NORMAN F. BRAY, P.E., INC. . . . CONSULTING ENGINEER

FLORIDA REGISTRATION NUMBER 9978
FLORIDA CERTIFICATE OF AUTHORIZATION NUMBER 1124

LI"

2131 HOLLYWOOD BOULEVARD . SUITE 501 . BOULEVARD LANDMARK
HOLLYWOOD, FLORIDA 33020-6753

PHONE: (954) 925-3217 FAX: (954) 925-3247

EMAIL: BRAY501@BELLSOUTH.NET

17 July 2017

atroni atroni atroni

Mr. Terrence Comiskey, A.I.A. City of Hollywood Department of Development Services 2600 Hollywood Boulevard Hollywood, FL 33021

RE: City of Hollywood

RESOLUTION NO. R-2014-224

JUL 1917 PH. 25

Mr. Comiskey:

Please be advised that Norman F. Bray P.E., Inc. agrees to renew the Professional Services Agreement for Mechanical, Electrical and Plumbing Engineering Services, PW 14-010, dated August 20, 2014 for a period of one year. The terms and conditions shall remain the same as the original agreement.

Sincerely,

Mamm Meny Norman F. Bray, P.E.

Norman F. Bray. P.E., Inc.



DATE (MM/DD/YYYY) 7/19/2017

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).

PRC	DDUCER		CONTACT Katherine Beers						
Hu	b International - SWP	PHONE (A/C, No, Ext): (954) 925-2590 FAX (A/C, No): (954) 925-7004							
10.	368 W State Road 84	E-MAIL ADDRESS: katherine.beers@hubinternational.com							
Su:	ite 201	INSURER(S) AFFORDING COVERAGE				NAIC#			
Da	vie FL 33324	INSURER A: Travelers Property & Casualty				36161			
INSU	URED	INSURER B :CNA IT	_						
No:	rman F. Bray P.E. Inc.	INSURER C :							
21	31 Hollywood Blvd	INSURER D :							
			INSURER E :						
Hollywood FL 33020 INSURER F:									
СО	VERAGES CERTIFICAT	E NUMBER:17-18 Mast			REVISION NUMBER:				
I C E	HIS IS TO CERTIFY THAT THE POLICIES OF INSUNDICATED. NOTWITHSTANDING ANY REQUIREM ERTIFICATE MAY BE ISSUED OR MAY PERTAIN XCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION : , THE INSURANCE AFFORD! 3. LIMITS SHOWN MAY HAVE.	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER (S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS I		
INSR LTR	TYPE OF INSURANCE ADDL SUB- INSD WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	fits			
A	X COMMERCIAL GENERAL LIABILITY	I660705X953A-17	1/31/2017	1/31/2018	EACH OCCURRENCE	\$	500,000		
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
					MED EXP (Any one person)	\$	5,000		
					PERSONAL & ADV INJURY	\$	500,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	1,000,000		
	X POLICY PRO-	1			PRODUCTS - COMP/OP AGO	3 \$	1,000,000		
	OTHER:					\$			
	AUTOMOBILE LIABILITY	BA608D3795-17	1/31/2017	1/31/2018	COMBINED SINGLE LIMIT (Ea accident)	. \$	1,000,000		
A	X ANY AUTO				BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per acciden	it) \$			
	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
					Medical payments	\$	5,000		
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
	DED RETENTION\$					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYI	EE \$			
	if yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMI	т \$			
В	Professional Liability	SFH008228719	11/20/2016	11/20/2017	Per Claim		1,000,000		
	· .			, ,	Aggregate		1,000,000		
							, ,		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CEI	RTIFICATE HOLDER	CANCELLATION	٠						
		ollywoodfl.org							
	City of Hollywood Department of Public Works Att: Terry Comiskey		N DATE THE	ESCRIBED POLICIES BE EREOF, NOTICE WILL EY PROVISIONS.					
	2600 Hollywood Blvd Hollywood, FL 33022	AUTHORIZED REPRESENTATIVE Jett Pinknev/KMB							



DATE (MM/DD/YYYY) 07/20/2017

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).

