

PRICE TABLES					
Bid Form					
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	General Conditions	1	Lump Sum	\$43,322.00	\$43,322.00
2	Mobilization	1	Lump Sum	\$17,285.00	\$17,285.00
3	Maintenance of Traffic	1	Lump Sum	\$10,400.00	\$10,400.00
Wall System					
4	Clearing and Demolition	1	Lump Sum	\$69,712.00	\$69,712.00
5	Install and maintenance of temporary fencing	1	Lump Sum	\$4,100.00	\$4,100.00
6	Site grading and leveling to provided survey	1	Lump Sum	\$54,416.00	\$54,416.00
7	Furnish and install 6' high pre-cast concrete privacy wall designed by delegated engineer with signed and sealed shop drawings	1	Lump Sum	\$193,733.00	\$193,733.00
8	Paint wall with anti-graffiti paint. Colors TBD	1	Lump Sum	\$47,115.00	\$47,115.00
9	Restore right-of-way, private property, and asphalt affected by construction	1	Lump Sum	\$6,630.00	\$6,630.00
Landscaping					
10	Furnish and install irrigation system as specified	1	Lump Sum	\$33,057.00	\$33,057.00

11	Furnish and install shrubs and ground cover as specified	1	Lump Sum	\$37,241.00	\$37,241.00
<b>Total</b>					<b>\$517,011.00</b>

## PROPOSAL

TO THE MAYOR AND COMMISSIONERS  
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED November 21, 2023

Dear Mayor and Commissioners:

The undersigned, as BIDDER, hereby declares that the only person or persons interested in the Proposal as principal or principals is or are named herein and that no other person than herein mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The BIDDER further declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Drawings and Specifications for the Work and contractual documents relative thereto, including the Notice to Bidders, Instructions to Bidders, Proposal Bid Form, Form of Bid Bond, Form of Contract and Form of Performance Bond, General, Supplementary and Technical Specifications, Addenda, Drawings, and Local Preference Program, Exhibit A, and has read all of the Provisions furnished prior to the opening of bids; and that he has satisfied himself relative to the work to be performed.

The undersigned BIDDER has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other BIDDER of parties to this bid whatever.

If this Proposal is accepted, the undersigned BIDDER proposes and agrees to enter into and execute the Contract with the City of Hollywood, Florida, in the form of Contract specified; of which this Proposal, Instructions to Bidders, General Specifications, Supplementary Conditions and Drawings shall be made a part for the performance of Work described therein; to furnish the necessary bond equal to one hundred (100) percent of the total Contract base bid, the said bond being in the form of a Cash Bond or Surety Bond prepared on the applicable approved bond form furnished by the CITY; to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation, supervision, labor and all means necessary to construct and complete the work specified in the Proposal and Contract and called for in the Drawings and in the manner specified; to commence Work on the effective date established in the "Notice to Proceed" from the ENGINEER; and to substantially complete all Contract Work within 120\* days with final completion within 30\* days, and stated in the "Notice to Proceed" or pay liquidated damages for each calendar day in excess thereof, or such actual and consequential damages as may result therefrom, and to abide by the Local Preference Ordinance, Exhibit A.

The BIDDER acknowledges receipt of the any and all addenda.

~~And the undersigned agrees that in case of failure on his part to execute the said Contract and the Bond within ten (10) days after being presented with the prescribed Contract forms, the check or Bid Bond accompanying his bid, and the money payable thereon, shall be paid into the funds of the City of Hollywood, Florida, otherwise, the check or Bid Bond accompanying this Proposal shall be returned to the undersigned.~~

\* MBR - Not including days required for plan items indicating work to be performed by City, Public Works, or Others.

**MBR - Bid Surety not required by Invitation For Bid and confirmed by Q&A.**

~~Attached hereto is a certified check on the~~

~~\_\_\_\_\_ Bank of \_\_\_\_\_~~

~~or approved Bid Bond for the sum of~~

~~\_\_\_\_\_ Dollars (\$) according to the  
conditions under the Instructions to Bidders and provisions therein.~~

NOTE: If a Bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign Contracts on behalf of the corporation and corporate seal; if Bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign Contracts in behalf of the partnership; and if the Bidder is an individual, his signature shall be placed below; if a partnership, the names of the general partners.

