



## Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Public Works	Vendor: PlayCore Wisconsin, Inc. DBA Gametime
Primary Contact Name: Kevin Montaldi	Contact Name: Rob Dominica
Primary Contact E-Mail: kmontaldi@davie-fl.gov	Vendor Address: PO Box 680121 Fort Payne , AL 35968-1602
Secondary Contact Name: Jasmine Carter	Vendor Phone: 407.331.0101 // (256) 997-5311
Secondary Contact E-Mail: Jcarter@davie-fl.gov	Vendor E-Mail: Robd@gametime.com // jennifer@gametime.com
Department Phone: 954.797.1240	Vendor #: 8637

Required Information
1.) Type of Agreement: Piggyback <span style="float: right;">If Other, please specify:</span>
2.) What method of procurement is this agreement related to?  Method of Procurement: Piggyback  Town Contract #: PB-JA-26-11
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, which Contract? PB-JA-21-42</span>
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information:  The Town is in need of park and playground equipment.

6.) Is Insurance Required?  Yes  No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 5 Years Months Days Other:  
Are there extensions?  Yes  No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience?  Yes  No

9.) Total estimated annual value of contract: 65000.01 Paid to:  Town  Vendor

10.) Is this a Budget Item?  Yes  No

If Yes, Enter G/L Account: various town accounts

11.) Do Late fees apply?  Yes  No If Yes, How Much? 1% of unpaid balance after 30 days after the due date.

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related?  Yes  No

If Yes, please have other department/division review documentation and sign below.

#### Additional Information

**Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.**

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

**Please complete these steps and submit these forms for processing.**

Form Prepared By Signature:	<b>Jasmine Carter</b>	Digitally signed by Jasmine Carter Date: 2026.01.26 09:40:44 -05'00'	Date: 1/26/26
Department Director Signature:	<b>Osdel Fernandez-Larrea</b>	Digitally signed by Osdel Fernandez-Larrea Date: 2026.01.27 10:45:18 -05'00'	Date: 1/27/26
Procurement Signature:	<b>Jenna Albers</b>	Digitally signed by Jenna Albers Date: 2026.02.05 16:40:43 -05'00'	Date: 2/5/26
Town Attorney Signature:	<b>Philip Sherwin</b>	Digitally signed by Philip Sherwin Date: 2026.02.24 17:29:23 -05'00'	Date: 2/24/26
Procurement Manager Signature:	<b>Brian K. O'Connor</b>	Digitally signed by Brian K. O'Connor Date: 2026.03.05 14:48:33 -05'00'	Date: 3/05/26
Town Administrator Signature:	<b>Richard J. Lemack</b>	Digitally signed by Richard J. Lemack Date: 2026.03.06 16:35:22 -05'00'	Date: 3/06/26

# PaymentWorks

## Gametime

### New Vendor Registration

**Report Date:** Nov. 20, 2025, 1:58 p.m.

**New Vendor Request Submitted:** Feb. 28, 2024, 11:30 a.m.

**Legal Name:** Playcore Wisconsin, Inc. dba Gametime

**Corporate Address:**

150 Playcore Dr SE Fort Payne, AL 35967-7576 United States of America  
Address Validated

**Corporate Email:** courtney.crawford@gametime.com

**Main Telephone Number:** +14073310101

**URL:** www.gametime.com

**D&B D-U-N-S Number:**

**Unique Entity Identifier:** TKD2J5QHEJF3

**Tax Country:** US

**Tax Classification:** C Corporation

**Tax ID:**

**Employer Identification Number (EIN):** 391720480

**TIN/Name IRS Validation:** VALID

**W8/W9:** <https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/4 - 2024-W9.pdf>

**Sanction List Report:** No Alerts Found

**Description of Goods and Services:**

Playground & Outdoor Fitness Equipment, Site Accessories

**Initiator Name (first and last):**

Jasmine Carter

**Initiator Email:**

jcarter@davie-fl.gov

**Initiator Department:**

Public Works

**Initiator Phone Number:**

9547971036

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Entity

**Is your company being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

jenniferc@gametime.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town\\_of\\_Davie\\_5701701\\_Play\\_6vFB5xS.pdf](https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town_of_Davie_5701701_Play_6vFB5xS.pdf)

**Commercial General Liability Insurance Expiration Date:**

2024-08-01

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town\\_of\\_Davie\\_5701701\\_Play\\_ptHIJHW.pdf](https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town_of_Davie_5701701_Play_ptHIJHW.pdf)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2024-08-01

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town\\_of\\_Davie\\_5701701\\_Play\\_HC1av5N.pdf](https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/Town_of_Davie_5701701_Play_HC1av5N.pdf)

**Commercial Automotive Insurance Expiration Date:**

2024-08-01

**Accounts Receivable Contact Name:**

Christa Hilley

**Accounts Receivable Contact Phone Number:**

+12569975311

**Accounts Receivable Contact Email:**

christa.hilley@playcore.com

**Sales Contact Name:**

Natalia Cuervo

**Sales Contact Phone Number:**

+17863979525

**Sales Contact Email:**

natalia.cuervo@gametime.com

**Are you a Federally certified diverse business?:**

No

**Are you a State of Florida certified disadvantaged business?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable).:**

[https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/SunBiz\\_.pdf](https://www.paymentworks.com/api/files/df5ce662-7493-46de-b0fa-bd4368bf4cf6/private/save-draft-files/SunBiz_.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

PO Box 680121 Fort Payne, AL 35968-1602 United States of America  
Address Validated

**Bank Account:**

Name on Account: Gametime

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2026

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> **MARSH USA, LLC. Two Alliance Center 3560 Lenox Road, Suite 2400 Atlanta, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102326389-CAS-GAUWX-23-24	<b>CONTACT NAME:</b> Joseph Wagers	
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> Joseph.Wagers@marsh.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Evanston Insurance Company		35378
<b>INSURER B:</b> Continental Casualty Company		20443
<b>INSURER C:</b> American Casualty Company Of Reading, Pa		20427
<b>INSURER D:</b> Transportation Insurance Co		20494
<b>INSURER E:</b> National Union Fire Ins Co. of Pittsburgh PA		19445
<b>INSURER F:</b> The Continental Insurance Company		35289

