



GREETRA-01

SHURWITZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2025

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

| | | |
|--|--|-----------------------|
| PRODUCER ProQuest 353 N. Clark St., 11th Fl Chicago, IL 60654 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Greenberg Traurig P.A. and its Affiliates 333 SE 2nd Avenue, Suite 4400 Miami, FL 33131 | INSURER A : Columbia Casualty Company | |
| | INSURER B : | |
| | INSURER C : | |
| | 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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Prof Liability | | | 198277147 | 2/22/2025 | 2/22/2026 | See description |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: In connection with MWRA Contract F241, MWRA Contract F253 and MWRA Contract F273 Bond Counsel Services.

Limits of Liability in excess of \$40,000,000 Per Claim/\$80,000,000 Aggregate claim made coverage afforded on a subscription basis by Insurer A and other participating companies.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| City of Hollywood Procurement & Contract Compliance 2600 Hollywood Boulevard, Room 303 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 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2025

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

| | | |
|--|--|-----------------------|
| PRODUCER MARSH USA, LLC. 1221 Brickell Avenue, Suite 1550 Miami, FL 33131 CN101232632--GAWU-25-26 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| INSURED Greenberg Traurig, P.A. 333 SE 2nd Avenue - Ste 4400 Miami, FL 33131 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Federal Insurance Company | NAIC # 20281 |
| | INSURER B: Great Northern Insurance Company | 20303 |
| | INSURER C: Sentry Insurance Company | 24988 |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:**

ATL-005982644-03

REVISION NUMBER: 0

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | 3606-93-23 | 05/01/2025 | 05/01/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 73530534 | 05/01/2025 | 05/01/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | 7981-84-23 | 05/01/2025 | 05/01/2026 | EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ |
| C | 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 N | N / A | 90-15448-001 (AOS) 90-15448-002 (WI) | 05/01/2025 05/01/2025 | 05/01/2026 05/01/2026 | <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)

City of Hollywood is included as additional insured where required by written contract with respect to General Liability.

CERTIFICATE HOLDER**CANCELLATION**City of Hollywood
Procurement & Contract Compliance
2600 Hollywood Boulevard, Room 303
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

Marsh USA LLC

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From: [Certificate of Insurance](#)
To: [Monique Sharkey](#)
Cc: [Certificate of Insurance](#)
Subject: FW: Greenberg Traurig Updated Insurance Certificate
Date: Thursday, February 27, 2025 5:46:21 PM
Attachments: [image001.png](#)
[25-26_COI_City of Hollywood.pdf](#)
[2024-09-24 Greenberg Traurig Legal Services Engagement Agreement FY2025 - Signed.pdf](#)

Professional liability COI, acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Monique Sharkey <MSHARKEY@hollywoodfl.org>
Sent: Tuesday, February 25, 2025 1:30 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: Greenberg Traurig Updated Insurance Certificate

Good Afternoon,

Attached is the updated professional liability insurance certificate for Greenberg Traurig Legal Services agreement. Please advise if it is acceptable.

They also have a separate Commercial Liability that does not expire until May which is included in the Agreement attachment.

Thank You,

Monique Sharkey
Administrative Assistant II
Public Utilities

Email: MSHARKEY@hollywoodfl.org
Telephone: [954-967-4535](tel:954-967-4535)

From: Phillip.Gildan@gtlaw.com <Phillip.Gildan@gtlaw.com>
Sent: Tuesday, February 25, 2025 11:37 AM
To: Ali Parker <APARKER@hollywoodfl.org>
Subject: FW: Greenberg Traurig Updated Insurance Certificate

Ali – Here is the Insurance Certificate.

Phillip C. Gildan
Shareholder

Greenberg Traurig, P.A.
777 S. Flagler Drive, Suite 300 East | West Palm Beach, FL 33401
T +1 561.650.7967
Phillip.Gildan@gtlaw.com | www.gtlaw.com | [View GT Biography](#)



From: Rivera, Marisol (RskMgmtAst-Orl-GC) <Marisol.Rivera@gtlaw.com>
Sent: Tuesday, February 25, 2025 11:05 AM
To: Gildan, Phillip (Shld-WPB-CP) <Phillip.Gildan@gtlaw.com>
Cc: Teresi, Sheryl (LSS-WPB-BD) <TeresiS@gtlaw.com>
Subject: RE: Greenberg Traurig Updated Insurance Certificate

Attached as provided by our agent.

Marisol Rivera
Risk Management Assistant
31 Years of Service

T +1 407.254.2663 | F +1 305.961.5376
Marisol.Rivera@gtlaw.com

From: Rivera, Marisol (RskMgmtAst-Orl-GC)
Sent: Tuesday, February 25, 2025 10:40 AM
To: Gildan, Phillip (Shld-WPB-CP) <Phillip.Gildan@gtlaw.com>
Cc: Teresi, Sheryl (LSS-WPB-BD) <TeresiS@gtlaw.com>
Subject: RE: Greenberg Traurig Updated Insurance Certificate

I made the priority request and will forward as soon as I receive – expect it today.

