ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/25/2026

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	CONTACT NAME: Willis Towers Watson Certificate Center
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Charter Oak Fire Insurance Company	25615
INSURER B : Travelers Indemnity Company	25658
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Empire Office, Inc.
654 Madison Avenue, 14th Fl
New York, NY 10065

COVERAGES **CERTIFICATE NUMBER:** W45024777 **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 INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	Y1N-630-5W70196A-COF-26	03/24/2026	03/24/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			810-6F431146-26-14	03/24/2026	03/24/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000	Y	Y	CUP-2T116889-26-NF	03/24/2026	03/24/2027	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

City of Hollywood is included as an Additional Insured as respects to General Liability and Umbrella/Excess Liability.

General Liability and Umbrella/Excess Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured.

CERTIFICATE HOLDER

City of Hollywood
Department of Design & Construction Management
P.O. Box 229045
Hollywood, FL 33022-9045

CANCELLATION

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

Patricia A Forney

SR ID: 29623960 BATCH: 4377037

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/05/2026

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PRODUCER	CONTACT NAME:	
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: 053.certs@bbrown.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Empire Office, Inc. 654 Madison Ave, FL 14 New York NY 10065	INSURER A : Amerisure Insurance Company	19488
	INSURER B : Amerisure Mutual Insurance Company	23396
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26/27 Auto & WC **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS			CA21076070901	02/15/2026	02/15/2027	BODILY INJURY (Per accident)	$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☒ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		WC21076000901	02/15/2026	02/15/2027	E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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

City of Hollywood
2600 Hollywood Blvd
Hollywood FL 33022

CANCELLATION

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

Additional Named Insureds

Other Named Insureds

Fabricate by Empire	Additional Named Insured

Ramses Terrero

From: Certificate of Insurance
Sent: Monday, November 24, 2025 1:01 PM
To: Certificate of Insurance; Elisa Iglesias
Subject: FW: Empire Office Furniture - City Hall Space Planning Project
Attachments: COI - City of Hollywood Department of Design & Construction.pdf; Empire Office COI combined.pdf

Hello,

Please utilize the attached which are acceptable.

Thank you

Certificate of Insurance

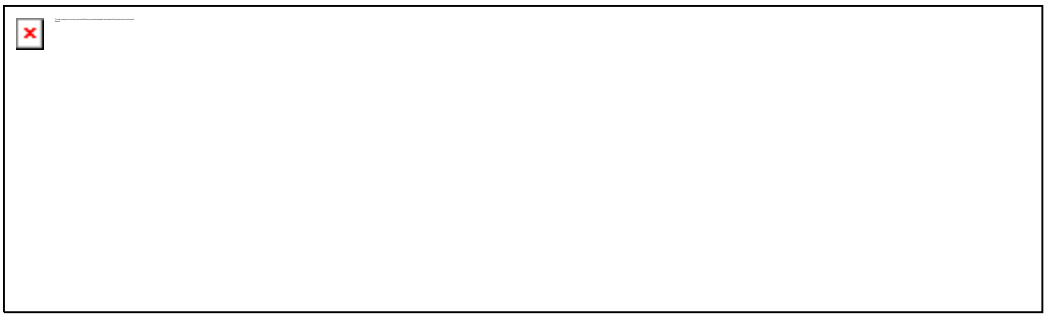
From: Elisa Iglesias <EIGLESIAS@hollywoodfl.org>
Sent: Friday, November 21, 2025 7:55 PM
To: Certificate of Insurance <COI@hollywoodfl.org>; Tanya Bouloy <TBouloy@hollywoodfl.org>
Subject: Empire Office Furniture - City Hall Space Planning Project

Please review attached COI for your approval. The total amount of the purchase is $239,238.38 for furniture and installation. This is a piggyback contract.