**COVERAGES** **CERTIFICATE NUMBER:** ATL-006022545-03 **REVISION NUMBER:** 2

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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 Per Occ.  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		MKLV2PBC002465	08/01/2025	08/01/2026	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							POLICY AGGREGATE	\$ 10,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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	X		7039895527	08/01/2025	08/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp./Coll. Ded.: \$2,000	\$
F	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			7039984806 RETENTION Umb Catastrophe \$25,000	08/01/2025	08/01/2026	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	7039895530	08/01/2025	08/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
C				7039895544	08/01/2025	08/01/2026	E.L. EACH ACCIDENT	\$ 1,000,000
D				7039918871	08/01/2025	08/01/2026	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
G				7039929062	08/01/2025	08/01/2026	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Excess Umbrella			10656545	08/01/2025	08/01/2026	Each Occurrence	10,000,000
							Aggregate	10,000,000

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

RE: Park and Playground Equipment & PB-JA-26-11.

Town of Davie is listed as additional insured as their interests may appear, during and until completion of the referenced project, on a primary and non-contributory basis via attached CG 2010, when required by written contract. A Waiver of Subrogation applies in favor of the additional insured on the Workers Compensation policy, when required by written contract.

## CERTIFICATE HOLDER

Town of Davie  
8800 SW 36th Street  
Davie, FL 33328

## 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  
of Marsh USA LLC

*Marsh USA LLC*

© 1988-2016 ACORD CORPORATION. All rights reserved.



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> **MARSH USA, LLC.		<b>NAMED INSURED</b> PlayCore Wisconsin, Inc. DbA GameTime 150 PlayCore Drive SE Fort Payne,AL 35967	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

INSURERS AFFORDING COVERAGE/NAIC #

INSURER G: National Fire Insurance Co Of Hartford (20478)

Workers' Compensation (Continued):

Carrier: Transportation Insurance Company  
 Policy Number: 7039918885 (OH, ND, WY, WA)  
 Dates: 08/01/2025 - 08/01/2026

Carrier: Continental Insurance Company  
 Policy Number: 7092684051 (CA)  
 Dates: 08/01/2025 - 08/01/2026

WC 7 39895530 - AL,CO,FL,GA,ID,IL,IN,KS,KY,MA,ME,MD,MI,MN,MO,MT,NV,NY,NC,OK,PA,SC,TN,TX,UT,VA  
 WC 7 39895544 - CA  
 WC 7 39918871 - AZ, OR, WI



## Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Public Works	Vendor: BLISS PRODUCTS AND SERVICES, INC.
Primary Contact Name: Kevin Montaldi	Contact Name: Donna Moore
Primary Contact E-Mail: kmontaldi@davie-fl.gov	Vendor Address: 6831 S. SWEETWATER ROAD LITHIA SPRINGS , GA 30122-1953
Secondary Contact Name: Jasmine Carter	Vendor Phone: (770) 920-9944
Secondary Contact E-Mail: Jcarter@davie-fl.gov	Vendor E-Mail: Donna.moore@blissproducts.com
Department Phone: 954.797.1240	Vendor #: 8082

Required Information
1.) Type of Agreement: Piggyback <span style="float: right;">If Other, please specify:</span>
2.) What method of procurement is this agreement related to?  Method of Procurement: Piggyback  Town Contract #: PB-JA-26-11
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, which Contract? PB-JA-21-42</span>
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information:  The Town is in need of park and playground equipment.

6.) Is Insurance Required?  Yes  No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 5 Years Months Days Other:  
Are there extensions?  Yes  No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience?  Yes  No

9.) Total estimated annual value of contract: 65000.01 Paid to:  Town  Vendor

10.) Is this a Budget Item?  Yes  No

If Yes, Enter G/L Account: various town accounts

11.) Do Late fees apply?  Yes  No If Yes, How Much? 1% of unpaid balance after 30 days after the due date.

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related?  Yes  No

If Yes, please have other department/division review documentation and sign below.

### Additional Information

**Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.**

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

**Please complete these steps and submit these forms for processing.**

Form Prepared By Signature:	<b>Jasmine Carter</b>	Digitally signed by Jasmine Carter Date: 2026.01.26 09:42:44 -05'00'	Date: 1/26/26
Department Director Signature:	<b>Osdel Fernandez-Larrea</b>	Digitally signed by Osdel Fernandez-Larrea Date: 2026.01.27 10:43:17 -05'00'	Date: 1/27/26
Procurement Signature:	<b>Jenna Albers</b>	Digitally signed by Jenna Albers Date: 2026.02.05 16:41:25 -05'00'	Date: 2/5/26
Town Attorney Signature:	<b>Philip Sherwin</b>	Digitally signed by Philip Sherwin Date: 2026.02.24 17:31:50 -05'00'	Date: 2/24/26
Procurement Manager Signature:	<b>Brian K. O'Connor</b>	Digitally signed by Brian K. O'Connor Date: 2026.03.05 14:49:04 -05'00'	Date: 3/05/26
Town Administrator Signature:	<b>Richard J. Lemack</b>	Digitally signed by Richard J. Lemack Date: 2026.03.06 16:34:34 -05'00'	Date: 3/06/26

