

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2024

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).

C	ertificate holder in lieu of such endors	eme	nt(s).									
PRO	DUCER				CONTACT NAME: Mac Hessney							
Nex	tGen Insurance Agency LLC				PHONE (A/C, No, Ext): 561-777-0437 (A/C, No):							
127	73 W Forest Hill Blvd Suite 205				ADDRESS: Admin@nextgenins.net							
					NAIC#							
Wel	lington		FL 33414	INSURE	28860							
INSL						39497						
	Concrete Works & Paving, inc				INSURER B: INFINITY ASSURANCE INS CO 394 INSURER C:							
	5322 Chesterfield Dr				INSURER D:							
	3322 Chesterned Dr											
Ave Maria 34142-5074						INSURER E :						
CO	Ave Maria VERAGES CER	NUMBER:	REVISION NUMBER:									
			REEN I	SSUED TO TH				PERIOD				
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		POLICY NUMBER	-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	X COMMERCIAL GENERAL LIABILITY	.,,,,,	7,70	. Jaiot Homesia				EACH OCCURRENC	DE \$ \$	,000,000		
	CLAIMS-MADE X OCCUR			BGFL0026318202				DAMAGE TO RENTE PREMISES (Ea occu	ED .	00,000		
	CEMINS-WINDE X OCCUR									·		
		,				9/20/2024	9/20/2025	PERSONAL & ADV I				
Α	OF ANY ACCORDANCE LINES ACCUSED DEC	Y				7/20/2024	31 ZUI ZUZ3	GENERAL AGGREG		2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:  PRO- JECT LOC						:					
								PRODUCTS - COMP	P/OP AGG   \$ 2,	000,000		
	OTHER: AUTOMOBILE LIABILITY		$\vdash$					COMBINED SINGLE	TOWN .	202 202		
								(Ea accident) BODILY INJURY (Pe		000,000		
	ANY AUTO ALL OWNED SCHEDULED							ļ				
В	AUTOS X SCHEDULED AUTOS NON-OWNED	Y		50014365002		9/20/2024	9/20/2025	BODILY INJURY (PE	-			
	HIRED AUTOS AUTOS	-						(Per accident)	•			
			ļļ						\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE :\$	<u> </u>		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDE	NT \$				
								E.L. DISEASE - EA I	EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project No.: IFB-139-24-OT Citywide Concrete Installation and Repair The City of Hollywood is listed as an additionally insured for General liability and Auto liability.												
	RTIFICATE HOLDER				CAN	CELLATION						
CE	City of Hollywood				SHO	OULD ANY OF	DATE THERE	PESCRIBED POLIC OF, NOTICE WILL CY PROVISIONS.				
	Public Works			AUTHORIZED REPRESENTATIVE								
	1600 S Park Rd Hollywood			FL 33020-4807	Mackengie Hessney							
_						@ 40	100 2014 AC	OPD COPPOR	ATION AU	ighte recenyee		



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CONTACT

SUNZ Insurance Solutions, LLC. c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701  INSURED TLR of Bonita, Inc dba Enterprise 700 Central Avenue Suite 500 St. Petersburg FL 33701  COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES	TIFIC	ID: (TLR)  ATE NUMBER: 82263452	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A: SUNZ IT INSURER B: INSURER C: INSURER C: INSURER C: INSURER F: INSURER F:	727-525-3862  NAIC # 34762						
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA	AIN, THE INSURANCE AFFORDI IES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIES BEEN REDUCED BY I	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO					
INSR LTR TYPE OF INSURANCE	INSD Y	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC					DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$				
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	-				AGGREGATE	\$ \$ \$				
DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC039-00001-024	6/1/2024	6/1/2025	✓ PER OTH- STATUTE ER	\$1,000,000.00 \$1,000,000.00				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Coverage Provided for all leased employees but not subcontractors of: Concrete Works & Paving Inc Client Effective: 6/30/2018  Project No.: IFB-139-24-OT Citywide Concrete Installation and Repair										
OFFICIATE HOLDER										
CERTIFICATE HOLDER  1004  City of Hollywood 1600 S. Park Rd. Hollywood FL 33021			CANCELLATION  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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Rick Leonard