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).

PRODUCER
Brown & Brown Insurance Services, Inc.
140 Fountain Parkway N
Suite 600
St. Petersburg FL 33716

CONTACT NAME: Patricia Oliver
PHONE (A/C, No, Ext): (727) 461-6044 **FAX (A/C, No):** (727) 442-7695
E-MAIL ADDRESS: Patricia.Oliver@bbrown.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Admiral Insurance Company	24856
INSURER B :	Auto-Owners Insurance Company	18988
INSURER C :	AIG Specialty Insurance Company	26883
INSURER D :	American Interstate Insurance Company of Texas	12228
INSURER E :	The Insurance Company of the State of Pennsylvania	19429
INSURER F :		

INSURED
Conveyor Consulting and Rubber Corporation
11719 Uradco Place
San Antonio FL 33576

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)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y		CA000034068-07	04/25/2025	04/25/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] 19	Y		5058348201	04/25/2025	04/25/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
C	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			BE 031374031	04/25/2025	04/25/2026	EACH OCCURRENCE AGGREGATE [ ]	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		AVWCFL 3205542025	04/25/2025	04/25/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
E	Foreign Liability			WS11016505	04/25/2025	04/25/2026	General Aggregate Each Occurence Personal Adv & Injury	2,000,000 1,000,000 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
City of Hollywood
Public Utilities
1621 N 14th Ave
Hollywood FL 33020

CANCELLATION
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

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

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Acceptable.

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

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

From: Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>
Sent: Wednesday, August 13, 2025 12:11 PM
To: Betzaida Cambero <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: HRODRIGUEZ@hollywoodfl.org
Telephone: 954-921-3288

From: Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>
Sent: Wednesday, August 13, 2025 8:54 AM
To: Betzaida Cambero <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
Telephone: 954-921-3288

From: Betzaida Cambero <bcambero@HollywoodFL.org>
Sent: Wednesday, August 13, 2025 8:42 AM
To: Homero Rodriguez <HRODRIGUEZ@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: 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

From: Homero Rodriguez <HRODRIGUEZ@hollywoodfl.org>
Sent: Monday, August 11, 2025 2:31 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Daniela Behm <DBEHM@hollywoodfl.org>; Ameer Khan <AKHAN@hollywoodfl.org>; 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: HRODRIGUEZ@hollywoodfl.org
Telephone: 954-921-3288