# PaymentWorks

## Bliss Products And Services, Inc.

### New Vendor Registration

**Report Date:** Nov. 20, 2025, 2:41 p.m.

**New Vendor Request Submitted:** May 15, 2025, 10:07 a.m.

**Legal Name:** Bliss Products And Services, Inc.

**Corporate Address:**

6831 S Sweetwater Rd Lithia Springs, GA 30122-1953 United States of America  
Address Validated

**Corporate Email:** donna.moore@blissproducts.com

**Main Telephone Number:** +17709209944

**URL:**

**D&B D-U-N-S Number:** 003456428

**Unique Entity Identifier:**

**Tax Country:** US

**Tax Classification:** S Corporation

**Tax ID:**

**Employer Identification Number (EIN):** 592413631

**TIN/Name IRS Validation:** VALID

**W8/W9:** [https://www.paymentworks.com/api/files/blissproductsands-1/private/w8-w9-blissproductsands-1\\_rDHohXo.pdf](https://www.paymentworks.com/api/files/blissproductsands-1/private/w8-w9-blissproductsands-1_rDHohXo.pdf)

**Sanction List Report:** No Alerts Found

**Description of Goods and Services:**

Park and Playground Equipment

**Initiator Name (first and last):**

Jasmine Carter

**Initiator Email:**

jcarter@davie-fl.gov

**Initiator Department:**

Public Works

**Initiator Phone Number:**

9547971036

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Entity

**Is your company being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

info@blissproducts.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town\\_Of\\_Davie\\_COI\\_-\\_060525\\_DVRzsSM.pdf](https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town_Of_Davie_COI_-_060525_DVRzsSM.pdf)

**Commercial General Liability Insurance Expiration Date:**

2026-01-17

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town\\_Of\\_Davie\\_COI\\_-\\_060525\\_fOqY9m.pdf](https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town_Of_Davie_COI_-_060525_fOqY9m.pdf)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2026-07-29

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town\\_Of\\_Davie\\_COI\\_-\\_060525\\_86mOz8r.pdf](https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/Town_Of_Davie_COI_-_060525_86mOz8r.pdf)

**Commercial Automotive Insurance Expiration Date:**

2025-07-29

**Accounts Receivable Contact Name:**

Donna Moore

**Accounts Receivable Contact Phone Number:**

+17709209944

**Accounts Receivable Contact Email:**

donna.moore@blissproducts.com

**Sales Contact Name:**

Patty Carruthers

**Sales Contact Phone Number:**

+12392486430

**Sales Contact Email:**

patty@blissproducts.com

**Are you a Federally certified diverse business?:**

No

**Are you a State of Florida certified disadvantaged business?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable).:**

[https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/BLISS\\_W9\\_-\\_January\\_2025.pdf](https://www.paymentworks.com/api/files/af5b0f31-6734-4ab1-a6c9-b7fe1bb516af/private/save-draft-files/BLISS_W9_-_January_2025.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

6831 S Sweetwater Rd Lithia Springs, GA 30122-1953 United States of America  
Address Validated

**Bank Account:**

Name on Account: Bliss Products And Services, Inc

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2026

**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> HDINS, Inc dba Harry Daniel Insurance P.O. 2077 Cartersville, GA 30120  www.hdins.com                      AYP070759	<b>CONTACT NAME:</b> Meg Stover <b>PHONE (A/C, No. Ext):</b> 770-382-8954 <b>FAX (A/C, No):</b> 770-386-4081 <b>E-MAIL ADDRESS:</b> MStover@hdins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	<b>INSURER A:</b> Cincinnati Specialty Underwriters                      13037	
	<b>INSURER B:</b> Sentinel Insurance Co, Ltd                                      11000	
	<b>INSURER C:</b> Twin City Fire Insurance Co.                                      29459	
	<b>INSURER D:</b> Hartford Underwriters Insurance Company                      30104	
	<b>INSURER E:</b> Certain Underwriters at Lloyd's, London	
	<b>INSURER F:</b> Westchester Surplus Lines Insurance Co                      10172	

### COVERAGES

**CERTIFICATE NUMBER:** 89023783

**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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contract & XCU <input checked="" type="checkbox"/> \$5000 Deductible per claim GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		CSU0024940	1/17/2026	1/17/2027	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		20UECKN3349	7/29/2025	7/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$ 0			CSU0024939	1/17/2026	1/17/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20WECAT3242	7/29/2025	7/29/2026	<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
D	IM-Installation			20SBABA5WVT	4/19/2025	4/19/2026	\$100,000 (\$2500 deductible)
E	Professional Liability			HPL25-0081	4/28/2025	4/28/2026	\$1,000,000 per claim (\$10,000 retention)
F	Contractors Pollution Liability			G74452280 003	1/17/2026	1/17/2027	\$1,000,000 each condition/\$2,000,000 Agg

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

--See Attached Remarks Schedule--

PB-JA-26-11 - Park and Playground Equipment; The Town of Davie is additional insured, as required by written contract, per attached policy forms.

### CERTIFICATE HOLDER

### CANCELLATION

Town of Davie  
8800 SW 36th Street  
Davie FL 33328

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

H. L. Daniel

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> HDINS, Inc dba Harry Daniel Insurance		<b>NAMED INSURED</b> Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	
<b>POLICY NUMBER</b> See corresponding Certificate Number: 89023783		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** ACORD 25 (03/16)

**HOLDER:** Town of Davie

**ADDRESS:** 8800 SW 36th Street Davie FL 33328

Information provided by this certificate (including any addendum/attachment) is strictly limited per State of Georgia statute OCGA 33-24-19.1.

**GENERAL LIABILITY:** Additional insured for ongoing and completed operations, on a primary and non-contributory basis, when required by executed written contract per form, CSGA4114 06/24.

**GENERAL LIABILITY:** Waiver of subrogation when required by executed written contract per form, CSGA4087 12/12.

**AUTO LIABILITY:** Additional insured, on a primary and non-contributory basis, and waiver of subrogation when required by executed written contract per form, HA9916 12/21.

**EXCESS LIABILITY:** General Liability, Auto Liability and Workers' Compensation policies are all listed on the Schedule of Underlying Insurance. Additional insured and waiver of subrogation per forms, CSCX100 02/13 and CSCX 207 10/20.

