

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/22/2025

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.

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Hunter Insurance Services, Inc 8277 La Mesa Blwd  CA 91942  MISURER 1.  BRURED  Greenfields Outdoor Fitness Inc. 2817 W. Woodland Dr  Anaheim  CA 92801  Anaheim  CA 92801  MISURER 2.  BRURER 3.  BRURER 9.  BRU	PROI	DUCE	ER STATES				CONTACT Krista Zayac					
RESTRICT MASS CA 91942  INSURERS : MISSINERS AFFORMS COVERAGE   MACE    MISSINERS STATES   MISSINERS AFFORMS COVERAGE    MISSINE	Hur	nter	Insurance Services, Inc				PHONE 610 207 4290 FAX					
La Mesa  CA 91942  NBURER 2:  NBURER 2:  NBURER 3:  NBURER 6:  NBURER 1:  NBURER 1:  NBURER 1:  NBURER 1:  NBURER 2:  NBURER 3:  NBURER 5:  NBURER 3:  NBU	8277 La Mesa Blvd						E-MAIL Visiata Chuntaranlina aam					
MISURED C.  Greenflields Outdoor Fitness Inc. 2617 W. Woodland Dr.  Anathelim  CA 92801  MISURER 1:  MISURER 2:  MISURER 5:  MISURER 6:  MISURER 6:  MISURER 6:  MISURER 7:  MISURER 8:  MISURER 9:  M							ADDRE	<u> </u>				NAIC #
Greenfields Outdoor Fitness Inc. 2617 W. Woodland Dr  Anaheim  CA 92801  MISURER C: NINSURER C: NINSUR C: NINSUR C	La	Mes	a			CA 91942	INSURE		OKEK(S) AFFOR	DING COVERAGE		NAIC#
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TYPE OF INSURANCE   INSURANC	IN CE E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY	QUIF PERT POLI	REMENTAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO V	WHICH THIS
CCAMMS-MADE CCCUR  CCLAIMS-MADE CCCUR  CCMCINICIS SINCE LIMIT S  CCCUR  CCCCUR  CCCUR  CCCUR			TYPE OF INSURANCE			POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
CENTIFICATE HOLDER   CAMS-MADE   OCCUR   MPEDER   CAMS   MEDER   May neepenan   S			COMMERCIAL GENERAL LIABILITY								\$	
PERSONAL & ADV INJURY   S			CLAIMS-MADE OCCUR								\$	
GENT AGGREGATE LIMIT APPLIES PER: POLICY   GET   LOC   DTHER										MED EXP (Any one person)	\$	
PRODUCTS - COMPION AGG S OTHER AUTOMOBILE LUBBUTY ANY AUTO ANY AUTO AUTOS ONLY AUTOS ONL										PERSONAL & ADV INJURY	\$	
AUTOMORILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  AUT		GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
AUTOMOBILE LIABILITY  ANY AUTO  ANY AUTO  OWNED AUTOS ONLY AUTOS O			POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
ANY AUTO OWNED AUTOS ONLY AUTOS O			OTHER:								\$	
CUMBRELLALIAB OCCUR HIRED AUTOS ONLY SETEMITION \$    UMBRELLALIAB OCCUR   EXCESS LIAB OCLAIMS-MADE		AUT	TOMOBILE LIABILITY								\$	
AUTOS ONLY SECRETARIA CLAIMS-MADE BEXCESS LIAB OCCUR EXCESS LIAB OCCURSON SECRETARIA CLAIMS-MADE BEXCESS LIAB OCCURSON SECRETARIA SE			ANY AUTO							BODILY INJURY (Per person)	\$	
HRED AUTOS ONLY AUTOS										BODILY INJURY (Per accident)	\$	
UMBRELLALIAB   OCCUR   S			HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE    DED			ACTOS GIVET								\$	
DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIET ORIPARTHERIZES CUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.  City of Hollywood Department of Parks, Recreation & Cultural Arts 1405 South 28 Avenue  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE			UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIET TOR/PARTNER/REXECUTIVE OFFICE/REMBRIER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  HPL250163  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.  CERTIFICATE HOLDER  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  ANYPROPRIETOR STATUTE   OTH- STATUTE   OTH- STATUTE   OTH- STATUTE   OTH- STATUTE   OTH- STATUTE   CH- STATUTE   OTH- STATUTE   CH- STATUTE   OTH- STATUTE   CH- STATUTE			EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
ANYPROPRIETOPPARTNER/EXECUTIVE	DED RETENTION \$										\$	
ANYPROPRIETOPPARTNER/EXECUTIVE										PER OTH- STATUTE ER		
Mandatory in NH)   E.L. DISEASE - EA EMPLOYEE   \$   EL. DISEASE - EA EMPLOYEE   \$   EL. DISEASE - EA EMPLOYEE   \$   EL. DISEASE - POLICY LIMIT   \$   Each Claim   \$ 2,000,000   Aggregate   \$ 2,000,000   \$ 2,000,		ANY	PROPRIETOR/PARTNER/EXECUTIVE TITE	NI / A							\$	
EL. DISEASE - POLICY LIMIT \$  Errors and Omissions HPL250163 05/23/2025 05/23/2026 Each Claim Aggregate \$2,000,000 \$2,000				N/A						E.L. DISEASE - EA EMPLOYEE	\$	
Errors and Omissions  HPL250163  05/23/2025  05/23/2026  Each Claim Aggregate \$ 2,000,000 \$ 2,000,000  Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.  CERTIFICATE HOLDER  City of Hollywood Department of Parks, Recreation & Cultural Arts 1405 South 28 Avenue  APPL250163  D5/23/2025  D5/23/2026  Each Claim \$ 2,000,000 \$ 2,000,000  S 2,000,000		If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Errors and Omissions HPL250163 05/23/2025 05/23/2026 Aggregate \$2,000,000  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.  CERTIFICATE HOLDER  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										Each Claim	\$ 2.	000.000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.  CERTIFICATE HOLDER  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	Е	Er	rors and Omissions			HPL250163		05/23/2025	05/23/2026			•
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CERTIFICATE HOLDER  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  AUTHORIZED REPRESENTATIVE	DESC	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Department of Parks, Recreation & Cultural Arts 1405 South 28 Avenue	Cer	rtifica	ate Holder is named Additional Insu	red, p	er the	e attached endorsement. (	Coverag	je is primary a	and non-contr	ibutory. Waiver of Subroga	ation ar	oplies.
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Department of Parks, Recreation & Cultural Arts 1405 South 28 Avenue												
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City of Hollywood  Department of Parks, Recreation & Cultural Arts  1405 South 28 Avenue  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE	CERTIFICATE HOLDER CANCELLATION											
1405 South 28 Avenue	City of Hollywood					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
			•	auOII	a cui	iuiai Alio	AUTHORIZED REPRESENTATIVE					
						El 33030	701 111					



