

# CORELAND CONSTRUCTION



February 25, 2015

Mr. Frank J. Leon, P.E.  
City of Hollywood  
Department of Public Works  
Engineering & Architectural Services  
2600 Hollywood Boulevard  
Hollywood, FL 33022

Re: Project No. EN-14-001, Sidewalk Construction Contract Extension

Dear Mr. Leon,

This letter will serve as a formal acceptance of the City's offer to extend our current contract No. EN-14-001 for another year. A current Certificate of Insurance with City of Hollywood as the Certificate Holder is attached.

We thank you for the consideration and look forward to continuing to serve the City.

Best regards,

Monica Hernandez, President



CORECON-01

GLADYS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2015

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 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> Acrisure, LLC d/b/a InSource 9500 South Dadeland Boulevard 4th Floor Miami, FL 33156-2867	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (305) 670-6111	<b>FAX (A/C, No):</b> (305) 670-9699
<b>INSURED</b>  Coreland Construction Corp. 12301 SW 128 Court, Suite 107 Miami, FL 33186	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> FCCI Insurance Company	
	<b>INSURER B:</b> The Charter Oak Fire Insurance Co.	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## 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.

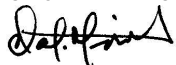
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		GL00151502	03/22/2014	03/22/2015	EACH OCCURRENCE
							\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 50,000
	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						
	\$						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BA6825X86814SEL	03/22/2014	03/22/2015	COMBINED SINGLE LIMIT (Ea accident)
							\$ 1,000,000
							BODILY INJURY (Per person)
							\$
	BODILY INJURY (Per accident)						
	\$						
	PROPERTY DAMAGE (Per accident)						
	\$						
	\$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE
							\$
							AGGREGATE
							\$
	\$						
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	001WC14A70677	03/22/2014	03/22/2015	<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						

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

Certificate Holder is Additional Insured for General Liability as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of Hollywood 2600 Hollywood Boulevard Hollywood, FL 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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