certificate holder in lieu of such endors	sement(s).						
PRODUCER			CONTACT NAME:					
Marsh Sponsored Programs			PHONE (A/C, No, Ext): 800-3	38-1391	FAX (A/C, No): 888-	621-3173		
a division of Marsh USA Inc. PO Box 14404			E-MAIL ADDRESS; acecclientrequest@marsh.com					
Des Moines IA 50306								
INSURED			INSURER A: Hartford Insurance Co. of the Midwest 37478					
Norman F. Bray, P.E., Inc.	INSURER B:							
2131 Hollywood Blvd			INSURER C:					
Hollywood, FL 33020			INSURER D:	·				
			INSURER E :					
		***	INSURER F:					
		TE NUMBER:			REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAIN POLICIE:	IENT, TERM OR CONDITION I, THE INSURANCE AFFORDI S. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLICI BEEN REDUCED BY	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS OF BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.				
INSR LTR TYPE OF INSURANCE	ADDL SUB INSR WV		POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY					EACH OCCURRENCE \$			
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
CLAIMS-MADE OCCUR					MED EXP (Any one person) \$			
					PERSONAL & ADV INJURY \$			
					GENERAL AGGREGATE \$			
GEN'L AGGREGATE LIMIT APPLIES PER:								
DPO D					PRODUCTS - COMP/OP AGG \$			
POLICY JECT LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT			
	İ				(Ea accident) \$			
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) S			
AUTOS AUTOS NON-OWNED	İ				BODILY INJURY (Per accident) S PROPERTY DAMAGE			
HIRED AUTOS AUTOS					(Per accident)			
					S			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$			
DED RETENTION \$					s			
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		84WEGLA3890	11/01/2016	11/01/2017	X WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE						,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$500	•		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$500			
					LIL DIOL OLO I LIMIT 0000	,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE RE: Norman F Bray, PE, Inc	ES (Attac	th ACORD 101, Additional Remarks s	Schedule, if more space	is required)				
CERTIFICATE HOLDER			CANCELLATION	<u> </u>				
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
City of Hollywood, Fl			AUTHORIZED DEPORCENT ATIVE					
Attn: Terry Comisky			AUTHORIZED REPRESENTATIVE					
2600 Hollywood blvd Hollywood, FL 33020			Birda Vinot					
110111110001 11 00000			The state of the s					



935 Lake Baldwin Lane Orlando, FL 32814 (407) 767-5188 (407) 767-5772 fax www.sgmengineering.com



14 July 2017

Mr. Terrence Comiskey, A.I.A. City of Hollywood Department of Development Services 2600 Hollywood Boulevard Hollywood, FL 33021

RE: City of Hollywood

RESOLUTION NO. R-2014-224

Mr. Comiskey:

Please be advised that SGM Engineering, Inc. agrees to renew the Professional Services Agreement for Mechanical, Electrical and Plumbing Engineering Services, PW 14-010, dated September 9, 2014 for a period of one year. The terms and conditions shall remain the same as the original agreement.

Sincerely

Tony Shahnami, PE

President

5,000,000

5,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2017

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 JCJ Insurance Agency 2208 Hillcrest Street Orlando, FL 32803 Mark E. Jackson		CONTACT Kristin McIntosh PHONE (A/C, No, Ext): 321-445-1860 E-MAIL ADDRESS: certs@jcj-insurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Travelers Idemnity Co of Amer	25666				
INSURED	SGM Engineering, Inc.	INSURER B: Travelers Casualty & Surety Co	19038				
	935 Lake Baldwin Lane Orlando, FL 32814	INSURER C: Homeland Insurance Co. of NY	34452				
		INSURER D :					
		INSURER E :					
		INSURER F:					
COVEDA	CEQ CERTIFICATE NUMBER.	DEVICION 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 SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD X COMMERCIAL GENERAL LIABILITY A 2.000.000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR X 680-2J774323 07/06/2017 07/06/2018 1.000.000 \$ X Contractual Liab 5,000 MED EXP (Any one person) \$ 2.000,000 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER; GENERAL AGGREGATE \$

POLICY X PRO-4,000,000 PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000 X Α Х BA-0G879957 07/06/2017 07/06/2018 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE Χ HIRED AUTOS \$ AUTOS \$ UMBRELLA LIAB Х Χ 4,000,000 **OCCUR** EACH OCCURRENCE \$ EXCESS LIAB A CUP-0G887945 07/06/2017 07/06/2018 4,000,000 CLAIMS-MADE AGGREGATE \$ 10,000 DED X RETENTIONS \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE UB-4458T67-6 07/06/2017 07/06/2018 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N N/A OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1.000.000 E.L. DISEASE - POLICY LIMIT Professional Liab DPL-5365-17 04/08/2017 04/08/2018 Per Claim

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

City of Hollywood is named as an Additional Insureds with regards to General Liability and Automobile Liability when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood P.O. Box 229045 Hollywood, FL 33022	HOLL229 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11011ywood, 1 L 33022	AUTHORIZED REPRESENTATIVE

Aggregate

Claims Made



DeRose Design Consultants, Incorporated

STRUCTURAL • CIVIL • LAND PLANNING • ENVIRONMENTAL • ELECTRICAL • MECHANICAL

T 470 South Andrews Ave. • Suite 206 Pampano Beach, FL 33059 954-942-7703 • Fax 954-942-7933 9620 N.E. 2nd Ave. • Suite 203 Miemi Shores, FL 33138 305-249-3674 • Fax: 305-249-3410

Website: http://www.deroseconsultants.com

14 July 2017

Mr. Terrence Comiskey, A.I.A. City of Hollywood Department of Development Services 2600 Hollywood Boulevard Hollywood, FL 33021

RE:

City of Hollywood

RESOLUTION NO. R-2014-224

Mr. Comiskey:

Please be advised that DeRose Design Consultants, Inc. agrees to renew the Professional Services Agreement for Mechanical, Electrical and Plumbing Engineering Services, PW 14-010, dated September 9, 2014 for a period of one year. The terms and conditions shall remain the same as the original agreement.

Sinderely.

Lawrence DeRose P.E.