**WORKERS' COMP:** Waiver of subrogation when required by executed written contract per form, WC000313.



## ADDITIONAL REMARKS SCHEDULE

AGENCY HDINS, Inc dba Harry Daniel Insurance		NAMED INSURED Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	
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 (03/16)

**HOLDER:** Town of Davie  
**ADDRESS:** 8800 SW 36th Street Davie FL 33328

The afore-mentioned forms on the ADDENDUM/DOO apply to: Town of Davie



## **BULLETIN 24-EX-4**

**TO:** ALL INSURANCE AGENTS WRITING BUSINESS IN THE STATE OF GEORGIA

**FROM:** JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER

**DATE:** MARCH 14, 2024

**RE:** FREQUENTLY ASKED QUESTIONS REGARDING CERTIFICATES OF INSURANCE IN GEORGIA

---

This Bulletin is issued by the Office of the Commissioner of Insurance and Safety-Fire to stand in place of and supersede Bulletin 23-EX-9.

This document is designed to provide the public with information regarding certificates of insurance. Basic questions about certificates are addressed and the process for filing complaints is explained. All information contained herein is merely informal persuasive authority, is not law, and is not binding on OCI. Nothing contained herein shall be construed by any person or entity as an approval of any certificate of insurance by OCI.

### **What is a certificate of insurance?**

A certificate of insurance provides a synopsis of coverage under an insurance policy as it exists at the time the certificate is issued. A certificate is not an insurance policy and cannot be used to alter or expand coverage. The statutory definition of “certificate of insurance” is: “Certificate’ or ‘certificate of insurance’ means any document or instrument, no matter how titled or described, which is prepared or issued by an insurer or insurance producer as evidence of property or casualty insurance coverage. ‘Certificate’ or ‘certificate of insurance’ shall not include a policy of insurance or insurance binder, including any policy of insurance which may be referred to as a certificate, or any insurance information card of identification card issued in conjunction with a motor vehicle insurance policy.”

### **What are the requirements for the certificate forms?**

Certificates must be issued on ACORD or ISO forms or on other forms specifically approved by the Insurance Commissioner’s Office. Certificate forms cannot be altered. They must contain the following or similar disclaimer language: “This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, terms exclusions and conditions afforded by the policies referenced herein.”

## **What is the Insurance Commissioner's regulatory authority?**

The Insurance Commissioner's regulatory authority applies not only to insurance agents and insurance companies but also to entities requesting certificates of insurance, certificate monitoring companies, certificate compliance companies, certificate holders, individuals, partnerships, corporations, associations, or other legal entities, including any government or governmental subdivision or agency.

### **Applicability Status**

The certificates law and regulations apply to all certificate holders, those who request that certificates be issued, policyholders, insurers, insurance producers, certificate monitoring companies, certificate compliance companies, anyone acting on behalf of a certificate holder, and certificate of insurance forms issued as evidence of insurance coverage on property, operations, or risks located in this state, regardless of where the person requesting the issuance of a certificate, the certificate holder, policyholder, insurer, or insurance producer is located.

### **Prohibited Practices and Violations**

It is a violation of the law to provide a certificate on an unapproved or altered form or to include information on a certificate that purports to alter or expand coverage. It is also a violation of the law to request such a certificate.

Examples of improper requests and improper completion of certificates include (but are not limited to) the following:

1. Use of a Form that has not been filed with and approved by the Insurance Commissioner's Office;
2. Use of an edition of an ACORD or ISO form other than the current approved editions;
3. Use of a form called something other than a "Certificate of insurance" as a means of evading the requirements of the law (the same rules apply however the form is titled);
4. Use of a form that certifies that insurance coverage complies with the provisions of the insured's contract with the certificate holder;
5. Alteration of an approved form;
6. Language on a certificate that purports to, affirmatively or negatively amend, extend, modify or alter coverage in any way;
7. Language on a certificate that purports to affirmatively or negatively determine an outcome;
8. Utilizing a third party website or non-approved form to answer coverage questions;
9. Requiring that a summary of a policy provision be added to the certificate which varies from the precise and complete language of the provision;
10. Use of the description of operations box on the ACORD25 form in any manner inconsistent with the provisions of statute or regulation. In particular, the prohibition against summarizing policy language (see bullet point above) applies to the description of operations box as well as other sections of the certificate. Reference to policy provisions in the operations box are permitted (by the form's exact title, form number, and edition date) and copies of the provisions can be attached.
11. Requesting or issuing a certificate which appears to convey or substantiate insurance coverage which does not exist under the policy for which the certificate is being issued.

12. Requesting or issuing a certificate to include construction or service contract language other than project identifying information.
13. Requesting an agent to issue an opinion or document in addition to or in lieu of a certificate other than an actual copy of the insurance policy, insurance binder, or relevant policy provisions to demonstrate contractual compliance.

## **Frequently Asked Questions**

### **1. What are the penalties for violating Georgia certificate of insurance requirements?**

The possible penalties for noncompliance include cease and desist orders, injunctive relief, administrative penalties, civil penalties of up to \$5,000 for each infraction, or any combination of these actions. *See generally*, O.C.G.A. §§ 33-24-19.1(n); (o); 33-2-24. These penalties can apply to certificate holders, certificate monitoring companies, agents, insurers, those who request certificates on a holders' behalf, and any entities defined under O.C.G.A. § 33-24-19.1(a)(5).

### **2. May any party request language be placed on a Certificate of Insurance that affirmatively or negatively purports to amend, extend, or alter the coverage afforded by the policy to which the Certificate of Insurance makes reference?**

No, language may not be requested or included on a certificate that expresses a coverage determination. A certificate of insurance shall not confer to a certificate holder new or additional rights beyond what the referenced policy expressly provides. Examples of language violations that express a coverage determination include, but are not limited to:

- “The policy **WILL BE** Primary Non-Contributory”
- “Subcontracted work **IS NOT** Excluded.”
- “Umbrella Liability Coverage **IS** follow form”
- “Company XYZ, their employees, clients and any other related parties **ARE** additional insureds and coverage **WILL BE** extended.”

