



**Inez Murphy**  
Administrative Assistant II  
Public Works

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**Email:** [IMURPHY@hollywoodfl.org](mailto:IMURPHY@hollywoodfl.org)  
**Telephone:** 754-329-0501

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**From:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Sent:** Tuesday, November 25, 2025 3:53 PM  
**To:** Inez Murphy <[IMURPHY@hollywoodfl.org](mailto:IMURPHY@hollywoodfl.org)>; Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Subject:** FW: COI for Waste Pro

Hello,

Please submit with the contract/agreement so I can cross reference the insurance requirements with the COI.

**Betzaida Cambero**  
Risk Management Analyst  
Office of Human Resources | HR Risk Management

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

**Certificate of Insurance**

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**From:** Inez Murphy <[IMURPHY@hollywoodfl.org](mailto:IMURPHY@hollywoodfl.org)>  
**Sent:** Monday, December 1, 2025 7:55 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Subject:** FW: COI for Waste Pro

Notice. This is a public records request. All correspondence sent to the City of Hollywood via email may be subject to disclosure under the City's public records law.

**From:** Inez Murphy <[IMURPHY@hollywoodfl.org](mailto:IMURPHY@hollywoodfl.org)>

**Sent:** Monday, November 24, 2025 3:40 PM

**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Subject:** COI for Waste Pro

Hello-

Please find attached copy of updated COI – collecting of garbage, commingle, and bulk. See attached agreement.

Best Regards,

**Inez Murphy**

Administrative Assistant II

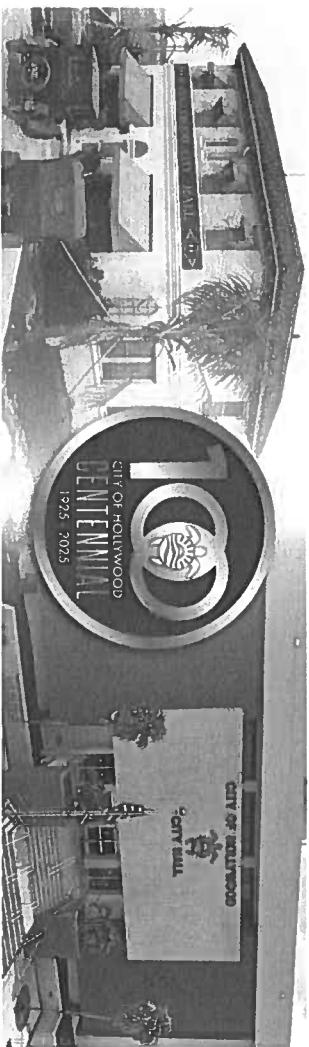
Public Works

**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [IMURPHY@hollywoodfl.org](mailto:IMURPHY@hollywoodfl.org)  
**Telephone:** 754-329-0501

[www.HollywoodFL.org](http://www.HollywoodFL.org)







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2025

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. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323		CONTACT NAME: Lidia Manzur PHONE (A/C, No. Ext): 954-838-3422 E-MAIL ADDRESS: lidia.manzur@marsh.com	FAX (A/C, No):
CN105058554-GAWUP-25-26		INSURER(S) AFFORDING COVERAGE	
INSURED Waste Pro of Florida, Inc. 17302 Pines Blvd. Pembroke Pines, FL 33029		INSURER A: Greenwich Insurance Company INSURER B: XL Insurance America, Inc. INSURER C: ACE Property & Casualty Insurance Company INSURER D: XL Specialty Insurance Company INSURER E: Lloyd's Of London INSURER F:	NAIC # 22322 24554 20699 37885 EC145

COVERAGES		CERTIFICATE NUMBER: ATL-004924383-37		REVISION NUMBER: 13				
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	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		RGE300257701	11/22/2025	11/22/2026	EACH OCCURRENCE	\$ 2,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 4,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
						SIR	\$ 500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
	OTHER:					BODILY INJURY (Per person)	\$	
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		RAE943788408  SIR: \$1,000,000	11/22/2025	11/22/2026	BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
						\$	\$	
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		XEUG71761885007	11/22/2025	11/22/2026	EACH OCCURRENCE	\$ 1,000,000	
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE	\$ 1,000,000	
						\$	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		RWD300138008 (AOS)	11/22/2025	11/22/2026	X PER STATUTE	OTHE-	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	RWE943549708 (FL, GA) (SIR: \$600,000 FL) (\$750,000 GA)	11/22/2025	11/22/2026	E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
E	Umbrella Liability (over Auto)		BOWCN2552672	11/22/2025	11/22/2026	Limit	\$ 5,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Hollywood, Florida is/are included as additional insured where required by written contract with respect to general liability and auto liability. Umbrella is follow form of primary subject to policy terms, conditions and exclusions. General Liability is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. Contractual Liability applies to General Liability.								

CERTIFICATE HOLDER		CANCELLATION	
City of Hollywood 1600 S. Park Road Hollywood, FL 33021		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>Marsh USA LLC</i>	

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## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED Waste Pro of Florida, Inc. 17302 Pines Blvd. Pembroke Pines, FL 33029
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Contractors Pollution Legal Liability

Pollution Condition resulting from Contracting Services defined as:

Trash compactor installation and maintenance

Carrier:

Indian Harbor Insurance Company

Policy Number: PEC004900308

Dates: 02/28/2025 - 01/01/2026

Limit:

\$2,000,000 each Pollution Condition;

\$2,000,000 Annual Aggregate

Self-Insured Retention: \$250,000

Storage Tank Liability: \$1,000,000 Limit

**ENDORSEMENT #**

This endorsement, effective 12:01 a.m., 11/22/2025 forms a part of  
Policy No. RGE3002577-01 issued to Waste Pro USA, Inc.  
by Greenwich Insurance Company.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA LLC and furnished to AXA XL no less than 45 days prior to the effective date of cancellation		30

All other terms and conditions of the Policy remain unchanged.

**ENDORSEMENT #**

This endorsement, effective 12:01 a.m., November 22, 2018 forms a part of  
Policy No.RAE943788401 issued to WASTE PRO USA, INC.  
by Greenwich Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA, Inc. and furnished to AXA XL Insurance no less than 45 days prior to the effective date of cancellation.		30 Days

All other terms and conditions of the Policy remain unchanged.

## ENDORSEMENT #

This endorsement, effective 12:01 a.m., 11/22/2018 forms a part of  
Policy No. RWD300138001 issued to Waste Pro USA, Inc.  
by XL Insurance America, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT

This endorsement modifies insurance provided under the following:

## WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA Inc. and furnished to AXA XL Insurance no less than 45 days prior to effective date of cancellation		30

All other terms and conditions of the Policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 11/22/2018  
Insured  
Waste Pro USA, Inc.

Policy No.  
RWD300138001

Endorsement No.  
Premium Included

Insurance Company  
XL Insurance America, Inc.

Countersigned by \_\_\_\_\_



**ENDORSEMENT #012**

This endorsement, effective 12:01 a.m., 11/22/2018 forms a part of  
Policy No. RWE943549701 issued to Waste Pro USA, Inc.  
by XL Specialty Insurance Company.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA Inc. and furnished to AXA XL Insurance no less than 45 days prior to the effective date of cancellation.		30 Days

All other terms and conditions of the Policy remain unchanged.

IXI 405 0910

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