



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2022

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061 | | CONTACT NAME: Regina Bunker PHONE (A/C, No, Ext): (954) 943-5050 E-MAIL ADDRESS: regina@furmaninsurance.com | FAX (A/C, No): (954) 942-6310 | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|-------------------------------|--|--------|---|--|-------|---|--|--------|--|--|-------|---|--|-------|-------------------|--|--|-------------------|--|--|
| INSURED Horsepower Electric Inc 8105 W 20th Ave Hialeah FL 33014 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Admiral Insurance Co (rl)</td> <td></td> <td>24856</td> </tr> <tr> <td>INSURER B: Zurich American Insurance Company</td> <td></td> <td>16535z</td> </tr> <tr> <td>INSURER C: Landmark American Insurance Co</td> <td></td> <td>33138</td> </tr> <tr> <td>INSURER D: Indian Harbor Insurance Company</td> <td></td> <td>36940</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Admiral Insurance Co (rl) | | 24856 | INSURER B: Zurich American Insurance Company | | 16535z | INSURER C: Landmark American Insurance Co | | 33138 | INSURER D: Indian Harbor Insurance Company | | 36940 | INSURER E: | | | INSURER F: | | |
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| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 23 GL/AU/UM/WC/PL

REVISION NUMBER:

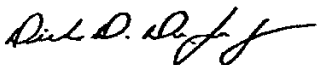
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> XCU Broad Form PD <input checked="" type="checkbox"/> Contractual Liability applies GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | CA00003519804 | 07/16/2022 | 07/16/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | BAP011393607 | 03/31/2022 | 03/31/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP - Basic \$ 10,000 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | LHA098752 | 07/16/2022 | 07/16/2023 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| 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 | WC011393508 | 03/31/2022 | 03/31/2023 | E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Professional Liability & Contractors Pollution Liability | | | PEC005358203 | 02/04/2022 | 02/04/2023 | Each Claim \$2,000,000 Aggregate \$2,000,000 |

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

City of Hollywood is included as additional insured regarding General Liability & Auto on a Primary & Non Contributory basis as per form on policy.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| City of Hollywood 2600 Hollywood Blvd Hollywood FL 33020-4807 | 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: [Certificate of Insurance](#)
To: [Daniela Baquero-Meza](#); [Certificate of Insurance](#)
Subject: RE: COI Review Request - Horsepower
Date: Monday, October 24, 2022 11:11:41 AM
Attachments: [image001.png](#)

The COI is acceptable

From: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>
Sent: Monday, October 24, 2022 10:11 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: COI Review Request - Horsepower

My apologies. Please see attached.

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, October 24, 2022 9:50 AM
To: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: COI Review Request - Horsepower

The COI was not attached to the email

From: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>
Sent: Monday, October 24, 2022 9:00 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: COI Review Request - Horsepower

Good morning,

Please let us know if the revised COI is now acceptable.

Regards,

Solange Baquero-Meza
Administrative Specialist
Development Services | Engineering Division
2600 Hollywood Blvd.
Hollywood, FL 33022-9045
Office: 954-921-3900 Ext. 6641



From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Thursday, October 13, 2022 4:42 PM
To: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Cc: Jose Garcia <JGARCIA@hollywoodfl.org>
Subject: RE: COI Review Request - Horsepower

The Vendor did not follow the instructions. Since the written contract is vague the yellow high lightened line below must be removed.

Cc: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>

Subject: RE: COI Review Request - Horsepower

Section 10 page 193 is very vague, but the City of Hollywood must be added as additionally insured for general and auto liability. In the Description of Operations box on the COI form the vendor needs to have written: "The city of Hollywood is additional insured for general and auto liability".

From: Tanya Bouloy <TBouloy@hollywoodfl.org>

Sent: Thursday, October 13, 2022 10:11 AM

To: Jose Garcia <JGARCIA@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Cc: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>

Subject: FW: COI Review Request - Horsepower

Stacy,

I believe you reviewed Horsepower. I'm forwarding additional docs for your review.

Thanks,
Tanya

From: Jose Garcia <JGARCIA@hollywoodfl.org>

Sent: Thursday, October 13, 2022 10:07 AM

To: Tanya Bouloy <TBouloy@hollywoodfl.org>

Cc: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>

Subject: FW: COI Review Request - Horsepower

Tania:

I did find a reference to the insurance requirements in section 10 page 193 of the contract document.

In case the attached COI does not meet the minimum requirements, Please send me the minimum requirements the COI must comply with in this case so I can share that info with the contractor and have an updated COI

Thanks

Jose D. Garcia, P.E.

Sr. Project Manager

Development Services | Engineering

2600 Hollywood Blvd.

Hollywood, FL 33022-9045

Office: 954-921-3900 Ext. 6637



From: Certificate of Insurance

Sent: Wednesday, October 12, 2022 1:48 PM

To: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Cc: Jose Garcia <JGARCIA@hollywoodfl.org>

Subject: RE: COI Review Request - Horsepower

I was not able to find the specific insurance requirements in the agreement. COI is it currently does not meet the minimum requirements

From: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>

Sent: Wednesday, October 12, 2022 12:59 PM

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

Cc: Jose Garcia <JGARCIA@hollywoodfl.org>

Subject: COI Review Request - Horsepower

Good afternoon,

Please see the attached COI and advise if it meets the requirements.

Regards,

Solange Baquero-Meza

Administrative Specialist

Development Services | Engineering Division

2600 Hollywood Blvd.

Hollywood, FL 33022-9045

Office: 954-921-3900 Ext. 6641

