



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/20/2026

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).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Bermello, Ajamil & Partners, LLC 4711 S LeJuene Road Coral Gables FL 33146-5437 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Trumbull Insurance Company		27120
	INSURER B: Hartford Fire Insurance Co.		19682
	INSURER C: Twin City Fire Insurance Company		29459
	INSURER D: Hartford Casualty Insurance Co		29424
	INSURER E: Underwriters at Lloyds		32727
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570119524351 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown are as requested	
B	X	COMMERCIAL GENERAL LIABILITY			10UUNBZ4DXW	03/01/2026	03/01/2027	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X	Contractual Liability						MED EXP (Any one person)	\$15,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
		POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					GENERAL AGGREGATE	\$2,000,000	
		OTHER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
A		AUTOMOBILE LIABILITY			10UENBZ4DYN	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
D	X	UMBRELLA LIAB			10XHUBZ6FYF	03/01/2026	03/01/2027	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB						AGGREGATE	\$1,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$10,000							
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			10WBBZ9NVN	03/01/2026	03/01/2027	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	\$1,000,000
								E.L. DISEASE-EA EMPLOYEE	\$1,000,000
								E.L. DISEASE-POLICY LIMIT	\$1,000,000
E		E&O - Professional Liability - Primary			PSDEF2601124 Clms Md - Prof/Pollution	03/01/2026	03/01/2027	Per Claim/Aggregate Deductible	\$5,000,000 \$750,000

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

Contractual Liability policy included under General Liability policy. RE: Professional Services Agreement, Continuing Services Contract, Various Architectural & Consulting Services (Disciplines) For Citywide Projects, RFQ-160-24-wv, US 1 FDOT Street Tree Construction Drawings and Approvals. The City of Hollywood, Florida, its employees and officials are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. The City of Hollywood, Florida, its employees and officials are included as Loss Payee with respect to the physical damage Auto policy of covered vehicles by the Named Insured in accordance with the policy provisions. A Waiver of Subrogation is granted in favor of certificate holder in accordance with the policy provisions of the General Liability,

CERTIFICATE HOLDER City of Hollywood Department of Design and Construction Management 2207 Raleigh Street Hollywood FL 33022 USA	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.
	AUTHORIZED REPRESENTATIVE

Holder Identifier :

570119524351

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Bermello, Ajamil & Partners, LLC	
POLICY NUMBER See Certificate Number: 570119524351			
CARRIER See Certificate Number: 570119524351	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	Business Auto Physical Dama Coverage			10 UEN DS9516 Auto Liability (AK)	03/01/2026	03/01/2027	Comprehensive Deduct	\$1,000
							Collision Deductible	\$1,000



ADDITIONAL REMARKS SCHEDULE

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POLICY NUMBER See Certificate Number: 570119524351		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570119524351	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Automobile Liability, Umbrella Liability, Professional Liability and workers' Compensation policies. Should General Liability, Automobile Liability, Umbrella Liability, Professional Liability and Workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions of each policy will govern how notice of cancellation may be delivered to certificate holders in accordance with the policy provisions of each policy.



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POLICY NUMBER See Certificate Number: 570119524351			
CARRIER See Certificate Number: 570119524351	NAIC CODE	EFFECTIVE DATE:	

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Workers Compensation UW COS by State

Hartford Insurance Company of Illinois: AL, AZ, CO, VA

Twin City Fire Insurance Company: AK, AR, CT, DE, DC, FL, ID, IA, KS, ME, MA, MS, MT, NE, NV, NH, NJ, NM, NY, OH, OK, OR, RI, UT, WA, WV, WY

Sentinel Insurance Company Ltd: CA, MI, NC, SC, TN

Hartford Insurance Company of the Midwest: GA, MO

Hartford Underwriters Insurance Company: HI, SD

Hartford Fire Insurance Company: IL, LA, MN

Hartford Insurance Company of the Southeast: IN, TX

Hartford Casualty Insurance Company: KY, WI

Property and Casualty Insurance Company of Hartford: MD

Hartford Accident and Indemnity Company: PA