



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2025

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).

PRODUCER Acrisure Southeast Partners Insurance Services, LLC 1317 Citizens Blvd Leesburg FL 34748 License#: BR-1796553 CRAIASM-03	CONTACT NAME: Britney King PHONE (A/C No. Ext): 800-845-8437 E-MAIL ADDRESS: BrKing@acrisure.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Craig A. Smith & Associates LLC 1425 E Newport Center Dr Deerfield Beach FL 33442	INSURER A: The Travelers Indemnity Company of America 25666	NAIC #
	INSURER B: Travelers Property Casualty Company of America 25674	
	INSURER C: Travelers Casualty and Surety Company 19038	
	INSURER D: Aspen American Insurance Company 43460	
	INSURER E: Texas Insurance Company 16543	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 12130213

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: Subj to \$ 2M Cap	Y	Y	6605Y737066TIA26	1/2/2026	1/2/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	8106W5530882643G	1/2/2026	1/2/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP6S2187112647	1/2/2026	1/2/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB4S8815012647G	1/2/2026	1/2/2027	<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
D	Rented/Leased Equip.			IM00P7D26	1/2/2026	1/2/2027	Maximum per Item \$ 25,000
E	Professional Liab.			BFLPMLTFL01160002351801	1/2/2026	1/2/2027	Each Claim/AGG Limit \$ 2,000,000

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

Certificate holder is included as additional insured for General Liability & Auto Liability when required by written contract. General Liability and Auto Liability are primary and non-contributory for the certificate holder when required by written contract. Waiver or subrogation applies to General Liability, Auto Liability and Employers Liability when required by written contract. Umbrella follows over General Liability and Workers Compensations policies. Cancellation 30-days' notice of cancellation applies except 10-days for non-payment of premium per policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Department of Public Utilities 1715 N 21 Avenue Hollywood, Florida 33020 USA	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 Jimmy Irwin
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Fw: Craig A Smith COI

From Betzaida Cambero <bcambero@HollywoodFL.org>

Date Thu 1/29/2026 8:43 AM

To Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>

Cc Certificate of Insurance <COI@hollywoodfl.org>; Jaime Castillo <JCASTILLO@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>

 1 attachment (109 KB)

City of Hollywood_Craig A. Smith & Associates LLC_12-23-2025_12130213.pdf;

Acceptable.

Betzaida Cambero

Risk Management Analyst

Office of Human Resources | HR Risk Management

Email: bcambero@HollywoodFL.org

Telephone: [954-921-3639](tel:954-921-3639)

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>

Sent: Thursday, January 29, 2026 7:10 AM

To: Betzaida Cambero <bcambero@HollywoodFL.org>; Certificate of Insurance <COI@hollywoodfl.org>

Cc: Jaime Castillo <JCASTILLO@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>

Subject: FW: Craig A Smith COI

Good morning, Betzaida.

I'm following up on the Certificate of Insurance (COI) I sent you. The Procurement department needs the COI to proceed with the contract.

Thank you,

Maria Gonzalez

Administrative Specialist II

Public Utilities

Email: MAGONZALEZ@hollywoodfl.org

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>

Sent: Monday, January 5, 2026 4:19 PM

To: Betzaida Cambero <bcambero@HollywoodFL.org>