

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/19/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>The Nitsche Group</b> <b>143 East Austin</b> <b>Giddings, TX 78942-3299</b> <b>979 542-3666</b>	<b>CONTACT NAME:</b> <b>Joyce Hinze</b> <b>PHONE (A/C, No, Ext):</b> <b>979 540 2240</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>JoyceH@TheNitscheGroup.com</b>														
<b>INSURED</b> <b>R&amp;M Service Solutions, LLC</b> <b>7256 Westport Pl</b> <b>West Palm Beach, FL 33413</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 483"><b>INSURER A : Transportation Insurance Company</b></td> <td data-bbox="1433 453 1572 483"><b>20494</b></td> </tr> <tr> <td data-bbox="816 483 1433 512"><b>INSURER B : Continental Insurance Company</b></td> <td data-bbox="1433 483 1572 512"><b>35289</b></td> </tr> <tr> <td data-bbox="816 512 1433 541"><b>INSURER C : Travelers Property Casualty Co of Am</b></td> <td data-bbox="1433 512 1572 541"><b>25674</b></td> </tr> <tr> <td data-bbox="816 541 1433 571"><b>INSURER D : Evanston Insurance Company</b></td> <td data-bbox="1433 541 1572 571"><b>35378</b></td> </tr> <tr> <td data-bbox="816 571 1433 600"><b>INSURER E :</b></td> <td data-bbox="1433 571 1572 600"></td> </tr> <tr> <td data-bbox="816 600 1433 634"><b>INSURER F :</b></td> <td data-bbox="1433 600 1572 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Transportation Insurance Company</b>	<b>20494</b>	<b>INSURER B : Continental Insurance Company</b>	<b>35289</b>	<b>INSURER C : Travelers Property Casualty Co of Am</b>	<b>25674</b>	<b>INSURER D : Evanston Insurance Company</b>	<b>35378</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

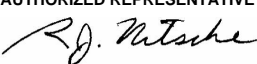
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			<b>8033477016</b>	<b>07/21/2025</b>	<b>07/21/2026</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$500,000</b> MED EXP (Any one person) <b>\$15,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <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			<b>BUA8033476545</b>	<b>07/21/2025</b>	<b>07/21/2026</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION <b>\$10,000</b>			<b>8033477968</b>	<b>07/21/2025</b>	<b>07/21/2026</b>	EACH OCCURRENCE <b>\$3,000,000</b> AGGREGATE <b>\$3,000,000</b> \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>WC833483799</b>	<b>07/21/2025</b>	<b>07/21/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>C</b>	<b>Equipment Floater</b>			<b>660B6849243TIL25</b>	<b>07/21/2025</b>	<b>07/21/2026</b>	<b>Leased/Rented \$250,000</b>
<b>D</b>	<b>Pollution</b>			<b>CPLMOL131445</b>	<b>05/09/2025</b>	<b>05/09/2027</b>	<b>\$1,000,000 Per Occ.</b>

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

As per policy provision, Certificate Holder is listed as additional insured in regard to the auto and general liability policies as provided by additional insured endorsement when required by written contract. A waiver of subrogation endorsement is provided to the Certificate Holder in regard to the auto, general (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

<b>City of Hollywood</b> <b>Public Utilities</b> <b>1715 N 21 Ave</b> <b>Hollywood, FL 33020</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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## DESCRIPTIONS (Continued from Page 1)

liability and workers compensation policies when required by written contract.

**From:** [Betzaida Cambero](#)  
**To:** [Maria Gonzalez](#)  
**Cc:** [Jaime Castillo](#); [Certificate of Insurance](#)  
**Subject:** Fw: Certificate of Insurance R&M Service Solutions / Hollywood  
**Date:** Wednesday, August 20, 2025 10:08:23 AM  
**Attachments:** [image004.png](#)  
[image005.jpg](#)  
[image006.png](#)  
[image007.png](#)  
[image008.png](#)  
[image009.png](#)  
[image010.png](#)  
[image011.png](#)  
[image012.jpg](#)  
[image013.jpg](#)  
[COI Hollywood w Pollution Update 08192025 2pgs.pdf](#)

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Acceptable.

**Betzaida Cambero**

Risk Management Analyst  
Office of Human Resources | HR Risk Management

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

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**From:** Penni Cala <[pcala@rmservicesolutions.com](mailto:pcala@rmservicesolutions.com)>  
**Sent:** Tuesday, August 19, 2025 3:47 PM  
**To:** Maria Gonzalez <[MAGONZALEZ@hollywoodfl.org](mailto:MAGONZALEZ@hollywoodfl.org)>  
**Cc:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>; Jaime Castillo <[JCASTILLO@hollywoodfl.org](mailto:JCASTILLO@hollywoodfl.org)>; Betzaida Cambero <[bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)>; Mike George <[MGeorge@rmservicesolutions.com](mailto:MGeorge@rmservicesolutions.com)>; Tammy Jones <[tjones@rangeline.com](mailto:tjones@rangeline.com)>  
**Subject:** RE: Certificate of Insurance R&M Service Solutions / Hollywood

Some people who received this message don't often get email from [pcala@rmservicesolutions.com](mailto:pcala@rmservicesolutions.com). [Learn why this is important](#)

Hi Maria,

Please find attached COI with updated address.

Thank you, Penni



**Penni Cala**  
Bid Coordinator  
R&M Service Solutions  
11820 Uradco Place #103  
San Antonio, Florida 33576

**813.783.4346 Mobile (Preferred)**  
877.847.6747 Office  
[pcala@rmservicesolutions.com](mailto:pcala@rmservicesolutions.com)