*See Rules and Regulations, Rule 120-2-103.07 “Prohibited Practices” as set forth in 33-24-19.1(f), (g), (k)*

### **3. May a certificate holder require that a certificate of insurance include a broad statement that there are no limitations or exclusions for a specific exposure?**

No. A certificate cannot say anything that is not the same as what is stated in the insurance policy. A statement such as “there are no limitations or exclusions for residential construction exposure” would have to be stated exactly like that in the policy to be added to certificate.

No certificate filed with OCI can say more than what's in the related policy, pursuant to O.C.G.A. § 33-24-19.1(j). However, a certificate holder may ask the agent whether the policy contains specific language or a specific exclusion or may request a copy of the policy.

### **4. In addition to providing a Certificate of Insurance, what other documents and/or forms is an agent allowed to provide to a certificate holder?**

In addition to a certificate of insurance or any other form that is approved by the Commissioner of Insurance, an agent may provide copies of the actual policy coverage forms or endorsements in order for a certificate holder to verify coverage. However, it is a violation for any party to request

or provide any form, document, or other method that is not filed and approved by the Commissioner of Insurance.

Examples violations include:

- An Affidavit, whether physical or electronic, attesting to coverage.
- A Supplemental Questionnaire, whether physical or electronic, attesting to coverage.
- Utilizing a third-party website or electronic form to answer questions on coverage.
- Providing a summary or interpretation of coverage whether written or oral.

*See Rules and Regulations, Rule 120-2-103.07 “Prohibited Practices” (3) as set forth in 33-24-19.1(p), (3)*

- 5. May the Acord 101 form be used to include additional information that is not permitted on the Acord 25 form, such as reference to insurance requirements of another contract, additional parties to be included as Additional Insured, specific exclusions, etc.?**

No. The Acord 101 is considered a Schedule to the Acord 25 and cannot say anything that is not the same as what is stated in the insurance policy.

- 6. Does Georgia law apply to all certificate holders including certificate monitoring companies, certificate compliance companies, or any other person or entity engaging on behalf of a certificate holder?**

Yes, the certificate law and all applicable penalties apply to all parties involved with Georgia insurance consumers including certificate monitoring companies and certificate compliance companies. O.C.G.A § 33-24-19.1(a)(2) defines “Certificate Holder” as any person other than the policy holder that requests, obtains, or possesses a certificate of insurance.

- 7. When is the Georgia Certificate of Insurance statute applicable?**

The Georgia certificate of insurance law is applicable when a certificate or evidence of insurance is in reference to coverages on property, operations, or risks located in the state of Georgia. *See O.C.G.A. § 33-24-19.1(i)*

## Complaints

Any complaints regarding violations of Georgia’s Certificate of Insurance law can be made through the [Consumer Portal](#) on the Insurance Commissioner’s website.



---

JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER  
STATE OF GEORGIA

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED(S) - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU - OPERATIONS AND COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II - Who Is An Insured** is amended to include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions in the performance of your ongoing operations for the additional insured described in paragraph **A.1.** or **A.2.** above;
2. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured described in paragraph **A.1.** or **A.2.** above; or
3. "Your work" performed for the additional insured described in paragraph **A.1.** or **A.2.** above and included in the "products-completed operations hazard".

If not specified otherwise in the written contract or agreement described in paragraph **A.1.** of this endorsement, a person's or organization's status as an additional insured under this endorsement ends one year after your operations

for the person or organization described in paragraph **A.1.** are completed. The written contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

However:

1. The insurance afforded to such additional insured described above only applies to the extent permitted by law; and
2. If coverage provided to an additional insured described above is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

- b. Supervisory, inspection, architectural or engineering activities.
  - 2. "Bodily injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.
  - 3. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of an additional insured to indemnify another because of damages arising out of such injury.
  - 4. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.
- C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to an additional insured described herein are those specified in the writ-

ten contract or agreement described in paragraph **A.1.** of this endorsement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement described in paragraph **A.1.**, the limits applicable to the additional insureds are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to an additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

#### **1. BROAD FORM INSURED**

**Paragraph .1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add the following:**

##### **d. Subsidiaries and Newly Acquired or Formed Organizations**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership or joint venture,
  - (b) That is an "insured" under any other policy,
  - (c) That has exhausted its Limit of Insurance under any other policy, or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

##### **e. Employees as Insureds**

- (1). Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

##### **f. Lessors as Insureds**

- (1). The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (a) The agreement requires you to provide direct primary insurance for the lessor and
  - (b) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

##### **g. Additional Insured if Required by Contract**

- (1) When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (a) During the policy period, and
- (b) Subsequent to the execution of such written contract, and

- (c) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- (b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM , SUIT OR LOSS – OF SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

**2. Primary and Non-Contributory if Required by Contract**

Only with respect to insurance provided to an additional insured in A.1.g. - Additional Insured If Required by Contract, the following provisions apply:

- (1) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(2) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in SECTION IV-Business Auto Conditions, B. General Conditions, Other Insurance 5.d.

**3. AUTOS RENTED BY EMPLOYEES**

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The SECTION IV- Business Auto Conditions, B. General Conditions, 5. OTHER INSURANCE Condition is amended by adding the following:

- e. If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

#### 4. AMENDED FELLOW EMPLOYEE EXCLUSION

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

#### 5. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

- (1) \$100,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

#### 6. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day and a maximum limit of \$1,000.

#### 7. LOAN/LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal

obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

#### 8. AIRBAG COVERAGE

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

#### 9. ELECTRONIC EQUIPMENT - BROADENED COVERAGE

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto";
- (2) Removable from a housing unit which is permanently installed in or upon the covered "auto";
- (3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or
- (4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III, Physical Damage Coverage, Limit of Insurance, Paragraph C.2. is amended to add the following:

\$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

(2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or

(3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or \$250, whichever deductible is less.

