

ERTIFICATE OF LIABILITY INSURANCE

TBUTLER DATE (MM/DD/YYYY)

STATCON-02

						8	/17/2022
ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS	IVELY C	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDE	D BY TH	IE POLICIES
SUBROGATION IS WAIVED, subject	ct to the	e terms and conditions of	the policy, certain ich endorsement(s)	policies may			
DUCER							
sure, LLC d/b/a InSource							670-9699
Floor			E-MAIL ADDRESS: email@i	nsource-ind		,	
Miami, FL 33156-2867			INSURER(S) AFFORDING COVERAGE				NAIC #
							20443
INSURED			INSURER B : Valley Forge Insurance Co.				20508
State Contracting & Engineering Corporation 5391 N. Nob Hill Road Sunrise, FL 33351			INSURER C : Continental Insurance Company				35289
			INSURER D : Transportation Insurance Co.				20494
							19489
		INSURER F :					
/ERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER	:	
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			(MM/DD/YYYY)			1,000,000	
	Y	2002885153	4/1/2022	4/1/2022	DAMAGE TO RENTED		100,000
	X	2092003155	4/1/2022	4/1/2023			15.000
							1,000,000
						-	2,000,000
					PRODUCTS - COMP/OP A		
OTHER:			1				2,000,000
					PRODUCTS - COMP/OP AC		2,000,000
					COMBINED SINGLE LIMIT (Ea accident)	\$, ,
AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED	x	2092885122	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT	\$, ,
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS	x	2092885122	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per perso BODILY INJURY (Per accide	\$ \$ n) \$ ent) \$, ,
AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED	x	2092885122	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per perso	\$ \$ n) \$, ,
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UCER ure, LLC d/b/a inSource South Dadeland Boulevard CONTACT Insurer(s): ABOT Insurer(s): (305) 670-6111 ED INSURER(s): GOTO-6111 State Contracting & Engineering Corporation INSURER b: Valley Forge Insur State Contracting & Engineering Corporation INSURER c: Continental Casua State Contracting & Engineering Corporation INSURER c: Continental Insure State Contracting & Engineering Corporation INSURER c: Continental Insure State Contracting & Engineering Corporation INSURER c: Continental Insure State Contracting & Engineering Corporation INSURER c: Continental Casua State Contracting & Engineering Corporation INSURER c: Continental Insure State Contracting & Engineering Corporation Insure c: Continental Insure State Contracting & Engineering Corporation Insure c: Continental Insure <td>RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDE LOW. 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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: Surf Road Reconstruction

City of Hollywood is included as additional insured with respects to General Liability and Auto Liability, when required by written contact.

30 day notice of cancellation/10 days for non-payment of premium applies in favor of certificate holder under the General Liability, Auto Liability and Workers Compensation.

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.

2600 Hollywood Blvd Hollywood, FL 33020

City of Hollywood

AUTHORIZED REPRESENTATIVE

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