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this certificate does not comer rights to the cert	tins certificate does not come rights to the certificate holder in ned of such endorsement(s).						
PRODUCER		CONTACT Krista Zayac					
Hunter Insurance Services, Inc		PHONE A/C, No, Ext): 619-387-4380 FAX (A/C, No):					
8277 La Mesa Blvd		E-MAIL ADDRESS: krista@hunteronline.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
La Mesa	CA 91942	INSURER A: Gemini Insurance Company	10833				
INSURED		INSURER B: AmGuard Insurance Company	42390				
Greenfields Outdoor Fitness Inc.		INSURER C: Insurance Company of the West - ICW Group	27847				
2617 W. Woodland Dr		INSURER D: Century Surety Company	36951				
		INSURER E:					
Anaheim	CA 92801	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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	SR ADDLISUBR POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
A							MED EXP (Any one person)	\$ 5,000
		Υ	Υ	VCGP034025	5/23/2025	5/23/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
В	OWNED SCHEDULED AUTOS	Υ		GRAU613624	5/22/2025	5/22/2026	BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
A	X EXCESS LIAB CLAIMS-MADE			VCFX004185	5/23/2025	5/23/2026	AGGREGATE	\$ 2,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE TIME	N/A Y		WSD507787201	5/23/2025	5/23/2026	E.L. EACH ACCIDENT	\$ 1,000,000
~	(Mandatory in NH)	N/A	'	VVGB307707201	3/23/2023	3/23/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Commercial Branerty						BPP - Loc 1 & 2	\$ 1,200,000
D	Commercial Property			CCP1323181	05/23/2025	05/23/2026	BPP - Loc 3	\$ 600,000
							Contractor's EQ	\$ 129,000

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

Certificate Holder is named Additional Insured, per the attached endorsement. Coverage is primary and non-contributory. Waiver of Subrogation applies.

