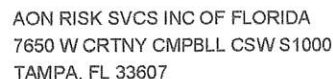


FLOOD INSURANCE - CITY OF HOLLYWOOD 2020-2021							
Due 3/01/21							
Policy #	\$	Property Address	Description	Building	Contents	Ded/Building	Ded/Contents
99055447662020	\$19,231.00	707 South Ocean Drive	Fire Station	500,000	176,400	5,000	5,000
87029205662020	\$3,300.00	1621 N 14th Ave.	RAS Pump	500,000	0	1,250	0
87029205722020	\$3,300.00	1621 N 14th Ave.	RAS Pump #3	500,000	0	1,250	0
87029205692020	\$3,300.00	1621 N 14th Ave.	RAS Pump #4	500,000	0	1,250	0
87029205642020	\$3,138.00	1621 N 14th Ave.	Refuse Storage	450,000	0	1,250	0
87029205652020	\$6,318.00	1621 N 14th Ave.	Refuse Water Control	500,000	282,000	1,250	1,250
87029205632020	\$3,300.00	1621 N 14th Ave.	Sludge Building	500,000	0	1,250	0
87029205622020	\$1,200.00	1621 N 14th Ave.	Truck Scale	80,000	0	1,000	0
87029206012020	\$3,421.00	2207 Raleigh St.	HPD Network	350,000	50,000	1,250	1,250
87029206062020	\$3,923.00	2311 N 23rd Ave.	Boggs Field	500,000	50,000	1,250	1,250
87029205962020	\$3,923.00	6197 Taft St.	West Annex Park	500,000	50,000	1,250	1,250
	\$54,354.00						



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

Policy Number : 87029205662020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
1621 N 14TH AVE RAS PUMP
HOLLYWOOD, FL 330200000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,300.00
B. Increased coverage	500,000.00	0.00	1,250.00	0.00	3,300.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205662020

Bill ID: 13959959-138690326

Select One: ☐ Option A ☐ Option B

Amount Enclosed: \$

						.00
--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385



Mail To :



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.



This policy contains a 10% credit for community floodplain management activities.

Policy Number : 87029205722020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
 1621 N 14TH AVE RAS PUMP #3
 HOLLYWOOD, FL 330200000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,300.00
B. Increased coverage	500,000.00	0.00	1,250.00	0.00	3,300.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order :

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205722020

Bill ID: 13959991-138689425

Select One: ☐ Option A ☐ Option B
\$3,300 \$3,300

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385

000013959991 000138689425 5



AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607



Mail To :

CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 33022-9045

Agent: AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

Policy Number: 87029205692020
Policy Expiration Date: 03/01/2021
Loan Number: N/A
Billing Date: 12/31/2020
Payor: Insured
Insured Property Location: 1621 N 14TH AVE PUMP #4
HOLLYWOOD, FL 33020-0000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts \$		Deductibles		Premium
	Building	Contents	Building	Contents	
A Current coverage	500,000.00	0.00	1,250.00	0.00	3,300.00
B Increased coverage	500,000.00	0.00	1,250.00	0.00	3,300.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your annual premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageEffort.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information.

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order:

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to:

Insured Name: CITY OF HOLLYWOOD

Renewal Date: 03/01/2021

Policy No: 87029205692020

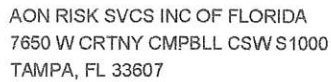
Bill ID: 13959977-138690292

Select One: ☐ Option A ☐ Option B
\$3,300 \$3,300

Amount Enclosed: \$

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385

000013959977 0000138690292 00



OFFICE OF
LABOR RELATIONS

2021 JAN 14 10:05



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

Policy Number : 87029205642020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
 1621 N 14TH AVE REFUSE STORAGE
 HOLLYWOOD, FL 330200000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	450,000.00	0.00	1,250.00	0.00	3,138.00
B. Increased coverage	495,000.00	0.00	1,250.00	0.00	3,282.00

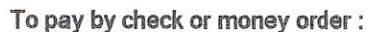
This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205642020

