



ODONDAN-01

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2025

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 Flagler County Insurance Agy. 12 Office Park Dr Palm Coast, FL 32137	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(386) 447-9093	FAX (A/C, No): (386) 246-4255
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED O'Donnell Dannwolf And Partners Architects Inc 2432 Hollywood Blvd Hollywood, FL 33020--6607	INSURER A : AUTO-OWNERS INS CO		
	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	
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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate	X		78114195	3/2/2025	3/2/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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	X		5511419501	3/2/2025	3/2/2026	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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5511419500	3/2/2025	3/2/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$
								\$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							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)
Certificate Holder included as Additional Insured for General and Auto Liability

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood Design & Construction Management 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 Adam Sistrunk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/13/2025

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PRODUCER PAYCOR INS AGENCY LLC 4811 MONTGOMERY RD CINCINNATI, OH 452122163	CONTACT NAME: Heather Ihle PHONE (A/C, No, Ext): 855-565-3300 E-MAIL ADDRESS: workerscompservices@paycor.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: The Travelers Indemnity Company of America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25666
INSURED O'DONNELL DANNWOLF AND PARTNERS ARCHITECTS, INC 2432 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	X	9S667663	01/01/2025	01/01/2026 <input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Those usual to the Insured's Operations. Waiver of Subrogation applies in favor of the Certificate Holder per Waiver of our Right to Recover from Others Endorsement WC 00 03 13 attached to this policy.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood Design & Construction Management 2600 Hollywood Blvd. 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 <i>Heather Ihle</i>
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ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/13/2025

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PRODUCER USI Insurance Services, LLC 2502 N Rocky Point Drive Suite 400 Tampa, FL 33607	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: TeamAECertificate@usi.com INSURER(S) AFFORDING COVERAGE INSURER A : XL Specialty Insurance Company NAIC # 37885
INSURED O'Donnell Dannwolf and Partners Architects Inc. 2432 Hollywood Blvd Hollywood, FL 33020	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADDL INSR	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 <input type="checkbox"/> 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Professional Liability			DPR5040936	03/05/2025	03/05/2026	\$5,000,000 per claim \$5,000,000 annl aggr.

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

Professional Liability coverage is written on a claims-made basis.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Design & Construction Management 2600 Hollywood Boulevard Hollywood, FL 33020-4807	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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From: [Tanya Bouloy](#)
To: [Heather Guenot](#); [Certificate of Insurance](#)
Cc: [Victoria Ulysse](#); [Kendra Parker](#)
Subject: FW: Updated COI For O'Donnell Dannwolf Architects (New Police HQ)
Date: Thursday, March 20, 2025 5:20:38 PM
Attachments: [2020-04-09 Executed Design Contract - optimized.pdf](#)
[25 Master Cert - City of Hollywood \(1\).pdf](#)
Importance: High

Master - Acceptable

Tanya Bouloy

Risk Manager

Office of Human Resources - Risk Management

Email: TBouloy@hollywoodfl.org
Telephone: [954-921-3505](tel:954-921-3505)
Fax: [954-921-3678](tel:954-921-3678)

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Thursday, March 20, 2025 3:56 PM
To: Tanya Bouloy <TBouloy@hollywoodfl.org>; [Certificate of Insurance](#) <COI@hollywoodfl.org>
Cc: Victoria Ulysse <vulyss@HollywoodFL.org>; Kendra Parker <KPARKER@hollywoodfl.org>
Subject: RE: Updated COI For O'Donnell Dannwolf Architects (New Police HQ)
Importance: High

Tanya,

I just received the updated Master COI from ODP addressing your comments below. Please confirm whether this meets the requirements, so we can move forward with uploading this information to Legistar for the Resolution.

Sincerely,

Heather Guenot

Senior Project Manager

Design and Construction Management

Email: HGUENOT@hollywoodfl.org
Mobile: [754-314-0157](tel:754-314-0157)
Telephone: [954-921-3931](tel:954-921-3931)

From: Tanya Bouloy <TBouloy@hollywoodfl.org>

Sent: Tuesday, March 18, 2025 9:52 AM

To: Heather Guenot <HGUENOT@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Subject: FW: Updated COI For O'Donnell Dannwolf Architects (New Police HQ)

Workers' Compensation - Acceptable

Professional Liability - Acceptable

Master - Not Acceptable

1. The City of Hollywood must be the certificate holder per the following format:

City of Hollywood (Nothing else on this line)

Department Name & Room # (if applicable)

Department Address

Department Address

2. The City must be named as an additional insured for *General* and *Auto Liability* in the Description of Operations Box.

Please submit corrected COI for additional review.

Thank you

Tanya Bouloy

Risk Manager

Office of Human Resources - Risk Management

P.O. Box 229045

Hollywood, FL 33022

Email: TBouloy@hollywoodfl.org

Telephone: [954-921-3505](tel:954-921-3505)

Fax: [954-921-3678](tel:954-921-3678)

www.HollywoodFL.org



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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: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Tuesday, March 18, 2025 9:13 AM
To: Tanya Bouloy <TBouloy@hollywoodfl.org>
Subject: FW: Updated COI For ODP Architects (New Police HQ)

Thanks, Tanya!

Heather Guenot
Senior Project Manager
Design and Construction Management

Email: HGUENOT@hollywoodfl.org
Mobile: [754-314-0157](tel:754-314-0157)
Telephone: [954-921-3931](tel:954-921-3931)

From: Heather Guenot <HGUENOT@hollywoodfl.org>
Sent: Monday, March 17, 2025 11:09 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Updated COI For ODP Architects (New Police HQ)

Dear Risk Management,

Please review the attached updated COI for O'Donnell Dannwolf and Partners Architects (ODP) for the New Police Headquarters project. I have attached their contract and previously-approved COI for your reference.

Sincerely,

Heather Guenot
Senior Project Manager
Design and Construction Management
P.O. Box 229045
Hollywood, FL 33022

Email: HGUENOT@hollywoodfl.org
Mobile: [754-314-0157](tel:754-314-0157)
Telephone: [954-921-3931](tel:954-921-3931)

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