#### **10. EXTRA EXPENSE - BROADENED COVERAGE**

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

#### **11. GLASS REPAIR - WAIVER OF DEDUCTIBLE**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### **12. TWO OR MORE DEDUCTIBLES**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

(1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;

(2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

#### **13. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership;

(3) A member, if you are a limited liability company; or

(4) An executive officer or insurance manager, if you are a corporation.

#### **14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

#### **15. HIRED AUTO - COVERAGE TERRITORY**

SECTION IV, BUSINESS AUTO CONDITIONS, PARAGRAPH B. GENERAL CONDITIONS, 7. - POLICY PERIOD, COVERAGE TERRITORY - is added to include the following:

(6) For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

#### **16. WAIVER OF SUBROGATION**

Paragraph 5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS A. Loss Conditions is amended by adding the following:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

#### **17. RESULTANT MENTAL ANGUISH COVERAGE**

The definition of "bodily injury" in SECTION V-DEFINITIONS, C. is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

#### **18. EXTENDED CANCELLATION CONDITION**

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

## 19. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

- a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of \$2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,
- b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"
- c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is \$10,000.

For the purposes of the coverage provision,

- a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.

- b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

## 20. VEHICLE WRAP COVERAGE

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to \$1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is \$5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2026

**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> HDINS, Inc dba Harry Daniel Insurance P.O. 2077 Cartersville, GA 30120  www.hdins.com                      AYP070759	<b>CONTACT NAME:</b> Meg Stover <b>PHONE (A/C, No. Ext):</b> 770-382-8954 <b>FAX (A/C, No):</b> 770-386-4081 <b>E-MAIL ADDRESS:</b> MStover@hdins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	<b>INSURER A:</b> Cincinnati Specialty Underwriters                      13037	
	<b>INSURER B:</b> Sentinel Insurance Co, Ltd                                      11000	
	<b>INSURER C:</b> Twin City Fire Insurance Co.                                      29459	
	<b>INSURER D:</b> Hartford Underwriters Insurance Company                      30104	
	<b>INSURER E:</b> Certain Underwriters at Lloyd's, London	
	<b>INSURER F:</b> Westchester Surplus Lines Insurance Co                      10172	

**COVERAGES                      CERTIFICATE NUMBER: 89023783                      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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contract & XCU <input checked="" type="checkbox"/> \$5000 Deductible per claim GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		CSU0024940	1/17/2026	1/17/2027	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		20UECKN3349	7/29/2025	7/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$ 0			CSU0024939	1/17/2026	1/17/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20WECAT3242	7/29/2025	7/29/2026	<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
D	IM-Installation			20SBABA5WVT	4/19/2025	4/19/2026	\$100,000 (\$2500 deductible)
E	Professional Liability			HPL25-0081	4/28/2025	4/28/2026	\$1,000,000 per claim (\$10,000 retention)
F	Contractors Pollution Liability			G74452280 003	1/17/2026	1/17/2027	\$1,000,000 each condition/\$2,000,000 Agg

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

--See Attached Remarks Schedule--

PB-JA-26-11 - Park and Playground Equipment; The Town of Davie is additional insured, as required by written contract, per attached policy forms.

<b>CERTIFICATE HOLDER</b>  Town of Davie 8800 SW 36th Street Davie FL 33328	<b>CANCELLATION</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.
	AUTHORIZED REPRESENTATIVE   H. L. Daniel

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> HDINS, Inc dba Harry Daniel Insurance		<b>NAMED INSURED</b> Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	
<b>POLICY NUMBER</b> See corresponding Certificate Number: 89023783		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** ACORD 25 (03/16)

**HOLDER:** Town of Davie

**ADDRESS:** 8800 SW 36th Street Davie FL 33328

Information provided by this certificate (including any addendum/attachment) is strictly limited per State of Georgia statute OCGA 33-24-19.1.

**GENERAL LIABILITY:** Additional insured for ongoing and completed operations, on a primary and non-contributory basis, when required by executed written contract per form, CSGA4114 06/24.

**GENERAL LIABILITY:** Waiver of subrogation when required by executed written contract per form, CSGA4087 12/12.

**AUTO LIABILITY:** Additional insured, on a primary and non-contributory basis, and waiver of subrogation when required by executed written contract per form, HA9916 12/21.

**EXCESS LIABILITY:** General Liability, Auto Liability and Workers' Compensation policies are all listed on the Schedule of Underlying Insurance. Additional insured and waiver of subrogation per forms, CSCX100 02/13 and CSCX 207 10/20.

**WORKERS' COMP:** Waiver of subrogation when required by executed written contract per form, WC000313.



## ADDITIONAL REMARKS SCHEDULE

AGENCY HDINS, Inc dba Harry Daniel Insurance		NAMED INSURED Bliss Products and Services, Inc. 6831 S. Sweetwater Rd. Lithia Springs GA 30122	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance (03/16)

**HOLDER:** Town of Davie  
**ADDRESS:** 8800 SW 36th Street Davie FL 33328

The afore-mentioned forms on the ADDENDUM/DOO apply to: Town of Davie



## **BULLETIN 24-EX-4**

**TO:** ALL INSURANCE AGENTS WRITING BUSINESS IN THE STATE OF GEORGIA

**FROM:** JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER

**DATE:** MARCH 14, 2024

**RE:** FREQUENTLY ASKED QUESTIONS REGARDING CERTIFICATES OF INSURANCE IN GEORGIA

---

This Bulletin is issued by the Office of the Commissioner of Insurance and Safety-Fire to stand in place of and supersede Bulletin 23-EX-9.

This document is designed to provide the public with information regarding certificates of insurance. Basic questions about certificates are addressed and the process for filing complaints is explained. All information contained herein is merely informal persuasive authority, is not law, and is not binding on OCI. Nothing contained herein shall be construed by any person or entity as an approval of any certificate of insurance by OCI.