Bill ID: 13959931-138689705

Select One: ☐ Option A ☐ Option B

\$3,138 \$3,282

Amount Enclosed: \$

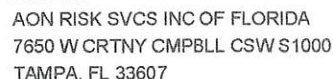
							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385

00001.3959931. 0001.38689705 5





CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

Policy Number : 87029205632020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
 1621 N 14TH AVE SLUDGE BLDG
 HOLLYWOOD, FL 330200000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	0.00	1,250.00	0.00	3,300.00
B. Increased coverage	500,000.00	0.00	1,250.00	0.00	3,300.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to :

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205632020

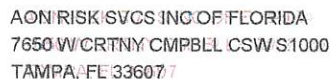
Bill ID: 13959917-138690132

Select One: ☐ Option A \$3,300 ☐ Option B \$3,300

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

This policy contains a 10% credit for community floodplain management activities.

Policy Number :: 87029205622020
Policy Expiration Date :: 03/01/2021
Loan Number :: N/A
Billing Date :: 12/31/2020
Payor :: Insured
Insured Property Location ::
1621 N 14TH AVE TRUCK SCALE
HOLLYWOOD, FL 330200000

IMPORTANT: The premium for this policy was determined by using a grandfathered flood zone or base flood elevation. If this policy is allowed to lapse, the grandfathered rates will no longer apply which may result in a higher annual premium.

Coverage Options	Coverage Amounts	Deductibles	Premium
	Building	Contents	
Current coverage	80,000.00	0.00	1,200.00
Increased coverage	88,000.00	0.00	1,290.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- **Make payment for the exact amount of the coverage option you selected.**
- **Full payment is required for the option selected.**
- **Write your policy number on your check or money order.**
- **Return this portion in the attached return envelope.**

Insured Name: CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205622020

Bill ID: 13959903-138689630

Select One: ☐ Option A ☐ Option B

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to:

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number : 87029206012020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
 2207 RALEIGH ST.
 HOLLYWOOD, FL 330201631

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	350,000.00	50,000.00	1,250.00	1,250.00	3,421.00
B. Increased coverage	400,000.00	100,000.00	1,250.00	1,250.00	3,913.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029206012020

Bill ID: 13960084-138689936

Select One: ☐ Option A ☐ Option B
\$3.421 \$3.913

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

RENEWAL NOTICE

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number : 87029206062020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
 2311 N 23RD AVE
 HOLLYWOOD, FL 330202010

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	50,000.00	1,250.00	1,250.00	3,923.00
B. Increased coverage	500,000.00	100,000.00	1,250.00	1,250.00	4,261.00

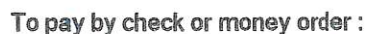
This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029206062020

Bill ID: 13960112-138689667

Select One: ☐ Option A ☐ Option B

\$3,923 \$4,261

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385



CITY OF HOLLYWOOD
PO BOX 229045
HOLLYWOOD, FL 330229045

Agent : AON RISK SVCS INC OF FLORIDA
AON RISK SVCS INC OF FLORIDA
7650 W CRTNY CMPBLL CSW S1000
TAMPA, FL 33607
(813) 636-3500

Your flood insurance policy will expire on 03/01/2021. Please follow renewal instructions on the remittance coupon below.

Policy Number : 87029205962020
Policy Expiration Date : 03/01/2021
Loan Number : N/A
Billing Date : 12/31/2020
Payor : Insured
Insured Property Location :
6197 TAFT ST
HOLLYWOOD, FL 330246038

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	500,000.00	50,000.00	1,250.00	1,250.00	3,923.00
B. Increased coverage	500,000.00	100,000.00	1,250.00	1,250.00	4,261.00

This renewal offer is being made on behalf of Hartford Fire Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://TheHartford.ManageFlood.com> and select "Pay Renewal Online".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : CITY OF HOLLYWOOD

Renewal Date : 03/01/2021

Policy No : 87029205962020

Bill ID: 13960069-138690042

Select One: ☐ Option A ☐ Option B

\$3,923 \$4,261

Amount Enclosed: \$

							.00
--	--	--	--	--	--	--	-----

Make check or money order payable to :

Hartford Fire Insurance Company
PO BOX 913385
DENVER, CO 80291-3385