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood  Department of Parks, Recreation & Cultural Arts	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1405 South 28 Avenue	AUTHORIZED REPRESENTATIVE
Hollywood FL 330:	

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		BROGATION IS WAIVED, subject ertificate does not confer rights				-		-	require an endorsement	. A sta	atement on
PROI	DUCE	ER .				CONTACT Krista Zayac					
Hur	nter	Insurance Services, Inc				PHONE (A/C, No, Ext): 619-387-4380 (A/C, No):					
8277 La Mesa Blvd						E-MAIL ADDRESS: krista@hunteronline.com					
						ADDRE	00.		DING COVERAGE		NAIC#
La	Mes	a			CA 91942	INSURE		UKEK(3) AFFOR	DING COVERAGE		NAIC#
INSU	RED					INSURE	RB:				
		Greenfields Outdoor Fitness	Inc.			INSURE	RC:				
		2617 W. Woodland Dr				INSURE	RD:				
						INSURE					
		Anaheim			CA 92801	INSURE	C#I	ale Insurance	Company		41297
CO	/ER	RAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE E>	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPEC	TO V	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	AUT	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		CLAIIVI3-IVIADE	1						AGGREGATE		
	WOR	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
		PROPRIETOR/PARTNER/EXECUTIVE Y / N								•	
	OFFI	ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
F	En	nployment Practices Liability			EKS3575103		05/23/2025	05/23/2026	Aggregate	\$ 1,	,000,000
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	space is require	ed)	-	
Cer	tifica	ate holder is named additional insu	eds.	per at	tached endorsement. Cov	erage is	Primary and	Non-contribu	itory. Waiver of Subrogation	on appl	ies.
			,	•		Ü	,		,		
CERTIFICATE HOLDER CANCELLATION											
		City of Hollywood							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
		Department of Parks, Recr	eatior	1 & Cı	ultural				Y PROVISIONS.		
		Arts									
		1405 South 28 Avenue				AUTHORIZED REPRESENTATIVE					
	Hollywood FL 33020				-	MHA					

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us is amended by adding the following:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This provision does not apply in regard to any ownership, maintenance or use of the additional insured's "autos."

## **Additional Insured When Required by Contract**

- (1) Paragraph A.1. WHO IS AN INSURED of Section II – Liability Coverage is amended to add:
  - d. When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (1) During the policy period, and
- (2) Subsequent to the execution of such written contract, and
- (3) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

## (2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- **(b)** The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

## (3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that the insurance is primary and noncontributory with the additional insured's own insurance.

## (4) Duties in The Event Of Accident, Claim, Suit or Loss

If another person or organization is added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in A. Loss Conditions 2. – Duties In The Event Of Accident, Claim, Suit Or Loss – of SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

Policy Number: VCGP034025 VE 05 86 01 16

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 27 Effective Date: 05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT- AUTOMATIC STATUS WHEN REQUIRED IN LEASE AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

**APPLICATION OF ENDORSEMENT:** (Enter below any limitations on the application of this endorsement.)

### **Schedule**

Limitations on application of this endorsement:

Automatic additional insured status does not apply to any person(s) or organization(s) from whom you lease crane or scaffolding equipment.

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) from whom you lease equipment when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person(s) or organization(s) is an insured only with respect to liability for "bodily injury" or "property damage" caused in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However the insurance afforded to such additional insured:

- 1. Does not apply to the additional insured's sole negligence;
- 2. Only applies to the extent permitted by law; and
- **3.** Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

- **B.** With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

VE 05 86 01 16 Page 1 of 1

Policy Number: VCGP034025 CG 20 11 12 19

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 12 Effective Date:05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

### Schedule

## **Designation Of Premises (Part Leased To You):**

All locations for which you and the additional insured have agreed in writing in a contract prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury".

## Name Of Person(s) Or Organization(s) (Additional Insured):

Any person or organization when you and such person or organization have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", that such person or organization be added as an additional insured on your policy.

Additional Premium: \$ incl.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by you or those acting on your behalf in connection with the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- **1.** Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

#### However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable limits of insurance:

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

All other terms and conditions of this Policy remain unchanged.					

Policy Number: VCGP034025 CG 20 18 12 19

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 33 Effective Date: 05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule									
Name(s) Of Person(s) Or Organization(s)	Designation Of Premises								
Any person or organization you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.	All premises for which you have agreed in a written and executed contract prior to an "occurrence."								
Information required to complete this Schedule, if not	shown above, will be shown in the Declarations.								

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance or use of the premises by you and shown in the Schedule.

#### However.

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

All other terms and conditions of this Policy remain unchanged.

Policy Number: VCGP034025 CG 20 15 12 19

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 31 Effective Date: 05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Sche	dule
Name Of Additional Insured Person(s) Or Organization(s) (Vendor)	Your Products
Any person(s) or organization(s) when you and such person(s) or organization(s) have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", that such person or organization be added as an additional insured on your policy.	Person(s) or Organization(s) (vendor) have agreed to in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage or
Information required to complete this Schedule, if not	shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) (referred to throughout this endorsement as vendor) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" shown in the Schedule of this endorsement which are distributed or sold in the regular course of the vendor's business.

