



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2025

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).

|                                                                                                  |                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Holmes Murphy & Associates<br>2727 Grand Prairie Parkway<br>Waukegan IA 50263 | <b>CONTACT NAME:</b> PC Select House<br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> selectcertificate@holmesmurphy.com                                                                   |
| <b>INSURED</b><br>Daupler Inc.<br>8024 Conser St<br>Overland Park, KS 66204                      | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Twin City Fire Insurance Co<br><b>INSURER B:</b> Coalition Insurance Solutions<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**COVERAGES****CERTIFICATE NUMBER:** 592546758**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                   |          | 91SBAVL5367          | 2/1/2025                | 2/1/2026                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                    |                                   |          | 91SBAVL5367          | 2/1/2025                | 2/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                             |                                   |          | 91SBAVL5367          | 2/1/2025                | 2/1/2026                | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$                                                                                                                                                                                      |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                   | Y / N<br><input type="checkbox"/> | N / A    | 91WBCAW2DFK          | 2/1/2025                | 2/1/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                         |
| B        | Cyber Errors & Omissions                                                                                                                                                                                                                                                                                                                            |                                   |          | C4NMH115975CYBER2025 | 2/1/2025                | 2/1/2026                | \$5,000,000<br>\$5,000,000<br>\$25,000<br>Each Claim Aggregate Retention                                                                                                                                                                          |

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

City of Hollywood Florida is an additional insured on the General Liability and Automobile as required by written contract with the insured, per policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood Florida  
1621 N. 14th Avenue  
Hollywood FL 33022-9045

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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**From:** [Betzaida Cambero](#)  
**To:** [Daniela Behm](#)  
**Cc:** [Kassandra Myers](#); [Certificate of Insurance](#)  
**Subject:** Fw: Daupler COI Review/Approval  
**Date:** Thursday, October 16, 2025 12:00:14 PM  
**Attachments:** [Daupler - COI - Hollywood, FL - 10.8.25.pdf](#)

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Acceptable.

**Betzaida Cambero**

Risk Management Analyst  
Office of Human Resources | HR Risk Management  
**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)  
**Telephone:** [954-921-3639](tel:954-921-3639)

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Sent:** Wednesday, October 8, 2025 1:29 PM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Kassandra Myers <[KMYERS@hollywoodfl.org](mailto:KMYERS@hollywoodfl.org)>  
**Subject:** Daupler COI Review/Approval

Good afternoon,

Please find attached COI for Risks review/approval. Vendor will be providing after hours Call Center for DPU.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator  
Public Utilities

**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)  
**Telephone:** [954-967-4455 ext.5641](tel:954-967-4455)

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