



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2024

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).

PRODUCER Rovner Insurance Group 11098 Biscayne Boulevard Suite 100 Miami FL 33161	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 561-287-6279 E-MAIL: support@rovnerco.com FAX (A/C, No): 561-629-1335														
INSURED TAC Armatures & Pumps 800 NW 73 St Miami FL 33150	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Hamilto Select Insurance Inc</td><td></td></tr><tr><td>INSURER B: Oak River Insurance Company</td><td></td></tr><tr><td>INSURER C: Starstone Specialty Insurance Company</td><td></td></tr><tr><td>INSURER D: TRANSPORTATION INS CO</td><td>20494</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hamilto Select Insurance Inc		INSURER B: Oak River Insurance Company		INSURER C: Starstone Specialty Insurance Company		INSURER D: TRANSPORTATION INS CO	20494	INSURER E:		INSURER F:	
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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:	Y	Y	SBHS0003041	06/25/2024	06/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	04APM050949-01	09/04/2024	09/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y	Y	75357U230ALI	06/25/2024	06/25/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	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 <input checked="" type="checkbox"/> N	N / A	Y	7013541763	02/19/2024	02/19/2025 <input checked="" type="checkbox"/> PER STATUTE 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)

85000-S17 HOLLYWOOD EMERGENCY REPAIR. Certificate holder is additional insured with respects to the General Liability and Auto Liability .

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 1621 N 14TH AVE 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>Marc Rovner</i>
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From: [Certificate of Insurance](#)
To: [Daniela Behm](#); [Certificate of Insurance](#)
Cc: [Kellyv Angeles](#)
Subject: FW: TAC Armatures & Pumps COI
Date: Thursday, September 26, 2024 1:51:45 PM
Attachments: [City of Hollywood \(10\) \(2\).pdf](#)
[image001.png](#)

Approved

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Thursday, September 26, 2024 9:34 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kellyv Angeles <KANGELES@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

Good morning,

The attached was sent to COI email on 9/19 by Kellyv Angeles. He has been out of office on approved leave. Can you advise if the attached was approved since I was not in cc of the email he sent to COI?

Thank you,

Daniela "Dani" Behm
Administrative Assistant I
Public Utilities Administration
Phone: 954-967-4455 Ext: 5641



From: Kellyv Angeles <KANGELES@hollywoodfl.org>
Sent: Thursday, September 19, 2024 3:18 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

FYI...

From: Kellyv Angeles
Sent: Thursday, September 19, 2024 9:19 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: TAC Armatures & Pumps COI

Good morning,

Please review and advise.

Thanks,
Kelly Angeles
Public Utilities ICE Manager
City of Hollywood, Florida
Phone: 954-921-3288 Ext. 5558
kangeles@hollywoodfl.org

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Thursday, September 12, 2024 11:50 AM
To: Kelly Angeles <KANGELES@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

Not acceptable:

The auto is fixed, but they removed the City as Additional Insured for General liability. Probably an oversight since we were listed as such on the previous COI.

From: Kelly Angeles <KANGELES@hollywoodfl.org>
Sent: Wednesday, September 11, 2024 7:10 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Horace McLarty <hmclarty@HollywoodFL.org>
Subject: RE: TAC Armatures & Pumps COI

Hi Horace,

Please review and advise.

Thanks,

Kelly Angeles
Public Utilities ICE Manager
City of Hollywood, Florida
Phone: 954-921-3288 Ext. 5558
kangeles@hollywoodfl.org

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, September 9, 2024 2:17 PM
To: Kelly Angeles <KANGELES@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: TAC Armatures & Pumps COI

Not acceptable:

1. Auto Liability - the City requires a minimum of \$300,000 in coverage with the

City named as an additional insured. The vendor currently has \$100,000 in coverage.

From: Kelly Angeles <KANGELES@hollywoodfl.org>

Sent: Monday, September 9, 2024 2:12 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Horace McLarty <hmclarty@HollywoodFL.org>

Subject: TAC Armatures & Pumps COI

Hello,

Please review and advise the attached COI from TAC Armatures & Pumps, Electric motors and pumps repairs services.

Thanks and Regards,

Kelly Angeles

Public Utilities ICE Manager

City of Hollywood, Florida

Phone: 954-921-3288 Ext. 5558

kangeles@hollywoodfl.org