



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2021

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> Brown & Brown of FL, Inc. - Fort Myers 6611 Orion Drive #201 Fort Myers FL 33912		<b>CONTACT</b> NAME: Lorie Frost PHONE (A/C, No, Ext): 239-278-0278 E-MAIL ADDRESS: lfrost@bbswfla.com		<b>FAX</b> (A/C, No): 239-278-5306	
<b>INSURED</b> Juniper Landscaping of Florida, LLC 5880 Staley Rd Fort Myers FL 33905		JUNIP-1		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
				INSURER A : Great American Insurance Company	16691
				INSURER B : Pennsylvania Manufacturers' Association Insurance	12262
				INSURER C : The Ohio Casualty Insurance Company	24074
				INSURER D : United Specialty Insurance Company	
				INSURER E : Capitol Specialty Insurance Corp	
		INSURER F : Gemini Insurance Company			

**COVERAGES****CERTIFICATE NUMBER:** 1268594467**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
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			LIG0058801	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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 <input checked="" type="checkbox"/> Personal Inj			1520751093921	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Prot \$ 10,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			TUE316176401	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	2020751093921	7/1/2020	7/1/2021	<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
C E F	Leased & Rented Equipment Professional Liability Pollution Liab.			57434622BMO EV2018460702 VPPL013521	7/1/2020 1/1/2021 1/1/2021	7/1/2021 1/1/2022 1/1/2022	Leased/Rented Eqpm \$200,000 Pollution 1,000,000/3,000,000 Professional 1,000,000

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

Covered Insured locations: 212 Price Street, Naples, FL, 34113, 7000 S. Tamiami Trail, Venice, FL, 34293, 2504 64th St. Ct. E., Bradenton, FL, 34208, 12450 Tower Road, Bonita Springs, FL, 34135, 3300 Burris Road, Davie, FL, 33314, 795 12th Ave. SW, Vero Beach, FL, 32962, 6900 Tavistock Lakes Blvd. Suite 409, Orlando, FL, 32727, 3240 Burris Rd., Davie, FL, 33314, 4000 Avalon Road Winter Garden, FL 34787  
Certificate holder is additional insured in regards to the general liability.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood  
2600 Hollywood Blvd.  
Hollywood FL 33022

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:** [Horace McLarty](#)  
**To:** [Robert Lowery](#)  
**Cc:** [Daniel Mainero](#); [Malie Raghunath](#)  
**Subject:** FW: Insurance Requirements - Athletic Field Maintenance  
**Date:** Tuesday, April 20, 2021 1:57:16 PM  
**Attachments:** [City-of-Hollywood Juniper-Landsca 20-21-GL.-Auto. 4-8-2021 1268594467.pdf](#)  
[Packet for Bid F-4664-21-RL.PDF](#)

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The provided insurance is acceptable.

**“The addresses are the locations of all of our branches where are employees are housed out of and equipment/vehicles that are covered. I can see if I can take out if needed.”**

*Horace McLarty*

Accountant, Human Resources/Risk Management



Office: (954) 921-3292

Fax: (954) 921-3678

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**From:** Robert Lowery  
**Sent:** Monday, April 19, 2021 3:19 PM  
**To:** Horace McLarty <HMCLARTY@hollywoodfl.org>  
**Cc:** Daniel Mainero <DMAINERO@hollywoodfl.org>; Malie Raghunath <MRAGHUNATH@hollywoodfl.org>  
**Subject:** RE: Insurance Requirements - Athletic Field Maintenance

Hi Horace,

Please review the provided insurance and if advise if acceptable (insurance requirements can be found on page 58 of attachment 2).

Thanks,

Rob

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**From:** Horace McLarty  
**Sent:** Tuesday, January 26, 2021 11:35 AM  
**To:** Robert Lowery <[RLOWERY@hollywoodfl.org](mailto:RLOWERY@hollywoodfl.org)>  
**Cc:** Daniel Mainero <[DMAINERO@hollywoodfl.org](mailto:DMAINERO@hollywoodfl.org)>; Malie Raghunath <[MRAGHUNATH@hollywoodfl.org](mailto:MRAGHUNATH@hollywoodfl.org)>

**Subject:** FW: Insurance Requirements - Athletic Field Maintenance

I would add Pollution liability as a requirement since scope of services includes pesticides, disease and pest control, herbicides, etc.

\$500,000 each claim / \$1,000,000 aggregate. City additional insured.

*Horace McLarty*

Accountant, Human Resources/Risk Management



Office: (954) 921-3292

Fax: (954) 921-3678

Email: [hmclarty@hollywoodfl.org](mailto:hmclarty@hollywoodfl.org)

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**From:** Robert Lowery

**Sent:** Tuesday, January 26, 2021 11:17 AM

**To:** Horace McLarty <[HMCLARTY@hollywoodfl.org](mailto:HMCLARTY@hollywoodfl.org)>

**Cc:** Malie Raghunath <[MRAGHUNATH@hollywoodfl.org](mailto:MRAGHUNATH@hollywoodfl.org)>; Daniel Mainero <[DMAINERO@hollywoodfl.org](mailto:DMAINERO@hollywoodfl.org)>

**Subject:** Insurance Requirements - Athletic Field Maintenance

Good Morning,

Can you provide the insurance requirements for the above mentioned solicitation (if any)? The estimated annual amount is \$400,000.00.

**The CITY of Hollywood is seeking proposals from qualified Contractor's to establish a contract to provide athletic field maintenance services at designated parks with the CITY limits in conformity with the requirements as specified herein.**

Additional information can be found on the attachment(s).

Thanks,

**Rob Lowery, MPA, CPPB**

City of Hollywood

Purchasing Agent

Financial Services Department

2600 Hollywood Blvd, Suite 303

P.O. Box 229045  
Hollywood, FL 33022-9045  
Office: 954-921-3552  
E-mail: [rlowery@hollywoodfl.org](mailto:rlowery@hollywoodfl.org)



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.