

Pounall, Colleen

From: Yenisvel Lopez <Yenisvel@BRUENINGINS.COM>
Sent: Thursday, July 12, 2018 3:29 PM
To: Pounall, Colleen
Subject: RE: Eastern Elevator Service Inc.
Attachments: Broward County -Eastern Elevator.pdf

Good afternoon Colleen,

I noticed a few discrepancies on this certificates.

The policy specified on the first certificate is last terms policy number, WS243558, with a policy term of 10/4/16-10/4/17. The current policy term for 10/4/17-10/4/2018, has a policy number of WS298830, which I believe is the second certificate you attached.

We don't have any record on our system of issuing neither one of these certificates. I have attached the only one we have on record for Broward County, which was recently provided.

Also the signature on the first certificate, is not a signature of any of our representatives at our agency. The signature has always been like the one I have attached, and since our agency name is on both certificates, they should have only our agents signature on it.

The other policies are not with our agency.

To be honest with you, this certificates look like they were doctored.

Please advise if I could be of any further assistance.

Thank you,

Yenisvel Lopez
Commercial Lines
Bruening Insurance Agency, Inc.
p: 954-473-1406 or 800-293-0131
f: 954-659-2338
a: 2700 S Commerce Pkwy, Suite 210
Weston, FL 33331
W: brueninginsurance.com e: yenisvel@brueningins.com



Let us assist you with any insurance need.
Home - Auto - Business - Life

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From: Pounall, Colleen [<mailto:CPOUNALL@broward.org>]
Sent: Thursday, July 12, 2018 11:59 AM

To: Yenisvel Lopez
Subject: RE: Eastern Elevator Service Inc.

Good morning Yenisvel,

Please see the attached certificate and verify if the coverages are still in effect.

Best regards,



Colleen Pounall, Risk Analyst
Risk Management Division
115 S Andrews Avenue, Suite 210
Fort Lauderdale, FL 33301
(954) 357-7224
www.broward.org

From: Yenisvel Lopez [mailto:Yenisvel@BRUENINGINS.COM]
Sent: Monday, July 09, 2018 2:21 PM
To: Pounall, Colleen <CPOUNALL@broward.org>
Subject: RE: Eastern Elevator Service Inc.

Good afternoon Colleen,

I noticed on the certificate that the name of the insurance agency is not ours.

Please contact their current agency;

Accredited Insurance Agency
470 Delsea Drive, Route 47
Deptford, NJ 08096

Thank you,

Yenisvel Lopez
Commercial Lines
Bruening Insurance Agency, Inc.
p: 954-473-1406 or 800-293-0131
f: 954-659-2338
a: 2700 S Commerce Pkwy, Suite 210
Weston, FL 33331
W: brueninginsurance.com e: yenisvel@brueningins.com



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From: Pounall, Colleen [<mailto:CPOUNALL@broward.org>]
Sent: Monday, July 09, 2018 2:17 PM
To: Yenisvel Lopez
Subject: Eastern Elevator Service Inc.

Good afternoon Yeni,

Thank you for taking the time to speak with me. The attached certificate was received for the referenced entity; however, the following revisions are required:

- Provide the liability limits for Pollution Liability
- Verify the policy number for Workers Compensation

Best regards,



Colleen Pounall, Risk Analyst
Risk Management Division
115 S Andrews Avenue, Suite 210
Fort Lauderdale, FL 33301
(954) 357-7224
www.broward.org

Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2018

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).

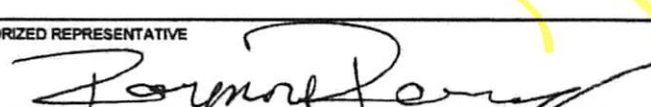
PRODUCER Accredited Insurance Agency 470 Delsea Drive, Route 47 Deptford, NJ 08096	CONTACT NAME: Commercial Lines PHONE (A/C No. Ext): 954-473-1406 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C No.): 954-473-1662
	INSURER(S) AFFORDING COVERAGE	
INSURED Eastern Elevator Service Inc. 13784 NW 12th Court Pembroke Pines, FL 33028	INSURER A: Northfield Insurance Co.	27987
	INSURER B: Progressive Insurance	10192
	INSURER C: Sentinal Insurance Co., LTD	02234
	INSURER D: Western World Insurance Co.	13196
	INSURER E:	
	INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			WS243558	05/04/2018	05/04/2019	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> OCCUR				<input checked="" type="checkbox"/> Y
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			913839720	03/21/2018	03/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/> Y
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				\$
							\$
A	UMBRELLA LIAB			WS243558	05/04/2018	05/04/2019	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				<input type="checkbox"/>
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MS287142-6-06	01/04/2018	01/04/2019	WC STATUTORY LIMITS \$
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A				<input type="checkbox"/>
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Pollution Liability			G46830763001	05/04/2018	05/04/2019	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured. Please refer to policy for terms, conditions and exclusions.