WHEN THE BIDDER IS AN INDIVIDUAL:

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Printed Name of Individual)

\_\_\_\_\_  
(Address)

\*\*\*\*\*

WHEN THE BIDDER IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A TRADE NAME:

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature of Individual) (SEAL)

\*\*\*\*\*

WHEN THE BIDDER IS A PARTNERSHIP:

\_\_\_\_\_  
(Name of Firm) A Partnership

(Address)

By: \_\_\_\_\_  
(SEAL)  
(Partner)

Name and Address of all Partners:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

WHEN THE BIDDER IS A JOINT VENTURE:

\_\_\_\_\_  
(Correct Name of Corporation)

By: \_\_\_\_\_ (SEAL)  
(Address)

\_\_\_\_\_  
(Official Title)

As Joint Venture  
(Corporate Seal)

Organized under the laws of the State of \_\_\_\_\_, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

\*\*\*\*\*

WHEN THE BIDDER IS A CORPORATION:

MBR Construction Inc  
(Correct Name of Corporation)

By: \_\_\_\_\_  
(SEAL)

President  
(Official Title)

**MBR CONSTRUCTION, INC.**  
**1020 NW 51ST STREET**  
**FORT LAUDERDALE, FL 33309**  
(Address **954-486-8404 • FAX: 954-486-9579**)

Organized under the laws of the State of Florida, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

CERTIFIED COPY OF RESOLUTION OF  
BOARD OF DIRECTORS

MBR Construction Inc  
(Name of Corporation)

RESOLVED that Michael Boss  
(Person Authorized to Sign)

President of MBR Construction, Inc  
(Title) (Name of Corporation)

be authorized to sign and submit the Bid or Proposal of this corporation for the following project:

**Fletcher Street Privacy Wall**  
**Project ID: IFB-132-24-WV**

The foregoing is a true and correct copy of the Resolution adopted by

MBR Construction at a meeting of its Board of  
(Name of Corporation)

Directors held on the 21 day of Nov, 2023

By: [Signature]

Title: President

(SEAL)

The above Resolution MUST BE COMPLETED if the Bidder is a Corporation.

- END OF SECTION -

# MBR Construction, Inc

11/21/2023

The attached references are from municipalities other than the City of Hollywood.

Please note that, within the City of Hollywood:

Recently completed:

Neighborhood Sound Wall – N 46<sup>th</sup> Ave

Completing:

Hollywood/SR7 Mobility Hub Improvements

Hollywood/SR7 Linear Park

Pre-construction:

Neighborhood Sound Wall – Hollywood Blvd

City of Hollywood Project Manager:

Rudy Damas

Office: 954-921-3977

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

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-132-24-WV - Fletcher Street Privacy Wall  
 Reference for: MBR Construction, Inc

Organization/Firm Name providing reference: City of Tamarac / Public Services Department

Organization/Firm Contact Alan Lam Title: Project Engineer / Project Manager

Name: Alan Lam Phone: 954-597-3707

Email: Alan.Lam@tamarac.org

Name of Referenced Project: Tamarac Citywide Buffer Walls Contract No: 22-10B / PO#260271

Date Services were provided: Phase VI Project Amount: \$ 1,499,493.46  
October 4th, 2023

Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/  
 Subconsultant

Would you use the Vendor again? ☒ Yes ☐ No. Please specify in additional comments

**Description of services provided by Vendor (provide additional sheet if necessary):**

The Scope of work: Site preparation, demolition, construction of 2,026 LF new Precast Concrete Buffer Wall system (both full concrete panels and wrought iron fence design) and associated work, grading, curbing, concrete wall, sidewalks construction, ADA curb ramps, tree removal/protection, utility relocations, coordination of private utilities relocations with Broward County, restoration, and sod installation.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

The contractor completed the project with good quality of work and very easy to communicate and deal with unforeseen situations and provide valuable experiences to handle the situation.

