanket Waiver of Subrogation	Y		VBA91089500	04/04/2023	04/04/2023	04/04/2024	MED EXP (Any one person	, ,		
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1				Microsoft Transfer a theory and		PERSONAL & ADV INJURY	0.00	00,000	
	POLICY PRO- LOC	1 1						GENERAL AGGREGATE	- 4	00,000	
	OTHER:							PRODUCTS - COMP/OP A	00 0	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANYAUTO							(Ea accident)	3		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per perso	100 m		
	HIRED NON-OWNED AUTOS ONLY	11						BODILY INJURY (Per accide PROPERTY DAMAGE	Annual Control		
	, , , , , , , , , , , , , , , , , , ,							(Per accident)	\$	C. T. C.	
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION \$			ĺ		1		AGGREGATE	\$		
	WORKERS COMPENSATION				-			I DER I I O	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			ĺ				PER OT STATUTE ER	TH-		
	(Mandatory in NH)	N/A		i			1	E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						+	E.L. DISEASE - EA EMPLOY			
	Bailees Policy		_		-			E.L. DISEASE - POLICY LIM	MIT S		
ESC		- 1AC(CPS7898548		11/21/2023		Limit	\$100	,000	
ity	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: y of Hollywood is listed as an Additional Insure	ed in re	egards	Additional Remarks Schedule, makes to the General Liability policy	iay be atta	ached if more spa	ice is required)				
EF	RTIFICATE HOLDER				CANCE	LLATION				-	
	City of Hollywood 2600 Hollywood BLVD Room 212	P	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								
	Hollywood	EL 33020	α								

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FL 33020

From: <u>Certificate of Insurance</u>

To: <u>Maria Gonzalez</u>; <u>Certificate of Insurance</u>

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.

Ηi

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

<<u>COI@hollywoodfl.org</u>>

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

Acceptable:

Workers' Compensation General Liability

Not Acceptable:

 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 < <u>luly@trippmotors.com</u>>

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 < <u>luly@trippmotors.com</u>>

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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