Marisol Rivera
Risk Management Assistant
31 Years of Service

T +1 407.254.2663 | F +1 305.961.5376
Marisol.Rivera@gtlaw.com

From: Gildan, Phillip (Shld-WPB-CP) <Phillip.Gildan@gtlaw.com>
Sent: Tuesday, February 25, 2025 10:36 AM
To: Rivera, Marisol (RskMgmtAst-Orl-GC) <Marisol.Rivera@gtlaw.com>
Subject: RE: Greenberg Traurig Updated Insurance Certificate

Marisol – Thanks. If you could prioritize, as the Client has suspended our work pending receipt of the updated certificate.

Phillip C. Gildan
Shareholder

Greenberg Traurig, P.A.
777 S. Flagler Drive, Suite 300 East | West Palm Beach, FL 33401
T +1 561.650.7967

Carmen Martin

From: Betzaida Cambero
Sent: Tuesday, May 13, 2025 2:06 PM
To: Monique Sharkey
Cc: Amanda Brilliant; Carmen Martin; Ali Parker; Certificate of Insurance
Subject: Fw: COI For Review - Greenberg Traurig
Attachments: GreenbergTraurig COI Updated 2025 - Commercial Liability Auto Liability and Workers Comp.pdf; 2024-09-24 Greenberg Traurig Legal Services Engagement Agreement FY2025 - Signed.pdf; GreenbergTraurig COI Approved by Risk 2025 Professional Liability.pdf

Thank you,

Betzaida Cambero

Risk Management Analyst
Office of Human Resources

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

From: Monique Sharkey
Sent: Tuesday, May 13, 2025 1:59 PM
To: Betzaida Cambero
Cc: Amanda Brilliant; Carmen Martin; Ali Parker; Certificate of Insurance
Subject: RE: COI For Review - Greenberg Traurig

Good Afternoon,

Thank you and the professional liability insurance was renewed in February 2025 and was already reviewed and confirmed as acceptable by Risk Management in March 2025 (see third attachment for reference).

Kind Regards,

Monique Sharkey

Grants Coordinator
Public Utilities

Email: MSHARKEY@hollywoodfl.org
Telephone: [954-921-3048](tel:954-921-3048)

From: Betzaida Cambero <bcambero@HollywoodFL.org>
Sent: Tuesday, May 13, 2025 1:54 PM
To: Monique Sharkey <MSHARKEY@hollywoodfl.org>
Cc: Amanda Brilliant <abrillant@HollywoodFL.org>; Carmen Martin <CMARTIN@hollywoodfl.org>; Ali Parker <APARKER@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: Fw: COI For Review - Greenberg Traurig

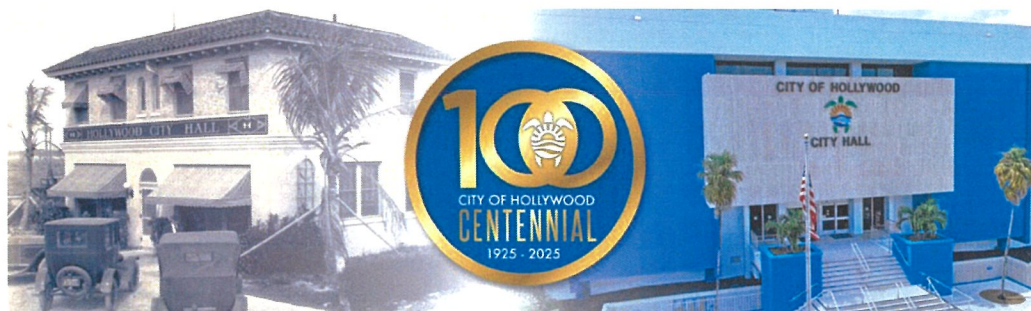
Hello I dont see an updated professional liability COI?

Updated General liability COI, acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources
P.O. Box 229045
Hollywood, FL 33022

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

www.HollywoodFL.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Monique Sharkey
Sent: Wednesday, May 7, 2025 7:59 AM
To: Certificate of Insurance
Cc: Amanda Brilliant; Carmen Martin; Ali Parker
Subject: COI For Review - Greenberg Traurig

Good Morning,

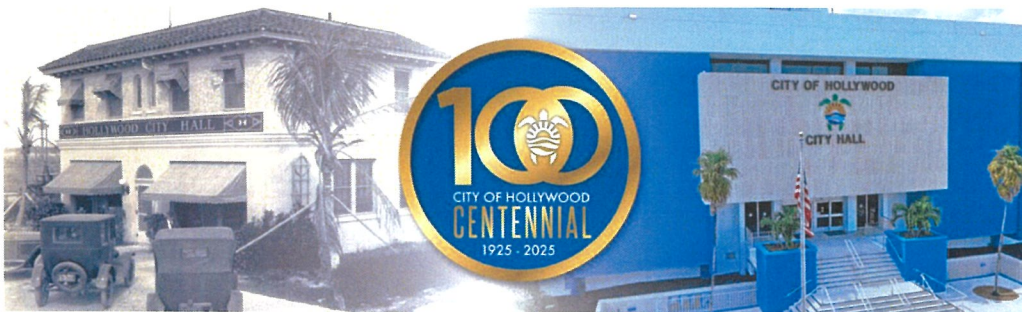
Kindly advise if the attached COI is acceptable. The current agreement is attached.

Thank You,

Monique Sharkey
Grants Coordinator
Public Utilities
P.O. Box 229045
Hollywood, FL 33022

Email: MSHARKEY@hollywoodfl.org
Telephone: [954-921-3048](tel:954-921-3048)

www.HollywoodFL.org



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