#### However:

- The insurance afforded to such vendor only applies to the extent permitted by law; and
- If coverage provided to the vendor is required by a contract or agreement, the insurance afforded to such vendor will not be broader than that which you are required by the contract or agreement to provide for such vendor.
- **B.** With respect to the insurance afforded to these vendors, the following additional exclusions apply:

- **1.** The insurance afforded the vendor does not apply to:
  - a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
  - Any express warranty unauthorized by you;
  - **c.** Any physical or chemical change in the product made intentionally by the vendor;
  - d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (1) The exceptions contained in Subparagraphs **d.** or **f.**; or
  - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- 2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

C. With respect to the insurance afforded to these vendors, the following is added to Section III – Limits Of Insurance:

If coverage provided to the vendor is required by a contract or agreement, the most we will pay on behalf of the vendor is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Policy Number: VCGP034025 CG 24 04 12 19

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 35 Effective Date: 05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

### Schedule

## Name Of Person(s) Or Organization(s):

Any person or organization you have agreed in a written and executed contract, prior to an "occurrence", that you would provide such person or organization a waiver of transfer of rights of recovery against others to us on your policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

All other terms and conditions of this Policy remain unchanged.

Policy Number: VCGP034025 VE 09 73 04 20

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 43 Effective Date: 05/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

## **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other Commercial General Liability insurance available to an additional insured under your policy, but only if:

- (1) The additional insured is a Named Insured under such other Commercial General Liability insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other Commercial General Liability insurance available to the additional insured.

Coverage granted to an additional insured remains subject to all terms, conditions, limitations, and exclusions set forth in the endorsement form that conferred the additional insured status. In the event of conflict between this endorsement and an endorsement conferring additional insured status, then the endorsement conferring additional insured status shall govern the scope of coverage available to the additional insured.

All other terms and conditions of this Policy remain unchanged.

(Ed. 8-00)

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - BLANKET

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us).

The additional premium for this endorsement shall be **2** % of the total California Workers' Compensation premium otherwise due.

Schedule

Person or Organization
ANY PERSON OR
ORGANIZATION FOR
WHOM THE NAMED
INSURED IS REQUIRED
UNDER WRITTEN
CONTRACT TO FURNISH
THIS WAIVER.

Job Description

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 05/23/2025 Policy No. WSD 5077872 01

Endorsement No.

Insured GREENFIELDS OUTDOOR FITNESS

Premium \$ INCL.

Insurance Company INSURANCE COMPANY OF THE WEST

Countersigned By

WC 99 06 34 (Ed. 8-00)

Policy Number: VCFX004185 VX 07 23 01 16

Insured Name: Greenfields Outdoor Fitness Inc.

Number: 3 Effective Date: 5/23/2025

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SCHEDULE OF CONTROLLING UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

Commercial Excess Liability

Controlling Underlying Insurance:					
Coverage / Carrier / Policy Period	Limits	Premium			
CONTROLLING UNDERLYING POLICY Coverage: CGL - Products/Completed Operations Occurrence Company: Gemini Insurance Company Policy Number: VCGP034025 Policy Period: 5/23/2025 - 5/23/2026	\$1,000,000Each Occurrence \$2,000,000Products/Completed Operations Aggregate \$2,000,000General Aggregate \$1,000,000Personal & Advertising Injury Limit \$100,000Damage to premises rented to you \$5,000Medical Payments	\$110,405			
	Comments: N/A				

 From:
 Betzaida Cambero

 To:
 David Vazquez

 Cc:
 Certificate of Insurance

**Subject:** Fw: Insurance review for Greenfields for creation and installation for a fitness zone

Date: Wednesday, October 15, 2025 2:16:52 PM

Attachments: COI - Hollywood FL.pdf

## Acceptable.

#### **Betzaida Cambero**

Risk Management Analyst
Office of Human Resources | HR Risk Management

## P.O. Box 229045 Hollywood, FL 33022

Email: <a href="mailto:bcambero@HollywoodFL.org">bcambero@HollywoodFL.org</a>

**Telephone:** 954-921-3639

# 

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: David Vazquez < DVazquez@hollywoodfl.org>

Sent: Wednesday, October 8, 2025 1:32 PM

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

Subject: Insurance review for Greenfields for creation and installation for a fitness zone

Good afternoon,

For your review and approval. Thank you.

DV

## **David Vazquez**

Assistant Director, Parks, Recreation and Cultural Arts Parks, Recreation and Cultural Arts | Administration

P.O. Box 229045

## Hollywood, FL 33022

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

**Telephone:** 954-921-3404

	www.HollywoodFL.org	?????
Banner		
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