OP ID: ANGE

DATE (MM/DD/YYYY) 05/01/2019

## CERTIFICATE OF LIABILITY INSURANCE

**ACORD** 

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.

PRODUCER Atlantic Pacific Insurance-PBG 11382 Prosperity Farms Rd #123 Palm Beach Gardens, FL 33410 House Account - PBG					800	)-538-0487	CONTACT NAME: PHONE (AIC, No, Ext): 800-538-0487  E-MAILESS:  FAX (AIC, No): 561-626-3153					326-3153
							INSURER(S) AFFORDING COVERAGE				NAIC #	
								INSURER A : Nationwide Ins Co of America				
INSURED							INSURER B: Continental Casualty Company					20443
Mullings Engineering Services- Landscape Division 6289 West Sunrise Blvd #122 Sunrise, FL 33313							INSURER C : Allied Property & Casualty Ins				42579	
							INSURER D:					
							INSURER F:					
		AGES				NUMBER:				REVISION NUMBER:		
IN C E	IDIC <i>A</i> ERTI XCLL	S TO CERTIFY THAT THE F ATED. NOTWITHSTANDING FICATE MAY BE ISSUED O JSIONS AND CONDITIONS O	ANY RE OR MAY I OF SUCH I	QUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CO DED BY THE BEEN RED	ONTRACT E POLICIE: UCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	NSR LTR TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	PC (MN	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABIL CLAIMS-MADE X OCC		X		GLZO5956353774	10	10/08/2018	10/08/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES P	ER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-	С							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	
	AUT	TOMOBILE LIABILITY								(Ea accident)	\$	
		ANY AUTO	ILED							BODILY INJURY (Per person)	\$	
		OWNED SCHEDL AUTOS AUTOS								BODILY INJURY (Per accident)	\$	
		HIRED NON-OV AUTOS	SNEY							PROPERTY DAMAGE (Per accident)	\$	
С											\$	1,000,000
C	_	UMBRELLA LIAB X OCC				CAP 5946353774	10	/08/2018	10/08/2019	EACH OCCURRENCE	\$	1,000,000
	Х		MS-MADE			CAI 3340333774	10	700/2010	10/00/2013	AGGREGATE	\$	1,000,000
В	DED   RETENTION \$									X PER X OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A	M	WC621273086	10	/08/2018	10/08/2019			1,000,000
										E.L. EACH ACCIDENT	\$	1,000,000
										E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	CRIPITON OF OPERATIONS below	/							E.L. DISEASE - POLICY LIMIT	\$	.,000,000
DES	CRIPT	ION OF OPERATIONS / LOCATION	IS / VEHICL	ES (A	CORE	) 101. Additional Remarks Schedu	ıle. mav be atta	ached if more	space is require	ed)		
		Hollywood is named as		-		·				,		
Liai	oility	y as required by writter	contra	ct.		<b></b>						
CE	RTIF	ICATE HOLDER					CANCEL	LATION				
						HOLLYW3						
City of Hollywood							THE EX	XPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B BY PROVISIONS.		

ACORD 25 (2016/03)

PO Box 229045 Hollywood, FL 33022

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AUTHORIZED REPRESENTATIVE