CERTIFICATE HOLDER Broward County 115 S. Andrews Avenue Fort Lauderdale, FL 33301	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2017

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PRODUCER Bruening Insurance 2700 S. Commerce Parkway Suite 210 Weston, FL 33331	CONTACT NAME: Commercial Lines		
	PHONE (A/C, No. Ext): (954) 473-1406	FAX (A/C, No.):	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #:			
INSURED Eastern Elevator Service Inc. 2111 No. Commerce Parkway Weston, FL 33326	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Northfield Insurance Co.		27987
	INSURER B: Geico Insurance		
	INSURER c: Sentinel Insurance Co., LTD		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	WS2435588	09/04/2017	09/04/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	4178-06-467-0	06/21/2017	06/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		WS243558	09/04/2017	09/04/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N N	M287142-6-06	08/02/2017	08/02/2018	<input type="checkbox"/> WC STATU-TORY LIMITS <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
A						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 " Broward County" is listed as an additional insured on the commercial general liability, pollution liability and business automobile liability policies.
 Waiver of Subrogation in favor of the Certificate Holder applies to the general liability, automobile liability, and workers compensation policies.
 REF: Maintenance and Repair Services - elevators and escalators.

CERTIFICATE HOLDER Broward County 115 S. Andrews Avenue Ft. Lauderdale, FL 33301 Attn: Public Works	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2017

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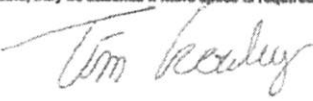
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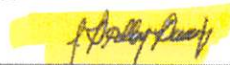
PRODUCER Bruening Insurance 2700 S. Commerce Parkway Suite 210 Weston FL 33331		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (954)473-1406 FAX (A/C, No): (954)473-1662 E-MAIL ADDRESS: _____	
INSURED Eastern Elevator Service Inc. 13784 NW 12th Court Pembroke Pines FL 33028		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Northfield Insurance Co	NAIC # 27987
		INSURER B: Western World Insurance Co	NAIC # 13196
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL17103109023 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		WS298830	10/04/2017	10/04/2018	EACH OCCURRENCE § 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) § 100,000 MED EXP (Any one person) § EXCLUDED PERSONAL & ADV INJURY § 1,000,000 GENERAL AGGREGATE § 2,000,000 PRODUCTS - COMPROP AGG § 2,000,000 §
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) § BODILY INJURY (Per person) § BODILY INJURY (Per accident) § PROPERTY DAMAGE (Per accident) § §
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE § AGGREGATE § §
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT § E.L. DISEASE - EA EMPLOYEE § E.L. DISEASE - POLICY LIMIT §
B	POLLUTION LIABILITY		G46830763001	11/01/2017	11/01/2018	GENERAL AGGREGATE 1,000,000 EACH OCCURRENCE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Digitally signed by TIMOTHY CROWLEY
 Please refer to policy for terms, conditions and exclusions.

 DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM, ou=Users, cn=TIMOTHY CROWLEY
 Date: 2017.10.31 16:58:39 -04'00'

CERTIFICATE HOLDER Broward County 115 S. Andrews Avenue Fort Lauderdale FL 33301	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 

Goal COI



Westchester Surplus Lines
INSURANCE COMPANY

Environmental Policy Declarations

THE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, THIS POLICY AND ANY ENDORSEMENTS OR SCHEDULES ATTACHED HERE TO, CONSTITUTE THE INSURANCE POLICY.

Policy Number: G46830763 001

Renewal of: New

Item 1. **Named Insured:** Eastern Elevator Service Inc
13784 NW 12th Court
Pembroke Pines, FL 33028

The Named Insured is a. Individual Partnership Limited Liability Company Corporation Other: _____

Item 2. **Producer:** ALL RISKS LTD OF THE SOUTHEAST INC
12750 CITRUS PARK LANE
SUITE 110
TAMPA, FL 33625

Item 3. **Policy Period:** Inception Date: 11/01/2017 Expiration Date: 11/01/2018

(12:01 A.M. Standard time at the address shown in Item 1.)

If "NOT INCLUDED" appears, then no such Coverage is provided under this policy.

Item 4. **Limits of Insurance:**
General Aggregate Limit \$1,000,000
Contractors Pollution Liability Coverage Part \$1,000,000 Each Pollution Condition

Item 5. **Deductible:**
Contractors Pollution Liability Coverage Part \$0 Each Pollution Condition

Item 6. **Advance Premium:** \$1,000 (25% minimum earned)

Item 7. **Rate:** Flat / Not Auditable

Item 8. **Estimated Basis:** \$ 40,000

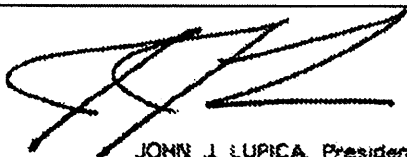
Item 9. **Retroactive Dates:**
Contractors Pollution Liability Coverage Part: Not Applicable