<b>****THIS SECTION FOR CITY USE ONLY****</b>					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:		Title:		
	Department:		Date:		

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-132-24-WV - Fletcher Street Privacy Wall  
Reference for: MBR Construction

Organization/Firm Name providing reference: City of Margate Community Redevelopment Agency (MCRA)  
Organization/Firm Contact **Title:** Project Manager  
Name: Cotter Christian  
Email: cchristian@margatefl.com **Phone:** 954-972-0828  
Name of Referenced Project: Serino Park **Contract No:** \_\_\_\_\_  
Date Services were provided: Completed 11/2023 **Project Amount:** \_\_\_\_\_  
Referenced Vendor's role in Project: ☒ **Prime Vendor** ☐ **Subcontractor/ Subconsultant**  
Would you use the Vendor again? ☒ **Yes** ☐ **No.** Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\*

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-132-24-WV - Fletcher Street Privacy Wall  
 Reference for: MBR Construction, Inc

Organization/Firm Name providing reference: City of Tamarac / Public Services Department

Organization/Firm Contact Name: Dibb Machuca Title: Acting Capital Projects Manager  
 Email: Dibb.Machuca@tamarac.org Phone: 954-597-3725  
 Name of Referenced Project: Caporella Park Enhancements Contract No: 20-15R / PO#50339  
 Date Services were provided: October 18, 2023 Project Amount: \$ 4,808,318.35

Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/  
 Subconsultant  
 Would you use the Vendor again? ☒ Yes ☐ No. Please specify in additional comments

**Description of services provided by Vendor (provide additional sheet if necessary):**  
The Scope of Work: Development of a 9.3 acre parcel of land (3.73. acres surface area & 5.57 lakes) to include Restroom & Concession Building Facility, Splash Pad, Amphitheater and Stage, Fitness Station, Playground, Picnic Shelter, Multi-Purpose Walking Trail and Boat Launch Dock.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**  
The contractor performed well in meeting project requirements to the City's satisfaction.

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date:




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2023

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>  Kim S. Nava Insurance Agency, Inc. 4720 N. Federal Hwy. Ft. Lauderdale, FL 33308	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): 954-776-5220 <b>FAX</b> (A/C, No): 954-776-4527 <b>E-MAIL</b> <b>ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>	
<b>INSURED</b> MBR Construction, Inc. 1020 NW 51st Street Ft. Lauderdale, FL 33309-3134	<b>NAIC #</b> 25178	

**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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1371923 0153151	09/04/2023 09/21/2023	03/04/2024 03/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (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

## CANCELLATION

Broward County 115 S. Andrews Avenue Ft. Lauderdale, FL 33301	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2023

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**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> Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		<b>CONTACT NAME:</b> Andy Noye <b>PHONE (A/C, No, Ext):</b> (954) 776-2222 <b>E-MAIL ADDRESS:</b> 053.certs@bbrown.com <b>FAX (A/C, No):</b> (954) 776-4446	
<b>INSURED</b> MBR Construction, Inc. 1020 NW 51 Street Fort Lauderdale FL 33309		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : General Security Indemnity Company of Arizona INSURER B : United Specialty Insurance Company INSURER C : Endurance American Specialty Insurance Company INSURER D : Bridgefield Casualty Insurance Company INSURER E : Markel American Insurance Company INSURER F : Houston Casualty Co	
		<b>NAIC #</b> 20559 12537 41718 10335 28932 42374	

**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	Y		GSA463914143301	02/22/2023	02/22/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						EBL	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
B/C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			BTN2329794/ELD30016329601	02/22/2023	02/22/2024	EACH OCCURRENCE	\$ 6,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 6,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		19646760	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E/F	IM-Leased/Rented Equipment Professional Liability			MKLM2IM0001506/HCC2368906	02/22/2023	02/22/2024	L/R Limit	500,000
	PL Per Claim Limit						1,000,000	
	PL Per Claim Aggregate						1,000,000	

**CERTIFICATE HOLDER****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 