Elisa Iglesias
Deputy Director, Design and Construction Management
Design and Construction Management
P.O. Box 229045
Hollywood, FL 33022

Email: EIGLESIAS@hollywoodfl.org
Telephone: 954-921-3927

www.HollywoodFL.org



From: Jasymin Destin <jdestin@empireoffice.com>
Sent: Thursday, November 13, 2025 9:48 PM
To: Ramses Terrero <rterrero@HollywoodFL.org>
Cc: Elisa Iglesias <EIGLESIAS@hollywoodfl.org>
Subject: [EXT]Fw: Certificate City of Hollywood Department of Design & Construction

See attached.

Jasymin Destin

EMPIRE OFFICE INC.
T: 954-707-6216 | C: 954-547-5247

From: Jasymin Destin <jdestin@empireoffice.com>
Sent: Thursday, November 13, 2025 3:14 PM
To: Maria Rodriguez <mrodriguez2@hollywoodfl.org>
Subject: Fw: Certificate City of Hollywood Department of Design & Construction

Hi Maria,

Please see the attached.

Jasymin Destin

EMPIRE OFFICE INC.
T: 954-707-6216 | C: 954-547-5247

From: 053 - Certs <053.Certs@bbrown.com>
Sent: Thursday, November 13, 2025 2:07 PM
To: mrodriguez2@HollywoodFL.org <mrodriguez2@HollywoodFL.org>; COI@hollywoodfl.org <COI@hollywoodfl.org>
Cc: Jasymin Destin <jdestin@empireoffice.com>; Diana Patricia Rivas <drivas@empireoffice.com>; Terina Medina <tmedina@empireoffice.com>
Subject: Certificate City of Hollywood Department of Design & Construction

Hello,

Please see the attached COI as requested.

Please let us know if we can be of further assistance.

Please forward all CERTIFICATE requests to: 053.Certs@bbrown.com and be sure to include the name of your account on the request.

Thank you,

Certificate Processing Team
1201 W. Cypress Creek Road, Suite 130
Fort Lauderdale, FL 33309
BBrown.com | **NYSE: BRO**

Brown & Brown

https://bbftlaud.epaypolicy.com

Great Place To Work. Certified OCT 2021-OCT 2022 USA

From: Diana Patricia Rivas <drivas@empireoffice.com>
Sent: Thursday, November 13, 2025 1:23 PM
To: 053 - Certs <certs@bbftlaud.com>
Cc: Jasymin Destin <jdestin@empireoffice.com>; Terina Medina <tmedina@empireoffice.com>
Subject: Fw: Empire Office COI

[External]

Good afternoon,
Please see below COI request.

Thank you,

Diana Patricia Rivas

EMPIRE OFFICE INC.
T: 954-707-6220

From: Maria Rodriguez <mrodriguez2@HollywoodFL.org>
Sent: Thursday, November 13, 2025 12:55 PM
To: Jasymin Destin <jdestin@empireoffice.com>
Subject: FW: Empire Office COI

Hi Jasmin,

Can you please update the COI as noted below?

Thank you.

Maria Rodriguez
Building Coordinator
Development Services | Building

Email: mrodriguez2@HollywoodFL.org
Telephone: 754-329-0572

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Thursday, November 13, 2025 11:46 AM
To: Certificate of Insurance <COI@hollywoodfl.org>; Maria Rodriguez <mrodriguez2@HollywoodFL.org>
Subject: Empire Office COI

General / Umbrella – acceptable

Auto / Workers' Compensation – Not Acceptable

1. The City of Hollywood must be the certificate holder per the following format:

   City of Hollywood (Nothing else on this line)

   Department Name & Room # (if applicable)

   Department Address

   Department Address

   Please submit a corrected COI for additional review.

Thank you,

Certificate of Insurance

From: Maria Rodriguez <mrodriguez2@HollywoodFL.org>
Sent: Thursday, November 13, 2025 11:02 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: Empire Office COI

Good morning,

Please review the attached COI.

Thank you.

Maria Rodriguez
Building Coordinator
Development Services | Building

Development Services Hub - Second Floor Library
City Hall Circle
2600 Hollywood Blvd
Hollywood, FL 33020

Email: mrodriguez2@HollywoodFL.org
Telephone: 754-329-0572

www.HollywoodFL.org