

## **Inez Murphy**

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**From:** Certificate of Insurance  
**Sent:** Tuesday, August 20, 2024 3:14 PM  
**To:** Stephanie Gardner; Certificate of Insurance  
**Cc:** Inez Murphy; Robert Delorimiere; Nickalia Hines-Wilson  
**Subject:** FW: EVERGLADES PAINTING CONTRACTORS  
**Attachments:** CERTIFICATE OF LIABILITY INSURANCE - 2024-08-20T091035.392.pdf; WC JAVIER PEREIRA.pdf

Acceptable

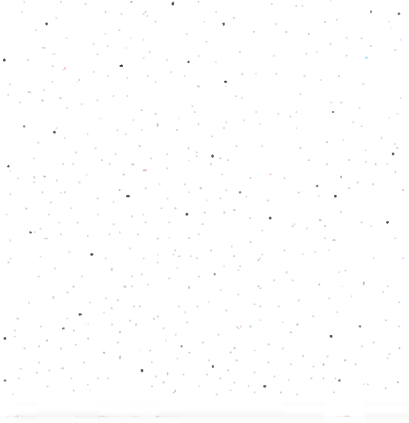
**From:** Stephanie Gardner <SGARDNER@hollywoodfl.org>  
**Sent:** Tuesday, August 20, 2024 9:25 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Inez Murphy <IMURPHY@hollywoodfl.org>; Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>; Nickalia Hines-Wilson <NHINES-WILSON@hollywoodfl.org>  
**Subject:** EVERGLADES PAINTING CONTRACTORS

Scope of service:  
Painting, caulking, and general maintenance and repairs

Stephanie Gardner  
Administrative Specialist II  
City of Hollywood  
Public Works  
Environmental Services  
Office 954-967-4526  
Ext. 5513

**From:** Accurate Certificate Department <accurate.certificates@gmail.com>  
**Sent:** Tuesday, August 20, 2024 9:11 AM  
**To:** Stephanie Gardner <SGARDNER@hollywoodfl.org>  
**Cc:** JAVIER PEREIRA <e.paintingcontractors@gmail.com>  
**Subject:** [EXT]Re: Requesting an updated Auto Policy for EVERGLADES PAINTING CONTRACTORS

On Tue, Aug 20, 2024 at 8:43 AM Stephanie Gardner <SGARDNER@hollywoodfl.org> wrote:



Hello,

Please change the Certificate Holder's information at the bottom of the COI.

Please see the attached COI Sample that Risk Management requires. If you need assistance, please feel free to call or email.

City of Hollywood should be listed as an additional insure on **General Liability and Auto Policy**. The **Certificate Holder** section, below the COI, should read:

**City of Hollywood (nothing written)**

**Public Works**

**1600 S. Park Rd**

**Hollywood, FL 33021**

Thanks

Stephanie Gardner

Administrative Specialist II

City of Hollywood

Public Works

Environmental Services

Office 954-967-4526

Ext. 5513

**Stephanie Gardner**

Administrative Specialist II

City of Hollywood

Public Works

1600 SOUTH PARK ROAD HOLLYWOOD, FL

P.O. Box 229045

Hollywood, FL 33021

Office: 954-967-5513

E-mail: [SGARDNER@hollywoodfl.org](mailto:SGARDNER@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.

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*Thank you*

**Don't forget we also offer Personal/Commercial Auto!**

**\*Please send all certificate request to this email**

***\*Please be advised that policies cannot be bound, altered , or renewed via the email***

***Accurate Group***

***8300 W. Flagler St Ste 114***

***Miami, FL 33144***

***Ph:305-226-8727***

***Fax:786-947-0844***

***[accurate.certificates@gmail.com](mailto:accurate.certificates@gmail.com)***



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/20/2024

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 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).

<b>PRODUCER</b> ACCURATE GROUP 8300 West Flagler, Suite 114  Miami FL 33144	<b>CONTACT NAME:</b> Moises Alvarez <b>PHONE (A/C, No, Ext):</b> (305) 226-8727 <b>E-MAIL ADDRESS:</b> accurate.certificates@gmail.com <b>FAX (A/C, No):</b> (305) 226-8767
<b>INSURED</b> Everglades Painting Contractors LLC 310 Lee Ave  Satellite Beach FL 32937	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> GRANADA INSURANCE COMPANY <b>INSURER B:</b> Progressive Express Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 16870 10193

**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 SUBR INSD 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 OTHER:	Y	0185FL00185301	03/23/2024	03/23/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	971454693	07/14/2024	07/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The City of Hollywood is listed as an additionally insured for General liability and Auto liability

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood Public Works 1600 South Park Road Hollywood, FL 33021	<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>  <b>AUTHORIZED REPRESENTATIVE</b> 
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JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 1/31/2023

**EXPIRATION DATE:** 1/30/2025

**PERSON:** JAVIER PEREIRA

**EMAIL:** LICENSES114@GMAIL.COM

**FEIN:** 921089281

**BUSINESS NAME AND ADDRESS:**

EVERGLADES PAINTING CONTRACTORS LLC

2141 SW 35TH AVE  
FORT LAUDERDALE, FL 33312

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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**IMPORTANT:** Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 01/2023

E01661297      QUESTIONS? (850) 413-1609