



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2023

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 Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 776-2222 <b>FAX (A/C, No):</b> (954) 776-4446 <b>E-MAIL ADDRESS:</b> 053.certs@bbrown.com																					
<b>INSURED</b> MBR Construction, Inc. 1020 NW 51 Street Fort Lauderdale FL 33309	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>General Security Indemnity Company of Arizona</td><td>20559</td></tr><tr><td>INSURER B:</td><td>United Specialty Insurance Company</td><td>12537</td></tr><tr><td>INSURER C:</td><td>Endurance American Specialty Insurance Company</td><td>41718</td></tr><tr><td>INSURER D:</td><td>Bridgefield Casualty Insurance Company</td><td>10335</td></tr><tr><td>INSURER E:</td><td>Markel American Insurance Company</td><td>28932</td></tr><tr><td>INSURER F:</td><td>Houston Casualty Company</td><td>42374</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	General Security Indemnity Company of Arizona	20559	INSURER B:	United Specialty Insurance Company	12537	INSURER C:	Endurance American Specialty Insurance Company	41718	INSURER D:	Bridgefield Casualty Insurance Company	10335	INSURER E:	Markel American Insurance Company	28932	INSURER F:	Houston Casualty Company	42374
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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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"/> <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 OTHER:	Y		GSA463914143301	02/22/2023	02/22/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>EBL</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	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	EBL	\$ 1,000,000
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B/C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input checked="" type="checkbox"/> RETENTION \$ 0			BTN2329794/ELD30016329601	02/22/2023	02/22/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 6,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 6,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 6,000,000	AGGREGATE	\$ 6,000,000		\$								
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D	<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	19646760	08/01/2022	08/01/2023	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	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						
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E/F	Leased/Rented Equipment Professional Liability			MKLM2IM0001506/HCC2368906	02/22/2023	02/22/2024	<table><tr><td>Limit</td><td>\$500,000</td></tr><tr><td>Per Claim Limit</td><td>\$1,000,000</td></tr></table>	Limit	\$500,000	Per Claim Limit	\$1,000,000										
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Co F) All Practice Pollution Policy \$1,000,000 Per Occurrence; \$2,000,000 Aggregate; \$10,000 Deductible  
City of Hollywood is listed as additional insured with respect to General Liability if required by written contract.  
Project: 46th Ave Neighborhood Sound Walls

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood 2600 Hollywood Blvd  Hollywood FL 33021	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2023

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<b>PRODUCER</b>  Kim S. Nava Insurance Agency, Inc. 4720 N. Federal Hwy. Ft. Lauderdale, FL 33308	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 954-776-5220 <b>FAX (A/C, No):</b> 954-776-4527 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>
<b>INSURED</b> MBR Construction, Inc. 1020 NW 51st Street Ft. Lauderdale, FL 33309-3134	<b>NAIC #</b> 25178

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		1371923 0153151	03/04/2023 03/12/2023	09/04/2023 09/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is listed as additional insured with respect to Auto liability if required by written contract

## CERTIFICATE HOLDER

## CANCELLATION

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