### **What is a certificate of insurance?**

A certificate of insurance provides a synopsis of coverage under an insurance policy as it exists at the time the certificate is issued. A certificate is not an insurance policy and cannot be used to alter or expand coverage. The statutory definition of “certificate of insurance” is: “Certificate’ or ‘certificate of insurance’ means any document or instrument, no matter how titled or described, which is prepared or issued by an insurer or insurance producer as evidence of property or casualty insurance coverage. ‘Certificate’ or ‘certificate of insurance’ shall not include a policy of insurance or insurance binder, including any policy of insurance which may be referred to as a certificate, or any insurance information card of identification card issued in conjunction with a motor vehicle insurance policy.”

### **What are the requirements for the certificate forms?**

Certificates must be issued on ACORD or ISO forms or on other forms specifically approved by the Insurance Commissioner’s Office. Certificate forms cannot be altered. They must contain the following or similar disclaimer language: “This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, terms exclusions and conditions afforded by the policies referenced herein.”

## **What is the Insurance Commissioner's regulatory authority?**

The Insurance Commissioner's regulatory authority applies not only to insurance agents and insurance companies but also to entities requesting certificates of insurance, certificate monitoring companies, certificate compliance companies, certificate holders, individuals, partnerships, corporations, associations, or other legal entities, including any government or governmental subdivision or agency.

### **Applicability Status**

The certificates law and regulations apply to all certificate holders, those who request that certificates be issued, policyholders, insurers, insurance producers, certificate monitoring companies, certificate compliance companies, anyone acting on behalf of a certificate holder, and certificate of insurance forms issued as evidence of insurance coverage on property, operations, or risks located in this state, regardless of where the person requesting the issuance of a certificate, the certificate holder, policyholder, insurer, or insurance producer is located.

### **Prohibited Practices and Violations**

It is a violation of the law to provide a certificate on an unapproved or altered form or to include information on a certificate that purports to alter or expand coverage. It is also a violation of the law to request such a certificate.

Examples of improper requests and improper completion of certificates include (but are not limited to) the following:

1. Use of a Form that has not been filed with and approved by the Insurance Commissioner's Office;
2. Use of an edition of an ACORD or ISO form other than the current approved editions;
3. Use of a form called something other than a "Certificate of insurance" as a means of evading the requirements of the law (the same rules apply however the form is titled);
4. Use of a form that certifies that insurance coverage complies with the provisions of the insured's contract with the certificate holder;
5. Alteration of an approved form;
6. Language on a certificate that purports to, affirmatively or negatively amend, extend, modify or alter coverage in any way;
7. Language on a certificate that purports to affirmatively or negatively determine an outcome;
8. Utilizing a third party website or non-approved form to answer coverage questions;
9. Requiring that a summary of a policy provision be added to the certificate which varies from the precise and complete language of the provision;
10. Use of the description of operations box on the ACORD25 form in any manner inconsistent with the provisions of statute or regulation. In particular, the prohibition against summarizing policy language (see bullet point above) applies to the description of operations box as well as other sections of the certificate. Reference to policy provisions in the operations box are permitted (by the form's exact title, form number, and edition date) and copies of the provisions can be attached.
11. Requesting or issuing a certificate which appears to convey or substantiate insurance coverage which does not exist under the policy for which the certificate is being issued.

12. Requesting or issuing a certificate to include construction or service contract language other than project identifying information.
13. Requesting an agent to issue an opinion or document in addition to or in lieu of a certificate other than an actual copy of the insurance policy, insurance binder, or relevant policy provisions to demonstrate contractual compliance.

## **Frequently Asked Questions**

### **1. What are the penalties for violating Georgia certificate of insurance requirements?**

The possible penalties for noncompliance include cease and desist orders, injunctive relief, administrative penalties, civil penalties of up to \$5,000 for each infraction, or any combination of these actions. *See generally*, O.C.G.A. §§ 33-24-19.1(n); (o); 33-2-24. These penalties can apply to certificate holders, certificate monitoring companies, agents, insurers, those who request certificates on a holders' behalf, and any entities defined under O.C.G.A. § 33-24-19.1(a)(5).

### **2. May any party request language be placed on a Certificate of Insurance that affirmatively or negatively purports to amend, extend, or alter the coverage afforded by the policy to which the Certificate of Insurance makes reference?**

No, language may not be requested or included on a certificate that expresses a coverage determination. A certificate of insurance shall not confer to a certificate holder new or additional rights beyond what the referenced policy expressly provides. Examples of language violations that express a coverage determination include, but are not limited to:

- “The policy **WILL BE** Primary Non-Contributory”
- “Subcontracted work **IS NOT** Excluded.”
- “Umbrella Liability Coverage **IS** follow form”
- “Company XYZ, their employees, clients and any other related parties **ARE** additional insureds and coverage **WILL BE** extended.”

*See Rules and Regulations, Rule 120-2-103.07 “Prohibited Practices” as set forth in 33-24-19.1(f), (g), (k)*

### **3. May a certificate holder require that a certificate of insurance include a broad statement that there are no limitations or exclusions for a specific exposure?**

No. A certificate cannot say anything that is not the same as what is stated in the insurance policy. A statement such as “there are no limitations or exclusions for residential construction exposure” would have to be stated exactly like that in the policy to be added to certificate.

No certificate filed with OCI can say more than what's in the related policy, pursuant to O.C.G.A. § 33-24-19.1(j). However, a certificate holder may ask the agent whether the policy contains specific language or a specific exclusion or may request a copy of the policy.

### **4. In addition to providing a Certificate of Insurance, what other documents and/or forms is an agent allowed to provide to a certificate holder?**

In addition to a certificate of insurance or any other form that is approved by the Commissioner of Insurance, an agent may provide copies of the actual policy coverage forms or endorsements in order for a certificate holder to verify coverage. However, it is a violation for any party to request

or provide any form, document, or other method that is not filed and approved by the Commissioner of Insurance.

