

**From:** [Certificate of Insurance](#)  
**To:** [Joaquin Arellano](#); [Certificate of Insurance](#)  
**Cc:** [Robert De Ettore](#)  
**Subject:** RE: [EXT]RE: COH: Agreement Renewal COI  
**Date:** Thursday, November 30, 2023 12:51:57 PM  
**Attachments:** [image001.png](#)

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Hello,

The COI and endorsement are acceptable.

Thanks,

Stacy

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**From:** Joaquin Arellano <[JARELLANO@hollywoodfl.org](mailto:JARELLANO@hollywoodfl.org)>  
**Sent:** Thursday, November 30, 2023 11:30 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Robert De Ettore <[RDEETTORE@hollywoodfl.org](mailto:RDEETTORE@hollywoodfl.org)>  
**Subject:** FW: [EXT]RE: COH: Agreement Renewal COI

Good morning,

Please advise if COI is acceptable? Vendor is contracted to provide Recreation Management Software (ActiveNet) solution.

Regards,

Joaquin Arellano  
Special Projects & Administrative Manager  
Off. 954.921.3404 ext. 5456

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**From:** Corsentino, Chad <[Chad.Corsentino@activenetwork.com](mailto:Chad.Corsentino@activenetwork.com)>  
**Sent:** Thursday, November 30, 2023 11:25 AM  
**To:** Joaquin Arellano <[JARELLANO@hollywoodfl.org](mailto:JARELLANO@hollywoodfl.org)>  
**Cc:** Robert De Ettore <[RDEETTORE@hollywoodfl.org](mailto:RDEETTORE@hollywoodfl.org)>  
**Subject:** [EXT]RE: COH: Agreement Renewal COI

Here you go.

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**From:** Joaquin Arellano <[JARELLANO@hollywoodfl.org](mailto:JARELLANO@hollywoodfl.org)>  
**Sent:** Wednesday, November 29, 2023 3:04 PM  
**To:** Corsentino, Chad <[Chad.Corsentino@activenetwork.com](mailto:Chad.Corsentino@activenetwork.com)>  
**Cc:** Robert De Ettore <[RDEETTORE@hollywoodfl.org](mailto:RDEETTORE@hollywoodfl.org)>  
**Subject:** COH: Agreement Renewal COI

Good afternoon Chad,

The City current agreement piggybacked the San Rafael contract and is up for renewal in April 2024.

I am working on renewing our agreement for another 3 years April 2024- April 2027 and need the following information.

- Updated COI documents.

Please see our completed Procurement Packet attached as reference. If you have any questions , please do not hesitate to contact me.

**Regards,**

**Joaquin Arellano**

Special Projects & Administrative Manager  
Dept. of Parks, Recreation & Cultural Arts

Office Hours

Monday - Thursday 7 AM- 6 PM

Off. 954.921.3404



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**Joaquin Arellano**

Special Projects and Administrative Manager

City of Hollywood

Parks and Recreation and Cultural Arts

1405 South 28th Ave

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3404

E-mail: [JARELLANO@hollywoodfl.org](mailto:JARELLANO@hollywoodfl.org)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2023

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> Marsh & McLennan Agency, LLC 2000 Brookstone Centre Pkwy Suite 118 Columbus GA 31904	<b>CONTACT NAME:</b> Allison Peak <b>PHONE (A/C, No, Ext):</b> 706-324-6671 <b>E-MAIL ADDRESS:</b> Allison.Peak@MarshMMA.com		<b>FAX (A/C, No):</b> 706-576-5607	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Active Network LLC Attention: Devery Gauthier 3550 Lenox Road NE, Suite 3000 Atlanta GA 30326	30GLOBALPAYM		<b>INSURER A:</b> Federal Insurance Company A++ XV <b>INSURER B:</b> Great Northern Insurance Company A++ XV <b>INSURER C:</b> ACE American Insurance Company A++ XV <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	20281 20303 22667

**COVERAGES**

CERTIFICATE NUMBER: 318031618

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"/> <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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		36048071	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Gen Agg Cap \$ 100,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Comp <input checked="" type="checkbox"/> Hired Coll	Y		73614277	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phy Dmg - ACV \$ 1,000 Deds
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79894591	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C A	<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	N/A	71750292 71750293	4/1/2023 4/1/2023	4/1/2024 4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

(GL) Additional Insured per form: 80-02-2367 Additional Insured Scheduled Person or Organization  
 (AU) Additional Insured per form: 16-02-0292 Commercial Automobile Broad Form Endorsement

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood  
 Attn: Janice English  
 2600 Hollywood Blvd. #303  
 Hollywood FL 33020

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

PETER J. KAUSE

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**Endorsement**

*Policy Period* APRIL 1, 2023 TO APRIL 1, 2024  
*Effective Date* APRIL 1, 2023  
*Policy Number* 3604-80-71 ATL  
*Insured* GLOBAL PAYMENTS INC.  
  
*Name of Company* FEDERAL INSURANCE COMPANY  
  
*Date Issued* APRIL 4, 2023

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

**Who Is An Insured**

**Additional Insured - Scheduled Person Or Organization**

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

**Liability Endorsement**

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

**Conditions**

**Other Insurance –  
Primary, Noncontributory  
Insurance – Scheduled  
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

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**Schedule**

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative

