

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2025

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).

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PRODUCER		CONTACT Patricia Oliver	
Brown & Brown Insurance Services, In	С.	PHONE (A/C, No, Ext): (727) 461-6044 FAX (A/C, No): (727) 442	2-7695
140 Fountain Parkway N		E-MAIL ADDRESS: Patricia.Oliver@bbrown.com	
Suite 600		INSURER(S) AFFORDING COVERAGE	NAIC #
St. Petersburg	FL 33716	INSURER A: Admiral Insurance Company	24856
INSURED		INSURER B: Auto-Owners Insurance Company	18988
Conveyor Consulting a	nd Rubber Corporation	INSURER C: AIG Specialty Insurance Company	26883
11719 Uradco Place		INSURER D: American Interstate Insurance Company of Texas	12228
		INSURER E: The Insurance Company of the State of Pennsylvania	19429
San Antonio	FL 33576	INSURER F:	
COVERACES	CERTIFICATE NUMBER: 2025-2	2026 DEVISION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 2025-2026 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)	LIMIT	s
А	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	<sub>\$</sub> 1,000
				CA000034068-07	04/25/2025	04/25/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO	Y		5058348201	04/25/2025	04/25/2026	BODILY INJURY (Per person)	\$
В	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<b>⋈</b> 19							\$
	UMBRELLA LIAB X OCCUR			BE 031374031	04/25/2025	04/25/2026	EACH OCCURRENCE	\$ 5,000,000
С	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED RETENTION \$ 0							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		AVI	AVWCFL 3205542025	04/25/2025	04/25/2026	PER OTH- STATUTE ER	
D AI	ANY PROPRIETOR/PARTNER/EYECLITIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Foreign Liability						General Aggregate	2,000,000
	1 orongin Liability			WS11016505	04/25/2025	04/25/2026	Each Occurence	1,000,000
							Personal Adv & Injury	1,000,000

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

Certificate holder is additional insured with respect to General Liability and Auto Liability where required by written contract.

CERTIFICATE HOLDER		CANCELLATION
City of Hollywood Public Utilities		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	FL 33020	AUTHORIZED REPRESENTATIVE
1621 N 14th Ave		
Hollywood F		4-13

From: Betzaida Cambero
To: Homero Rodriguez

Cc: Daniela Behm; Ameer Khan; Sarah Scovill; Certificate of Insurance

Subject: Fw: CONVEYOR CONSULTING AND RUBBER CORPORATION COI

**Date:** Wednesday, August 13, 2025 12:40:44 PM

Attachments: City of Hollywood, Public Utilities, Hollywood, FL, 33020.pdf

#### Acceptable.

#### **Betzaida Cambero**

Risk Management Analyst
Office of Human Resources | HR Risk Management

Email: <u>bcambero@HollywoodFL.org</u>

**Telephone:** 954-921-3639

**From:** Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>

Sent: Wednesday, August 13, 2025 12:11 PM

To: Betzaida Cambero <br/> <br/>bcambero@HollywoodFL.org>

**Cc:** Daniela Behm <DBEHM@hollywoodfl.org>; Ameer Khan <AKHAN@hollywoodfl.org>; Sarah

Scovill <SScovill@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

**Subject:** RE: CONVEYOR CONSULTING AND RUBBER CORPORATION COI

Good afternoon Betzaida,

Please find attached corrected COI.

Thank you,

#### **Homero Rodriguez**

Wastewater Plant Superintendent Public Utilities

Email: <u>HRODRIGUEZ@hollywoodfl.org</u>

**Telephone:** 954-921-3288

**From:** Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>

Sent: Wednesday, August 13, 2025 8:54 AM

**To:** Betzaida Cambero <br/>
<br/>
bcambero@HollywoodFL.org>

Cc: Daniela Behm < DBEHM@hollywoodfl.org>; Ameer Khan < AKHAN@hollywoodfl.org>; Sarah

Scovill <SScovill@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Subject: RE: CONVEYOR CONSULTING AND RUBBER CORPORATION COI

Received, will do.

# Homero Rodriguez Wastewater Plant Superintendent Public Utilities **Email:** HRODRIGUEZ@hollywoodfl.org 954-921-3288 **Telephone: From:** Betzaida Cambero < bcambero@HollywoodFL.org> Sent: Wednesday, August 13, 2025 8:42 AM **To:** Homero Rodriguez < HRODRIGUEZ@hollywoodfl.org> **Cc:** Daniela Behm < <u>DBEHM@hollywoodfl.org</u>>; Ameer Khan < <u>AKHAN@hollywoodfl.org</u>>; Sarah Scovill <SScovill@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org> Subject: Fw: CONVEYOR CONSULTING AND RUBBER CORPORATION COI 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 Department Address** Betzaida Cambero Risk Management Analyst Office of Human Resources | HR Risk Management P.O. Box 229045 Hollywood, FL 33022 **Email:** bcambero@HollywoodFL.org Telephone: 954-921-3639 www.HollywoodFL.org Banner

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.

**From:** Homero Rodriguez < <u>HRODRIGUEZ@hollywoodfl.org</u>>

**Sent:** Monday, August 11, 2025 2:31 PM

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

**Cc:** Daniela Behm < <u>DBEHM@hollywoodfl.org</u>>; Ameer Khan < <u>AKHAN@hollywoodfl.org</u>>; Sarah

Scovill < SScovill@hollywoodfl.org>

Subject: CONVEYOR CONSULTING AND RUBBER CORPORATION COI

Good afternoon Team,

Please find attached COI from CONVEYOR CONSULTING AND RUBBER CORPORATION for your revision and approval.

Thank you,

### Homero Rodriguez

Wastewater Plant Superintendent Public Utilities

Email: <u>HRODRIGUEZ@hollywoodfl.org</u>

**Telephone:** <u>954-921-3288</u>