



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2026

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 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 Insurance Solutions of America 925 West State Road 434, Ste 201 Winter Springs FL 32708		CONTACT NAME: PHONE (A/C, No, Ext): 407-332-0033 FAX (A/C, No): 407-332-0030 E-MAIL ADDRESS: certs@isolutionsfl.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : Associated Industries Insurance Company, Inc. 23140	
INSURED City Fire, Inc. 5708 SW 25th St Hollywood FL 33023		CITYFIR-01 INSURER B : Ascendant Commercial Insurance Incorporated 13683 INSURER C : Lloyds of London 85202 INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1405174518

REVISION NUMBER:

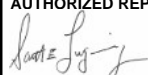
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		SP2250859	12/16/2025	12/16/2026	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA-73777-0	9/20/2025	9/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SP2X250859	12/16/2025	12/16/2026	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
A	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 <input checked="" type="checkbox"/> N	N/A	TWC4803188	6/17/2026	6/17/2027	<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
C	Errors & Omissions			SP2250859	12/16/2025	12/16/2026	Each Occurrence	1,000,000
C	Pollution Liability			SP2250859	12/16/2025	12/16/2026	Limit	1,000,000

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

Certificate is subject to all policy limits, conditions and exclusions.
 The City of Hollywood is named as additional insured with respects to general liability if required by written contract. A waiver of subrogation is applicable with respects to workers compensation if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Public Works 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 

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From: [Certificate of Insurance](#)
To: [Thaddeus Dennis](#); [William Varandas](#)
Cc: [Certificate of Insurance](#)
Subject: FW: City Fire Updated Workers Compensation Policy
Date: Monday, June 15, 2026 4:52:00 PM
Attachments: [footer-fb-4k_e828234c-6a7c-4364-b7b0-71b74b12dfa0.png](#)
[footer-x-4k_11a01324-ac65-49bf-9d6f-9e2b6c1707ca.png](#)
[footer-vt-4k_be74c60c-2b1d-4856-b3fc-efe0ea01961f.png](#)
[linkedin_7ab58891-da4a-400e-98de-1cf9af1bc10e.png](#)
[footer-insta-4k_f767184d-c1fa-47d3-917c-394d97f18134.png](#)
[City of Hollywood_City Fire, Inc. 2627 WC & 2526 AGLU_6-1-2026_1405174518.pdf](#)
[PA600563_City Fire, Inc Initial Term.pdf](#)

Acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Thaddeus Dennis <tdennis@HollywoodFL.org>
Sent: Monday, June 15, 2026 11:30 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: William Varandas <WVARANDAS@hollywoodfl.org>
Subject: FW: City Fire Updated Workers Compensation Policy

Good morning

Is there any update on this policy?

Regards

Thaddeus Dennis

Administrative Assistant - Temporary / On-Call
Public Works – Temporary Services
City of Hollywood

Email: tdennis@HollywoodFL.org
Telephone: [954-921-3628](tel:954-921-3628)

From: Thaddeus Dennis <tdennis@HollywoodFL.org>
Sent: Thursday, June 4, 2026 1:51 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: William Varandas <WVARANDAS@hollywoodfl.org>; Daniel Mell <DMELL@hollywoodfl.org>;
Stephanie Gardner <SGARDNER@hollywoodfl.org>
Subject: City Fire Updated Workers Compensation Policy

Good afternoon,

Scope of work: Fire Extinguisher and System Services
BPA PA600563

Regards

Thaddeus Dennis

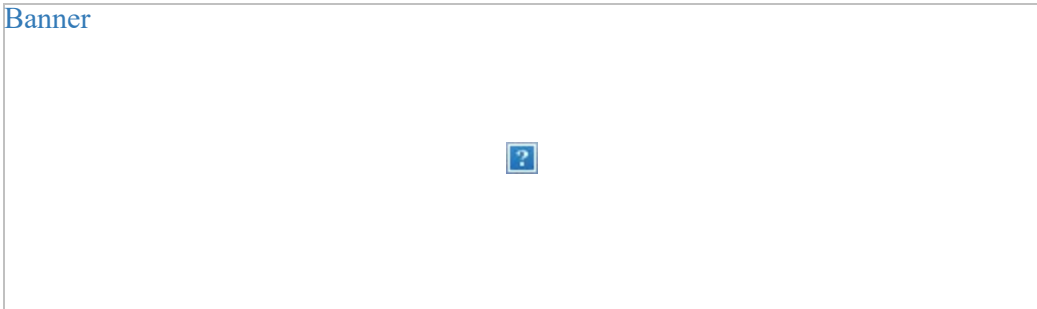
Administrative Assistant - Temporary / On-Call
Public Works – Temporary Services
City of Hollywood
P.O. Box 229045
Hollywood, FL 33022

Email: tdennis@HollywoodFL.org
Telephone: [954-921-3628](tel:954-921-3628)

www.HollywoodFL.org



Banner



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