

Jennie Dennett

From: Betzaida Cambero
Sent: Wednesday, October 1, 2025 5:13 PM
To: Jennie Dennett
Cc: Stephanie Gardner; Certificate of Insurance
Subject: Fw: COI for Enterprise FM Trust
Attachments: cert_CHI_City of Hollywood_8905768_24.pdf

Acceptable.

Betzaida Cambero

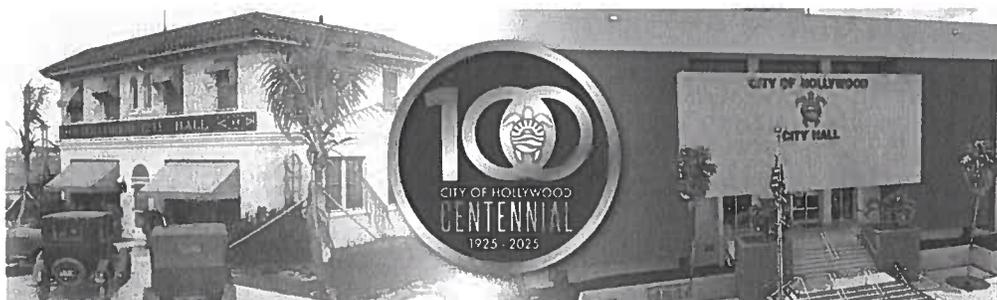
Risk Management Analyst
Office of Human Resources | HR Risk Management

P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org

Telephone: [954-921-3639](tel:954-921-3639)

www.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.

From: Jennie Dennett <JDENNETT@hollywoodfl.org>
Sent: Thursday, September 25, 2025 11:19 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Subject: COI for Enterprise FM Trust

Good morning,
Scope of Work: Comprehensive Fleet Management Services
Thanks,
Jennie

From: Darryl Shivers <dshivers@HollywoodFL.org>
Sent: Thursday, September 25, 2025 10:41 AM
To: Jennie Dennett <JDENNETT@hollywoodfl.org>
Subject: Fw: [EXT]COI

FYI

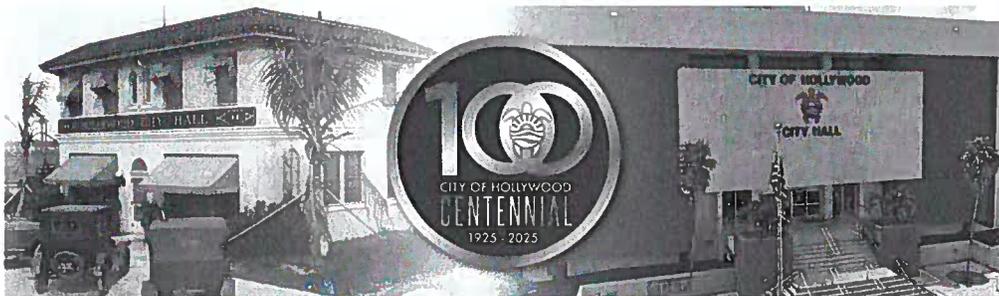
Darryl Shivers
Fleet Superintendent
Public Works

P.O. Box 229045
Hollywood, FL 33022

Email: dshivers@HollywoodFL.org

Telephone: [954-967-4557](tel:954-967-4557)

www.HollywoodFL.org



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From: Colina, Daniel <Daniel.Colina@efleets.com>
Sent: Thursday, September 25, 2025 8:48 AM
To: Darryl Shivers <dshivers@HollywoodFL.org>
Subject: [EXT]COI

Darryl,

See attached.

Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2025

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 MARSH USA, LLC. 800 Market Street, Suite 1800 St. Louis, MO 63101 2Q99 E- FM	CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-948-0811 E-MAIL ADDRESS: StLouis.CertRequest@Marsh.Com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Travelers Indemnity Company of Connecticut</td> <td>25682</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Company of Connecticut	25682	INSURER B : Travelers Property Casualty Company of America	25674	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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COVERAGES **CERTIFICATE NUMBER:** CHI-008905768-24 **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/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Fire Damage (Any One Fire) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HC2E-GLSA-474M7351-TCT-25	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SIR 2,000,000			HEEAP-474M7302-TCT-25	09/01/2025	09/01/2026	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 \$ \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-8P765351-25-NC-R (WI,MA) HWXJUB-474M7074-TIL-25 (OH) UB-8P137346-25-NC-T (AOS) *SEE ATTACHED*	09/01/2025	09/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	Garage Liability			See Attached	01/01/2025	01/01/2026	See Attached	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: GPBR: 2Q99 , 5105 Johnson Road, Coconut Creek, FL, 33073.

City of Hollywood is/are included as Additional Insured where required by written contract with respect to General and Auto Liability. Auto coverage insures any Auto owned or leased by the named insured while operated by employees of the named insured. No coverage provided to renters under this policy.

CERTIFICATE HOLDER City of Hollywood Public Works 1600 S. Park Rd Hollywood, FL 33021	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 <i>Marsh USA LLC</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Enterprise Fleet Management, Inc. 600 Corporate Park Drive St. Louis, MO 63105	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation Continued:

Carrier: The Standard Fire Ins. Co.
 Policy #: UB-3S878596-25-NC-F (Excess MN)
 Effective Date: 09/01/2025
 Expiration Date: 09/01/2026

Workers Compensation coverage for employees in Puerto Rico and in the States of North Dakota, Washington and Wyoming is provided through the Monopolistic State programs. Workers Compensation coverage for employees in Ohio is self-insured. Workers Compensation policy# UB-8P137346-25-NCT provides Employers Liability for all States with the exception of Wisconsin. Policy# UB-8P765351-25-NCR provides Employers Liability for Wisconsin.

Garage Liability Policy:

Carrier: Travelers Indemnity Company of Connecticut
 Policy number: HC2EGAR474M7363-TCT-26 - FL, HI, VA
 Effective Date: 01/01/26
 Expiration Date: 01/01/27
 Auto Only - Each Accident: \$1,000,000

Garagekeepers Coverage:

Comprehensive: \$500,000 Each Loss Limit
 Collision: \$500,000 Each Loss Limit
 Comprehensive/Collision \$500,000 Aggregate Limit

Auto Dealer Policy:

Carrier: Travelers Indemnity Company of Connecticut
 Policy number: HC2EADR-474M8648-TCT-26 - All Other States
 Effective Date: 01/01/26
 Expiration Date: 01/01/27
 Auto Only - Each Accident: \$1,000,000

Garagekeepers Coverage:

Comprehensive: \$500,000 Each Loss Limit
 Collision: \$500,000 Each Loss Limit
 Comprehensive/Collision \$500,000 Aggregate Limit