



City of Hollywood  
Design and Construction Management  
Jose Cortes, Director  
2600 Hollywood Boulevard, Hollywood, FL 33020

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**[ADVANCED AC, LLC] RESPONSE DOCUMENT REPORT**  
IFB No. IFB-351-26-WV  
City of Hollywood Fire Station 40 HVAC Unit Replacement Project  
RESPONSE DEADLINE: December 17, 2025 at 3:00 pm  
Report Generated: Monday, February 23, 2026

## Advanced AC, LLC Response

### CONTACT INFORMATION

**Company:**

Advanced AC, LLC

**Email:**

joisse@acadvanced.com

**Contact:**

Joisie Correa

**Address:**

2700 West Cypress Road - Suite A106  
205  
Fort Lauderdale, FL 33309

**Phone:**

(954) 901-0684

**Website:**

<https://acadvanced.com/>

**Submission Date:**

Dec 17, 2025 1:34 PM (Eastern Time)

## ADDENDA CONFIRMATION

*No addenda issued*

## QUESTIONNAIRE

### 1. VENDOR REFERENCE FORM\*

Please download the below documents, complete, and upload for each vendor reference. Reference forms are to be completed by your vendor reference. They must be sent back to you to be uploaded with your bid response. A minimum of three (3) references are required.

- [Vendor Reference Form.pdf](#)

Vendor\_Reference\_Form.pdf

### 2. Information Upload\*

Please upload all specifications/licenses for your submittal here per requirements on Section 4.11 Contractor Qualifications.

LICENSE\_2026.pdf

Advanced\_AC\_LLC\_CBE\_SBE\_Certificate.pdf

### 3. HOLD HARMLESS AND INDEMNITY CLAUSE\*

I, an authorized representative, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Confirmed

**4. NON-COLLUSION STATEMENT\***

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

**5. CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS\***

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or

commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Confirmed

#### **6. DRUG-FREE WORKPLACE PROGRAM\***

- A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
  - 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
  - 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
  - 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
  - 4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer

of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Confirmed

#### **7. SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY \***

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,

- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Confirmed

#### **8. Certificate of Insurance\***

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

AAC\_Hollywood\_COI\_.pdf

#### **9. PROOF OF SUNBIZ REGISTRATION\***

Enter company FEIN to be verified in Sunbiz

84-5041143

[Click to Verify](#) *Value will be copied to clipboard*

#### **10. ACKNOWLEDGMENT AND SIGNATURE PAGE**

IF CORPORATION - DATE INCORPORATED/ORGANIZED:\*

n/a

STATE INCORPORATED/ORGANIZED:\*  
Florida

REMITTANCE ADDRESS\*

2700 West Cypress Creek Road - Suite # A106  
Fort Lauderdale, FL 33309

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME\*  
Josse Correa

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.\*  
Confirmed

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.\*  
Confirmed

#### **11. SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM STATEMENT IS SUBMITTED TO THE CITY OF HOLLYWOOD BY:\*

(Print individual's name and title) (Print name of entity submitting sworn statement)

Joisse Correa / CEO

SWORN STATEMENT CONTINUATION:\*

Enter business address:

2700 West Cypress Creek Road, Suite A106 - fort Lauderdale - FL 33309

SWORN STATEMENT CONTINUATION:\*

Enter Federal Employer Identification Number (FEIN) is:

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

84-5041143

SWORN STATEMENT CONTINUATION:\*

I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

n/a

SWORN STATEMENT CONTINUATION:\*

I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate"

includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

Confirmed

SWORN STATEMENT CONTINUATION:\*

I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity.

