





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2026

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).

<b>PRODUCER</b> One Protect Insurance 7971 RIVIERA BLVD STE 335 Miramar FL 33023		<b>CONTACT NAME:</b> VICENTE SALGUERO <b>PHONE (A/C. No. Ext):</b> (954) 764-9070 <b>FAX (A/C. No):</b> (954) 928-9070 <b>E-MAIL ADDRESS:</b> vin@oneprotectins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> MAXUM IND CO	<b>NAIC #</b> 26743
		<b>INSURER B:</b> INFINITY IND INS CO	10061
		<b>INSURER C:</b> SCOTTSDALE INSURANCE COMPANY	
		<b>INSURER D:</b> LLOYDS OF LONDON	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> S&R ENGINEERING GROUP LLC dba AIR CHANGES MECHAI 1365 NW 98TH CT UNIT 4 DORAL FL 33172			

**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>			BDG-3107788-02	03/18/2026	03/18/2027	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			50000392702	12/22/2025	12/22/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b>			CXS4081192	03/18/2026	03/18/2027	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED		RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
D	BOP Property			AMAA0031575	03/18/2026	03/18/2027	BPP	52,500
							WIND DED	10%
							AOP DED	2,500

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

91585 -Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC  
 95647 - Heating or Combined Heating and Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair - No  
 Liquefied Petroleum Gas (LPG) Equipment Sales  
 E1430 Flexible Blanket Additional Insured As Required By Written Contract, Written Agreement Or Written Permit  
 E906 Amendment-Aggregate Limits of Insurance (Per Project)  
 E921 Additional Insured-Owners, Lessees or Contractors-Primary and Non-contributory

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood Public Works  1600 S. Park Rd Hollywood FL 33021	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY One Protect Insurance		NAMED INSURED S&R ENGINEERING GROUP LLC dba AIR CHANGES MECHANICAL	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

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

E919 Blanket Waiver of Transfer of Rights of Recovery Against Others to Us  
CG2037 Additional Insured - Owners, Lessees Or Contractors -Completed Operations

City of Hollywood is named as an additionally insure for General Liability and Auto Liability.

**From:** [Certificate of Insurance](#)  
**To:** [Stephanie Gardner](#)  
**Cc:** [Thaddeus Dennis](#); [Certificate of Insurance](#)  
**Subject:** Fw: S&R Engineering Group LLC dba Air Changes  
**Date:** Wednesday, April 1, 2026 2:16:32 PM  
**Attachments:** [CERTIFICATE OF LIABILITY INSURANCE - City of Hollywood Public Works.pdf](#)  
[ACORD - Workers Comp.pdf](#)

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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.

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**From:** Stephanie Gardner <SGARDNER@hollywoodfl.org>  
**Sent:** Wednesday, April 1, 2026 2:12 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Thaddeus Dennis <tdennis@HollywoodFL.org>  
**Subject:** S&R Engineering Group LLC dba Air Changes

PA601133

Scope of services:  
HVAC installation, maintenance and repairs

**Stephanie Gardner**  
Administrative Assistant I  
Public Works  
P.O. Box 229045  
Hollywood, FL 33022

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**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [754-329-0497](tel:754-329-0497)

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



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