

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		CONTACT NAME:	LILIAN CHONG		
Eva Insurance LLC DBA Sebanda Insu	urance #28	PHONE (A/C, No. Ext); (305) 468-4740	FAX (A/C, No):	
13921 SW 66th St			lilian@sebandainsurance.com	1	
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
Miami	FL 33183	INSURER A :	NEXT INSURANCE US COM	IPANY	16285
INSURED		INSURER B :	INFINITY AUTO INS CO		11738
J GOMEZ & SONS COF	RP DBA TAP CHOICE SPRINKLER SYS	INSURER C :	PIE INSURANCE		26522
146 Airstream Lane		INSURER D :			
		INSURER E :			
Tavernier	FL 33070	INSURER F :			
COVERAGES	CERTIFICATE NUMBER:		REVISION	ON 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$					
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR									-	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
					MED EXP (Any one person)	\$ 15,000								
Α			х	x	NXTL9FJ3RU-00-GL	10/12/2022	10/12/2023	PERSONAL & ADV INJURY	\$ 1,000,000					
	GEI	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000					
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000					
		OTHER:							\$					
	AU1	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000.00					
		ANY AUTO						BODILY INJURY (Per person)	\$					
В		OWNED SCHEDULED 509820066172001-2 12/03/20	12/03/2022	12/03/2023	BODILY INJURY (Per accident)	\$								
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
								Personal Injury Protect	\$ 10,000.00					
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$					
		EXCESS LIAB CLAIMS-MADE				Martine manufacture and a second a second and a second an		AGGREGATE	\$					
		DED RETENTION\$							\$					
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER						
_	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 442949 00	40/04/0000	12/21/2023	E.L. EACH ACCIDENT	\$ 1,000,000					
	C OFFICER/MEMBER EXCLUDED? N I		IT / A		WC 112818 00	12/21/2022	1212 1/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000					
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000					
556	DESCRIPTION OF OREDATIONS (LOCATIONS (VEHICLES (ACORD 404 Additional Demails Caledolis many))													

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		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PUBLIC WORKS DEPARTMENT		AUTHORIZED REPRESENTATIVE
600 S. PARK ROAD		LILIAN CHONG
HOLLYWOOD F	L 33022	

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CERTIFICATE OF LIABILITY INSURANCE

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

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COVERAG		TE NIIMBED:	INSOREKE		ON NUMBER:	
	Tavernier	FL 33070	INSURER F			
			INSURER E	:		
	146 Airstream Lane		INSURER D	:		
	J GOMEZ & SONS CORP DBA TOP	CHOICE SPRINKLER SYS	INSURER C	: Employers Preferred Ins Co		10346
INSURED			INSURER B	: INFINITY AUTO INSURANC	E	11738
Miami		FL 33183	f	: NEXT INSURANCE US COM		16285
				INSURER(S) AFFORDING CO	VERAGE	NAIC#
13921 SW 6	66th St		E-MAIL ADDRESS:	lilian@sebandainsurance.com	n	
Eva Insurar	nce LLC DBA Sebanda Insurance #28		PHONE (A/C, No, Ext): (305) 468-4740 FAX (A/C, No):			
PRODUCER			CONTACT NAME:	Lilian Chong		

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	×	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE POCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR			NXTL9FJ3RU-00-GL	10/12/2022	10/12/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1.000.000.00 \$ 100.000.00 \$ 15.000.00 \$ 1.000.000.00 \$ 2.000.000.00 \$ 2.000.000.00
В	AU1	OTHER: OMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			509820066172001	11/30/2022	11/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 300,000.00 \$
	WOF	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ EKERS COMPENSATION						AGGREGATE	\$ \$ \$
С	ANY OFF (Mar	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? (datory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A		EIG4913152-00	12/23/2021	12/23/2022	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.			
PUBLIC WORKS DEPARTMENT	AUTHORIZED REPRESENTATIVE			
600 S. PARK ROAD	Lilian Chong			
HOLLYWOOD FL 33022				

	AGENCY CUSTOMER ID:					
AGENCY EVA Insurance LLC DBA Sebanda Insurance #28 POLICY NUMBER CARRIER NAIC CODE BFFECTIVE DATE: ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance 2017 Big Tex Trailer Vin: 16VHX2029H6013872	ACORD® ADD	ITIONAL REMA	ARKS SCHEDULE	Page	of	
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		NAMED INSURED	OICE SPRINKLER SYSTE	MS AND L/	
ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance 2017 Big Tex Trailer Vin: 16VHX2029H6013872	CARRIER	RRIER NAIC CODE				
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	ADDITIONAL REMARKS	L	EFFECTIVE DATE:			
2017 Big Tex Trailer Vin: 16VHX2029H6013872	THIS ADDITIONAL REMARKS FORM IS A SCHE		8			
		Timode of Elability Modification				
	ZOTY BIG TOX TRAILED VIII. TOVTIXZOZOTIOOTOOTZ					
					•	

AGENCY CUSTOMER ID:	
LOC #:	

ACORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
Eva Insurance LLC DBA Sebanda Insurance #28		J GOMEZ & SONS CORP DBA TOP CHOICE SPRINKLER SYSTEMS AND L		
POLICY NUMBER				
CARRIER	NAIC CODE	-		
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC				
FORM NUMBER: 25 FORM TITLE: Certificate of Liab	oility Insurance	9		
2002 Intl 470 Vin: 1HTSCABN62H392472				