The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity

Confirmed

SWORN STATEMENT CONTINUATION:\*

Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida,

SWORN STATEMENT CONFIRMATION\*

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Confirmed

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**PRICE TABLES**

**BID FORM**

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
<b>Equipment Replacement</b>					
1	Replace AHU-1 and CU-1 (2nd Floor) per schedule	1	EA	\$20,930.00	\$20,930.00
2	Replace AHU-2 and CU-2 (2nd Floor) per schedule	1	EA	\$25,610.00	\$25,610.00
3	Replace AHU-3 and CU-3 (AHU-1) per schedule	1	EA	\$57,200.00	\$57,200.00
4	Replace AHU-4 and CU-4 (2nd Floor) per schedule	1	EA	\$10,500.00	\$10,500.00
5	Replace AHU-9 and CU-9 (AHU-2) per schedule	1	EA	\$47,900.00	\$47,900.00
<b>Controls &amp; Integration</b>					
6	Provide new DDC/BAS control panels, controllers, sensors, actuators; integrate new AHUs into existing BAS or provide new master controller (if required). Note: Contractor must submit control narrative	1	LS	\$70,000.00	\$70,000.00
7	Programming, software licenses, graphics, trending points, alarm configuration. Note: Include mockups for owner approval	1	LS	\$25,790.00	\$25,790.00
<b>Air Distribution / Damper Work</b>					
8	Provide and install new motorized dampers (supply, return, outside air, relief) with actuators, linkages, wiring, supports, balancing. Note: Dampers to be factory-rated and UL listed	1	LS	\$8,200.00	\$8,200.00
<b>Electrical / Power</b>					
9	Provide new fused disconnect switches for each AHU and condensing unit, including wiring from existing panels. Note: Contractor shall verify existing service capacity	1	LS	\$22,700.00	\$22,700.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
10	Provide VFDs for supply fans (including wiring, bypass if required, programming, harmonic mitigation). Note: VFDs to be matched to motor sizing and loads	1	LS	\$15,700.00	\$15,700.00
11	Electrical coordination, conduit, raceways, supports, terminations. Note: Must meet NEC and local code	1	LS	\$12,723.21	\$12,723.21
<b>Temporary Systems / Phasing</b>					
12	Temporary cooling / HVAC during construction: rental, removal, connections, maintenance. Note: Must maintain full building comfort during outages	1	LS	\$30,000.00	\$30,000.00
<b>Testing, Balancing, Commissioning &amp; Startup</b>					
13	Air and hydronic balancing per national standards (NEBB or AABC). Note: Submit report	1	LS	\$18,500.00	\$18,500.00
14	Control checkout, startup, functional testing, performance verification. Note: Contractor to provide test logs	1	LS	\$7,800.00	\$7,800.00
15	Equipment warranty, performance guarantees, and acceptance testing. Note: Include guarantee durations	1	LS	\$4,700.00	\$4,700.00
<b>Closeout, Documentation</b>					
16	Provide O&M manuals, parts lists, wiring and control drawings. Note: As-built drawings required	1	LS	\$18,450.00	\$18,450.00
<b>General Requirements / Others</b>					
17	Permits, inspections, testing fees, bonding — all included. Note: Contractor to carry required insurance	1	LS	\$22,000.00	\$22,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
18	Mobilization / demobilization / site cleanup. Note: Must restore site to original conditions	1	LS	\$35,000.00	\$35,000.00
19	Contingency / allowance (e.g. additional ductwork, structural supports, extra wiring). Note: Specify what the allowance covers	1	LS	\$20,000.00	\$20,000.00
<b>TOTAL</b>					<b>\$473,703.21</b>

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: FB-351-26-WV  
 Reference for: Trident Management

Organization/Firm Name providing reference: Trident Management

Organization/Firm Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: Monica Munoz

Email: Monica@tridentmiami.com Phone: 305-988-4863

Name of Referenced Project: Carroll Walk Condominiums Contract No: \_\_\_\_\_

Date Services were provided: \_\_\_\_\_ Project Amount: \$380,000

08/01/2024

Referenced Vendor's role in Project:  Prime Vendor  Subcontractor/  
Subconsultant

Would you use the Vendor again?  Yes  No. Please specify in additional comments

**Description of services provided by Vendor (provide additional sheet if necessary):**  
 Installed 4 rooftop units on 20 story building. Also installed new sheet metal ductwork

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE CLASS A AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**EVANS, MICHAEL THOMAS**

ADVANCED AC LLC  
6500 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33067

**LICENSE NUMBER: CAC1820013**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 08/15/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# THIS CERTIFICATE IS AWARDED TO

**ADVANCED AC, LLC**

AS SET FORTH IN THE BROWARD COUNTY BUSINESS OPPORTUNITY ACT OF 2012, THE CERTIFICATION REQUIREMENTS HAVE BEEN MET FOR:

**County Business Enterprise (CBE) and Small Business Enterprise (SBE)**

**MARIBEL FELICIANO** Digitally signed by MARIBEL FELICIANO  
 Date: 2025.09.09 08:42:43 -04'00'

AUTHORIZED REPRESENTATIVE

**Anniversary Date: AUGUST 27th**

THE OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT MUST BE NOTIFIED WITHIN 30 DAYS OF ANY MATERIAL CHANGES IN THE BUSINESS WHICH MAY AFFECT OWNERSHIP AND CONTROL. FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE AND/OR IMPOSITION OF OTHER SANCTIONS.

A SERVICE OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
[BROWARD.ORG/SMALLBUSINESS](http://BROWARD.ORG/SMALLBUSINESS)

GOVERNMENTAL CENTER ANNEX 115 S. ANDREWS AVENUE, ROOM A680 FORT LAUDERDALE, FL 33301  
 TEL: 954-357-6400 • FAX: 954-357-5674 • TTY: 954-357-5664





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2025

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Angela Valle	
Twin Palms Insurance Group		<b>PHONE (A/C No. Ext):</b> (561) 425-9991	<b>FAX (A/C, No):</b> (561) 425-9993
1615 Forum Place, Suite 501		<b>E-MAIL ADDRESS:</b> David@twinpalmsins.com	
West Palm Beach FL 33401		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> HADRON SPECIALTY INS CO	<b>NAIC #</b>
<b>INSURED</b>		<b>INSURER B:</b> PROGRESSIVE AMER INC CO	24252
Advanced AC, LLC		<b>INSURER C:</b> MT HAWLEY INS CO	37974
2700 W Cypress Creek Rd		<b>INSURER D:</b> TECHNOLOGY INS CO INC	42376
Suite #A106		<b>INSURER E:</b>	
Fort Lauderdale FL 33309		<b>INSURER F:</b>	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		H0031GL101108	09/16/2025	09/16/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		864680662	10/21/2025	10/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist - Ni \$ 1,000,000
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$			GXS001948	09/16/2025	09/16/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PR/COMP OPS AGG \$ 2,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TWC4668547	09/16/2025	09/16/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate Holder is also listed as Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood 1600 S Park Rd  Hollywood FL 33021	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 <i>David M Smith</i>
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