



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2023

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 Eva Insurance LLC DBA Sebanda Insurance #28 13921 SW 66th St Miami FL 33183		CONTACT NAME: LILIAN CHONG PHONE (A/C, No, Ext): (305) 468-4740 E-MAIL ADDRESS: lilian@sebandainsurance.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: NEXT INSURANCE US COMPANY	16285
		INSURER B: INFINITY AUTO INS CO	11738
		INSURER C: PIE INSURANCE	26522
		INSURER D:	
		INSURER E:	
		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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	x	x	NXTL9FJ3RU-00-GL	10/12/2022	10/12/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			509820066172001-2	12/03/2022	12/03/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Protect \$ 10,000.00
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 112818 00	12/21/2022	12/21/2023	PER STATUTE 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)

Certificate Holder as additional insured OCEANVIEW BUILDING A CONDOMINIUM ASSOCIATION, INC.

Vehicles listed under policies:

- 2016 Isuzu Npr Xd Vin: JALC4J166G7001003
- 2003 Chevrole Express G2500 Vin: 1GCGG25V431141467
- 2019 Isuzu Npr Xd Vin: JALC4J167K7K01011

CERTIFICATE HOLDER **CANCELLATION**

City of Hollywood PUBLIC WORKS DEPARTMENT 600 S. PARK ROAD HOLLYWOOD FL 33022	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 LILIAN CHONG
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/05/2022

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PRODUCER: Eva Insurance LLC DBA Sebanda Insurance #28, 13921 SW 66th St, Miami, FL 33183
CONTACT NAME: Lilian Chong, PHONE: (305) 468-4740, E-MAIL ADDRESS: lilian@sebandainsurance.com
INSURER(S) AFFORDING COVERAGE: INSURER A: NEXT INSURANCE US COMPANY, INSURER B: INFINITY AUTO INSURANCE, INSURER C: Employers Preferred Ins Co, INSURER D: , INSURER E: , INSURER F:
NAIC #: 16285, 11738, 10346

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

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

Vehicles listed under policies:

- 2016 Isuzu Npr Xd Vin:JALC4J166G7001003
2003 Chevrole Express G2500 Vin: 1GCGG25V431141467
2019 Isuzu Npr Xd Vin: JALC4J167K7K01011
2017 Big Tex Trailer Vin: 16VHX2029H6013872

Certificate Holder as Additional Insured
City of Hollywood
PUBLIC WORKS DEPARTMENT
600 S. PARK ROAD
HOLLYWOOD FL 33022

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
PUBLIC WORKS DEPARTMENT
600 S. PARK ROAD
HOLLYWOOD FL 33022
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
Lilian Chong

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Eva Insurance LLC DBA Sebanda Insurance #28		NAMED INSURED J GOMEZ & SONS CORP DBA TAP CHOICE SPRINKLER SYSTEMS AND L/	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

2017 Big Tex Trailer Vin: 16VHX2029H6013872

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Eva Insurance LLC DBA Sebanda Insurance #28		NAMED INSURED J GOMEZ & SONS CORP DBA TOP CHOICE SPRINKLER SYSTEMS AND L	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

2002 Intl 470 Vin: 1HTSCABN62H392472