

Inez Murphy

From: Betzaida Cambero
Sent: Wednesday, December 10, 2025 1:12 PM
To: Inez Murphy
Cc: Certificate of Insurance
Subject: Fw: Revised: COI for Waste Pro Agreement for Collection-R-2019-240.pdf; cert_ATL_City of Hollywood_4924383_37.pdf
Attachments:

Acceptable.

Betzaida Cambero

Risk Management Analyst
Office of Human Resources | HR Risk Management

Email: bcambero@hollywoodfl.org
Telephone: [954-921-3639](tel:954-921-3639)

From: Inez Murphy <IMURPHY@hollywoodfl.org>
Sent: Thursday, December 4, 2025 2:51 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: Revised: COI for Waste Pro

Hi Betzaida,

Please see updated copy.

Best Regards,

Inez Murphy
Administrative Assistant II
Public Works

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

From: Betzaida Cambero <bcambero@hollywoodfl.org>
Sent: Tuesday, December 2, 2025 12:21 PM
To: Inez Murphy <IMURPHY@hollywoodfl.org>
Cc: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Revised: COI for Waste Pro

Hi Inez, we need the department information listed on the certificate holders' box as shown below once vendor corrects resend for review and approval,

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

*Please only reply to COI@hollywoodfl.org

Inez Murphy
Administrative Assistant II
Public Works

Email: IMURPHY@hollywoodfl.org
Telephone: 754-329-0501

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Tuesday, November 25, 2025 3:53 PM
To: Inez Murphy <IMURPHY@hollywoodfl.org>; Certificate of Insurance <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.

Thanks,

Certificate of Insurance



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

Email: bcambero@HollywoodFL.org
Telephone: 954-921-3639

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

Notice: This is a brief public records law. All correspondence sent to the City of Hollywood is subject to the subject's privacy as a matter of public record.

From: Inez Murphy <IMURPHY@hollywoodfl.org>
Sent: Monday, November 24, 2025 3:40 PM
To: Certificate of Insurance <COL@hollywoodfl.org>
Subject: COL for Waste Pro

Hello-

Please find attached copy of updated COL – 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

Email: IMURPHY@hollywoodfl.org
Telephone: 754-329-0501

www.HollywoodFL.org



Notice: This is a brief public records law. All correspondence sent to the City of Hollywood is subject to the subject's privacy as a matter of public record.



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

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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			RAE943788408 SIR: \$1,000,000	11/22/2025	11/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XEUG71761885007	11/22/2025	11/22/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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/A	RWD300138008 (AOS) RWE943549708 (FL, GA) (SIR: \$600,000 FL) (\$750,000 GA)	11/22/2025 11/22/2025	11/22/2026 11/22/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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>
---	---



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  _____

WC 99 06 57
Ed. 12/10

© 2010 X.L. America, Inc. All Rights Reserved.
May not be copied without permission.

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.