Vice President



DATE (MM/DD/YYYY)

7/17/2017

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).

	Tights to the description to the field of the						
PRODUCER Beecher Carlson Ir	surance Services	CONTACT NAME: (NY) Lynda Volpe					
1500 Broadway, 21	1500 Broadway, 21st Floor New York, NY 10036	PHONE (A/C, No, Ext):	. No):				
new fork, NT 100		E-MAIL ADDRESS: Ivolpe@beechercarlson.com					
			NAIC#				
		INSURER A : N	ational Union Fire Ins Co Pittsburgh PA	19445			
NSURED Design Consultar	sto Inc	INSURER B : C	ommerce and Industry Insurance Compa	any 19410			
DeRose Design Consultar 470 S. Andrews Avenue S	uite 206	INSURER C : S	tarr Indemnity & Liability Company	38318			
Pompano Beach FL 3306		INSURER D : L	loyds of London (AIG Europe Ltd.)				
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 26740040		DEVISION NUMBE	D.			

COVERAGES CERTIFICATE NUMBER: 36718048 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	ADDLISUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	✓ COMMERCIAL GENERAL LIABILITY		GL 3261646	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE ✓ OCCUR				İ	DAMAGE TO RENTED S 1,000,000
	✓ Contractual Liab & XCU					MED EXP (Any one person) S 15,000
	✓ XCU Included					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	POLICY PRO-					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					\$
Α	AUTOMOBILE LIABILITY		CA 3493510	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT \$ 1,000,000
	✓ ANY AUTO					BODILY INJURY (Per person) \$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$ (Per accident)
						\$
С	✓ UMBRELLA LIAB ✓ OCCUR	✓	1000589514171	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 10,000,000
	DED RETENTION\$					\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 14220305 (AOS)	7/1/2017	7/1/2018	✓ PER OTH- STATUTE ER
	ANYPROPRIETOR/PARTNER/EXECUTIVE T / N	N/A	WC 14220306 (CA) WC 14220307 (NJ,FL,MA)			E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH)	"''	14220307 (N3,FL,WA)			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability		B0146LDUSA1704767	3/1/2017	3/1/2018	Per Claim \$5,000,000 Annual aggregate \$5,000,000

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

Where checked above, Additional Insured status extended as required by written contract, and extended on primary and non-contributory basis where required by written contact. Where checked above, waiver of subrogation applies where required by written contract. City of Hollywood is included as additional Insured as respects to General Liability and Auto Liability as required by written contract. Professional Liability coverage is written contract is written on a claims -made basis,

CERTIFICATE HOLDER	CANCELLATION				
City of Hollywood,Department of Public Works Attn: Terrence Comisskey ,AIA P.O Box 229045 Hollywood, FL 33022	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Tonywood, 1 E 00022	AUTHORIZED REPRESENTATIVE				
	(NY) Joe Roberta				

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 3/1/2017

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 LOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED _PRESENTATIVE 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

	e terms and conditions of the policy, rtificate holder in lieu of such endors				ndorse	ment. A stat	ement on th	is certificate does not conf	er rights to the	
	DUCER		(-/		CONTACT Huntley Jackson					
Beecher Carlson - New York					NAME: HUTTLEY DECESOR PHONE (A/C, No, Ext): (646) 358-8516 FAX (A/C, No, Ext): (770) 870-3055					
1500 Broadway					E-MAIL AIC, No, Ext): (AIC, No): E-MAIL AIC NO: E-MAIL AIC N					
215	21st Floor					· ·		RDING COVERAGE	NAIC#	
New	York NY 100	36			INSURE	25499				
INSU	RED				INSURE		<u> </u>			
DeF	ose Design Consultants Ind	3.			INSURE					
	S. Andrews Avenue				INSURE					
Sui	te 206				INSURE					
Pon	pano Beach FL 330	69			INSURE					
	•	TIFIC	CATE	NUMBER:CL1721349			,	REVISION NUMBER:		
IN CE E>	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG \$		
	AUTOMOBILE LIABILITY						****	COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
	AUTOS							\$		
	UMBRELLA LIAB OCCUR		-					EACH OCCURRENCE \$	·	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTIONS							\$		
	WORKERS COMPENSATION		İ					PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE // N							E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
A	Professional Liability		¥	B0146LDUSA1704767		3/1/2017	3/1/2018	Per claim	\$5,000,000	
	Frotessional Habitity		•	DOI TOUR DOBEL FOR FOR		3/1/2011	3/1/2010	Annual Aggregate	\$5,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	dule, may	be attached if m	ore space is req	uired)		
Whe	re checked above, waiver o	of s	ubr	ogation applies w	here	required	by writte	en contract.		
Pro	fessional liability covers	ıge	is	written on a claim	ms-ma	de basis.				
CE	PTIFICATE HOLDER				CANO	CELLATION				
City of Hollywood, Department of Public Works					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Attn: Terrence Comisk P.O. Box 229045	ey,	AI.	A	AUTHO	RIZED REPRESE	NTATIVE			
	Hollywood, FL 33022				R O'Shea, Jr/BMOOR					

© 1988-2014 ACORD CORPORATION. All rights reserved.