

April 04, 2017

Mrs. Clarissa Ip City of Hollywood Department of Public Works 2600 Hollywood Boulevard Hollywood, FL 33022

Re: Project No. PW-16-011, FY 2016 Sidewalk Construction Contract Extension

Dear Mrs. Ip,

This letter will serve as a formal acceptance of the City's offer to extend our current contract No. PW-16-011 for another year. A current Certificate of Insurance with the City of Hollywood as the Certificate Holder is attached.

We thank you for the consideration and look forward to continuing to serve the City.

Thank you.

D. Ruel Miles President



AUTOMOBILE LIABILITY

ANY AUTO

В

CERTIFICATE OF LIABILITY INSURANCE

PIONE-1 OP ID: CK

\$

1.000,000

COMBINED SINGLE LIMIT (Ea accident)

DATE (MM/DD/YYYY) 11/09/2016

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(les) must 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

PRODUCER Tanenbaum Harber of Florida 2900 SW 149th Avenue Miramar, FL 33027-6605 Joseph J. Klertekies		CONTACT Carol Kiertekles		
		PHONE (A/C, No. Ext): 954-883-2996 (A/C, No.	FAX, No): 954-517-7496	
		ADDRESS: Ckiertekles@thflorida.com		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: James River Ins. Company	12203	
INSURED	Pioneer Construction Management Services Inc Attn: Yasmin Miles 3711 SW 47th Ave #203 Davie, FL 33314	ызикек в : Progressive Express Ins. Co.	10193	
		INSURER C: Commerce & Industry Ins. Co.	19410	
		INSURER D :		
		INSURER E :		
COVERAG		INSURER F:		

K IIFICA E 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. ADDLISUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 COMMERCIAL GENERAL LIABILITY X 000599643 11/08/2017 11/08/2016 50,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) excluded 1,000,000 PERSONAL & ADV INJURY 2,000,000 **GENERAL AGGREGATE** GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMPJOP AGG POLICY X PRO-

06/11/2016 | 06/11/2017 BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS X BODILY INJURY (Per accident) \$ X HIRED AUTOS AUTOS \$ UMBRELLA LIAB OCCUR 3,000,000 EACH OCCURRENCE \$ EXCESS LIAB C X BE023084925 11/08/2016 11/08/2017 CLAIMS-MADE AGGREGATE 3,000,000 DED RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT n/a E.L. DISEASE - EA EMPLOYEE \$ n/a E.L. DISEASE - POLICY LIMIT \$ n/a

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Hollywood is an additional insured under the general liability and auto liability coverages when required by written contract.

022541573

CERTIFICATE HOLDER	CANCELLATION	
CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD 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.	
	Joseph Kentekles	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/08/2016

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 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 CONTACT NAME TANENBAUM HARBER PHONE FAX 2900 SW 149 AVE #100 (A/C, No, Ext) (A/C, No): F-MAII **ADDRESS** MIRAMAR 330276605 INSURER(S) AFFORDING COVERAGE 27285 NAIC # INSURER A: FLORIDA W.C. JUA INSURED INSURER B PIONEER CONSTRUCTION INSURER C MANAGEMENT SERVICES INC INSURER D 3711 SW 47TH AVE #203 DAVIE FL 33314 INSURER E 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 ADDL SUBF POLICY EFF POLICY EXP TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS **GENERAL LIABILITY** EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE LOCCUR MED EXP (Any one person) PERSONAL & ADV INJURY **GENERAL AGGREGATE** GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG PROJECT POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO SCHEDULED BODILY INJURY (Per person) ALL OWNED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION WORKERS COMPENSATION WC STATU-AND EMPLOYERS' LIABILITY (6FR13UB-7H80312-0-17) 01-31-17 01-31-18 TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ 1,000,000 E.L. EACH ACCIDENT (Mandatory in NH) N/A E L.DISEASE - EA EMPLOYEE 1,000,000 f ves describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREFO, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. CITY OF HOLLYWOOD AUTHORIZED REPRESENTATIVE 2600 HOLLYWOOD BLVD, ROOM 320 HOLLYWOOD FL 33022

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