



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	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Trumbull Insurance Company</td><td>27120</td></tr><tr><td>INSURER B: Hartford Fire Insurance Co.</td><td>19682</td></tr><tr><td>INSURER C: Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER D: Hartford Casualty Insurance Co</td><td>29424</td></tr><tr><td>INSURER E: Underwriters at Lloyds</td><td>32727</td></tr><tr><td>INSURER F:</td><td></td></tr></table>	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:	
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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.

Limits shown are as requested

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
B	X	COMMERCIAL GENERAL LIABILITY				10UUNBZ4DXW	03/01/2026	03/01/2027	EACH OCCURRENCE		\$1,000,000			
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$1,000,000					
	X	Contractual Liability		MED EXP (Any one person)					\$15,000					
				PERSONAL & ADV INJURY					\$1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE					\$2,000,000					
		POLICY	X	PRO-JECT	X				LOC	PRODUCTS - COMP/OP AGG	\$2,000,000			
		OTHER:												
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		SCHEDULED AUTOS	BODILY INJURY (Per accident)									
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)									
D	X	UMBRELLA LIAB		X	OCCUR	10XHUBZ6FYY	03/01/2026	03/01/2027	EACH OCCURRENCE		\$1,000,000			
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$1,000,000			
	DED	X	RETENTION \$10,000											
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					10WBBZ9NVN	03/01/2026	03/01/2027	X		PER STATUTE		OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N/A				E.L. EACH ACCIDENT		\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below								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

CANCELLATION

City of Hollywood Department of Design and Construction Management 2207 Raleigh Street Hollywood FL 33022 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 <i>Aon Risk Services Northeast, Inc.</i>
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Holder Identifier :

570119524351

Certificate No :





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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.

[illegible]

**ADDITIONAL REMARKS SCHEDULE**

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



ADDITIONAL REMARKS SCHEDULE

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ADDITIONAL REMARKS

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