Item 10. **Covered Locations:** Not Applicable

Item 11. **Forms and Endorsements:**
SLPD (03/08) - Surplus Lines Declarations
WSG084 (05/11) - Surplus Lines Broker Notice
LD-5S23j (03/14) - Signature Endorsement

ENV-1200 (03/10) - Contractors Pollution Liability Insurance Policy - Occurrence - Elite
ENV-1230 (03/10) - Non-Owned Disposal Site(s) Liability - Elite
ALL-21101 (11/06) - Trade or Economic Sanctions Endorsement
ENV-3100 (08/04) - Additional Insured Endorsement
ENV-3101 (08/04) - Additional Insured Endorsement - Primary and Non-Contributory
ENV-3103 (12/10) - All Known or Reported Incidents Exclusion
ENV-3137 (08/04) - Separate Defense Limit Endorsement - Contractors Pollution Liability Coverage
ENV-3143 (03/05) - Waiver of Transfer of Rights of Recovery Against Others to Us
ENV-3146 (01/14) - Transportation Pollution Liability Coverage Endorsement (Owned)
ENV-3147 (10-12) - Global Program Solutions Amendatory (Foreign Indemnity) Endorsement
ENV-3213 (05/12) - Mold Sublimit Endorsement - Contractors Pollution Liability
ENV-3223 (05/08) - Prior Operations Exclusion - Contractors Pollution Liability
ENV-3225 (10/08) - Additional Insured Endorsement - Products-Completed Operations Hazard
ENV-3226 (10/08) - Additional Insured Endorsement - Products-Completed Operations Hazard
Primary & Non-Contributory
ENV-3239 (11/16) - Policy Changes Endorsement
ENV-5100 (06/11) - Asbestos Amendatory Endorsement
ENV-5102 (10/04) - Nuclear Hazard Liability Exclusion
ENV-5519 (09/04) - Earned Premium Endorsement - 25% Minimum Earned
ENV-9950 (01/15) - Exclusion of Certified Acts of Terrorism
SL-44730a (01/16) - SERVICE OF SUIT ENDORSEMENT - FLORIDA
TRIA24 (01/15) - Policyholders Disclosure Notice of Terrorism Insurance Coverage
ALL-5X45 (11/96) - Questions About Your Insurance?
IL P 001 01 04 - U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory
Notice to Policyholders
MA-608255e (04/15) - Claims Directory - Umbrella/Excess Casualty/Environmental

Item 12.



JOHN J. LUPICA, President

Date: 10/27/2017

Authorized Representative

DIVIDER
PAGE

Producer No:	73490	SAN:	23947740000000
Pol Eff Dt:	01-23-2018	Office:	99

Date Printed: 07-10-2018
Time Printed: 19:49:37

Trans Eff Dt: 05-08-2018
Insured Name: EASTERN ELEVATOR SERVICE INC.
Policy No: 9100186535
Trans Seq No: 007
Trans Type: Certificate Only
Oper Init: A215032
Company Abbr: GK
Release Version: 18.10

User-Selected Sets	Copies	Printer
CERTIFICATES	01	Don't print



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/10/2018

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.

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PRODUCER GEICO One GEICO Boulevard Fredericksburg, VA 22412	CONTACT NAME: GEICO	
	PHONE (A/C, No, Ext): 1-866-509-9444	FAX (A/C, No):
	Email Address: R1COMMEND@GEICO.COM	
	INSURER(S) AFFORDING COVERAGE	
INSURER A: GOVERNMENT EMPLOYEES INSURANCE COMPANY		NAIC # 22063
INSURED EASTERN ELEVATOR SERVICE INC. 2111 N COMMERCE PKWY WESTON, FL 33326-3238	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			9100186535 00	1/23/2018	1/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 10,000 BODILY INJURY (Per accident) \$ 20,000 PROPERTY DAMAGE (Per accident) \$ 10,000 _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (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)
 2005 FORD F550SD VIN: 1FDAF56P65EA61623

CERTIFICATE HOLDER BROWARD COUNTY 115 S ANDREWS AVE FORT LAUDERDALE, FL 33301-1818	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2018

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 Bruening Insurance 2700 S. Commerce Parkway Suite 210 Weston FL 33331	CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (954) 473-1406 E-MAIL ADDRESS:	FAX (A/C, No): (954) 659-2338
	INSURER(S) AFFORDING COVERAGE	
INSURED Eastern Elevator Service Inc. 13784 NW 12th Court Pembroke Pines FL 33028	INSURER A: Northfield Insurance Co	NAIC # 27987
	INSURER B: Westchester Surplus Lines Insurance Co	10172
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CL17103106023 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WS298830	10/04/2017	10/04/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	POLLUTION LIABILITY			G46830763001	11/01/2017	11/01/2018	EACH CONDITION \$1,000,000 AGGREGATE \$1,000,000

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

Please refer to policy for terms, conditions and exclusions.

CERTIFICATE HOLDER Broward County 115 S. Andrews Avenue Fort Lauderdale FL 33301	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 