



CRAIASM-03

ALAMBERT1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2025

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 Acrisure Southeast Partners Insurance Services, LLC 1317 Citizens Blvd Leesburg, FL 34748	CONTACT NAME: PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Craig A. Smith & Associates LLC 1425 E Newport Center Dr Deerfield Beach, FL 33442	INSURER(S) AFFORDING COVERAGE INSURER A : The Travelers Indemnity Company of America 25666 INSURER B : Travelers Property Casualty Company of America 25674 INSURER C : Travelers Casualty and Surety Company 19038 INSURER D : Aspen American Insurance Company 43460 INSURER E : Pacific Insurance Company, Limited 10046 INSURER F :

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	ADDL INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: Subj to \$2,000,000 Cap	X	X	6605Y737066TIA25	1/2/2025	1/2/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	8106W5530882543G	1/2/2025	1/2/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Coverage \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP6S2187112547	1/2/2025	1/2/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	UB4S8815012547G	1/2/2025	1/2/2026	<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
D	Rented/Leased Equip.			IM00P7D25	1/2/2025	1/2/2026	Maximum per Item 25,000
E	Professional Liab.			21OH074798625	4/1/2025	1/2/2026	Each Claim/AGG Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured for General Liability & Auto Liability when required by written contract. General Liability and Auto Liability are primary and non-contributory for the certificate holder when required by written contract. Waiver or subrogation applies to General Liability, Auto Liability and Employers Liability when required by written contract. Umbrella follows over General Liability and Workers Compensations policies. Cancellation 30-days' notice of cancellation applies except 10-days for non-payment of premium per policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood Department of Public Utilities 1715 N 21 Avenue Hollywood, Florida 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
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From: [Certificate of Insurance](#)
To: [Maria Gonzalez](#)
Cc: [Certificate of Insurance](#)
Subject: FW: [EXT]Renewal Certificate - Craig A. Smith
Date: Wednesday, April 2, 2025 5:01:36 PM
Attachments: [ATT00001.png](#)
[Certificate.pdf](#)

Acceptable.

Certificate of Insurance



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: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Tuesday, April 1, 2025 12:35 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]Renewal Certificate - Craig A. Smith

Good afternoon,

Here is the Craig A Smith renewal COI for your review and approval.

Craig A Smith is in charge of all utilities locations.

Thank you,

Maria Gonzalez
Administrative Specialist II
Public Utilities
P.O. Box 229045
Hollywood, FL 33022

Email: MAGONZALEZ@hollywoodfl.org

www.HollywoodFL.org



Banner

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: Ashley Lambert <allambert@acrisure.com>
Sent: Tuesday, April 1, 2025 12:23 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Subject: [EXT]Renewal Certificate - Craig A. Smith

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

Please see the attached

Thank you,
Alex Lambert
Marketing Department
Acrisure - Southeast



23 Eganfuskee St., Ste. 102

Jupiter, FL 33477

Email:
allambert@acrisure.com

Direct: 561-868-
6289

Coverage cannot be issued, changed, cancelled, modified or otherwise altered without speaking to and receiving written confirmation from an authorized representative of Acrisure, LLC.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.