Examples violations include:

- An Affidavit, whether physical or electronic, attesting to coverage.
- A Supplemental Questionnaire, whether physical or electronic, attesting to coverage.
- Utilizing a third-party website or electronic form to answer questions on coverage.
- Providing a summary or interpretation of coverage whether written or oral.

*See Rules and Regulations, Rule 120-2-103.07 “Prohibited Practices” (3) as set forth in 33-24-19.1(p), (3)*

- 5. May the Acord 101 form be used to include additional information that is not permitted on the Acord 25 form, such as reference to insurance requirements of another contract, additional parties to be included as Additional Insured, specific exclusions, etc.?**

No. The Acord 101 is considered a Schedule to the Acord 25 and cannot say anything that is not the same as what is stated in the insurance policy.

- 6. Does Georgia law apply to all certificate holders including certificate monitoring companies, certificate compliance companies, or any other person or entity engaging on behalf of a certificate holder?**


Yes, the certificate law and all applicable penalties apply to all parties involved with Georgia insurance consumers including certificate monitoring companies and certificate compliance companies. O.C.G.A § 33-24-19.1(a)(2) defines “Certificate Holder” as any person other than the policy holder that requests, obtains, or possesses a certificate of insurance.

- 7. When is the Georgia Certificate of Insurance statute applicable?**

The Georgia certificate of insurance law is applicable when a certificate or evidence of insurance is in reference to coverages on property, operations, or risks located in the state of Georgia. *See O.C.G.A. § 33-24-19.1(i)*

## Complaints

Any complaints regarding violations of Georgia’s Certificate of Insurance law can be made through the [Consumer Portal](#) on the Insurance Commissioner’s website.



---

JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER  
STATE OF GEORGIA

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED(S) - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU - OPERATIONS AND COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II - Who Is An Insured** is amended to include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions in the performance of your ongoing operations for the additional insured described in paragraph **A.1.** or **A.2.** above;
2. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured described in paragraph **A.1.** or **A.2.** above; or
3. "Your work" performed for the additional insured described in paragraph **A.1.** or **A.2.** above and included in the "products-completed operations hazard".

If not specified otherwise in the written contract or agreement described in paragraph **A.1.** of this endorsement, a person's or organization's status as an additional insured under this endorsement ends one year after your operations

for the person or organization described in paragraph **A.1.** are completed. The written contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

However:

1. The insurance afforded to such additional insured described above only applies to the extent permitted by law; and
2. If coverage provided to an additional insured described above is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

- b. Supervisory, inspection, architectural or engineering activities.
  - 2. "Bodily injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.
  - 3. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of an additional insured to indemnify another because of damages arising out of such injury.
  - 4. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.
- C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to an additional insured described herein are those specified in the writ-

ten contract or agreement described in paragraph **A.1.** of this endorsement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement described in paragraph **A.1.**, the limits applicable to the additional insureds are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to an additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

#### **1. BROAD FORM INSURED**

**Paragraph .1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add the following:**

##### **d. Subsidiaries and Newly Acquired or Formed Organizations**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership or joint venture,
  - (b) That is an "insured" under any other policy,
  - (c) That has exhausted its Limit of Insurance under any other policy, or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

##### **e. Employees as Insureds**

- (1). Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

##### **f. Lessors as Insureds**

- (1). The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (a) The agreement requires you to provide direct primary insurance for the lessor and
  - (b) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

##### **g. Additional Insured if Required by Contract**

- (1) When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (a) During the policy period, and
- (b) Subsequent to the execution of such written contract, and

- (c) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- (b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM , SUIT OR LOSS – OF SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

**2. Primary and Non-Contributory if Required by Contract**

Only with respect to insurance provided to an additional insured in A.1.g. - Additional Insured If Required by Contract, the following provisions apply:

- (1) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(2) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in SECTION IV-Business Auto Conditions, B. General Conditions, Other Insurance 5.d.

**3. AUTOS RENTED BY EMPLOYEES**

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The SECTION IV- Business Auto Conditions, B. General Conditions, 5. OTHER INSURANCE Condition is amended by adding the following:

- e. If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

#### 4. AMENDED FELLOW EMPLOYEE EXCLUSION

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

#### 5. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

- (1) \$100,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

#### 6. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day and a maximum limit of \$1,000.

#### 7. LOAN/LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal

obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

#### 8. AIRBAG COVERAGE

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

#### 9. ELECTRONIC EQUIPMENT - BROADENED COVERAGE

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto";
- (2) Removable from a housing unit which is permanently installed in or upon the covered "auto";
- (3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or
- (4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III, Physical Damage Coverage, Limit of Insurance, Paragraph C.2. is amended to add the following:

\$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

(2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or

(3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or \$250, whichever deductible is less.

#### **10. EXTRA EXPENSE - BROADENED COVERAGE**

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

#### **11. GLASS REPAIR - WAIVER OF DEDUCTIBLE**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### **12. TWO OR MORE DEDUCTIBLES**

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

(1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;

(2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

#### **13. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership;

(3) A member, if you are a limited liability company; or

(4) An executive officer or insurance manager, if you are a corporation.

#### **14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

#### **15. HIRED AUTO - COVERAGE TERRITORY**

SECTION IV, BUSINESS AUTO CONDITIONS, PARAGRAPH B. GENERAL CONDITIONS, 7. - POLICY PERIOD, COVERAGE TERRITORY - is added to include the following:

(6) For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

#### **16. WAIVER OF SUBROGATION**

Paragraph 5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS A. Loss Conditions is amended by adding the following:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

#### **17. RESULTANT MENTAL ANGUISH COVERAGE**

The definition of "bodily injury" in SECTION V-DEFINITIONS, C. is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

#### **18. EXTENDED CANCELLATION CONDITION**

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

## 19. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

- a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of \$2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,
- b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"
- c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is \$10,000.

For the purposes of the coverage provision,

- a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.

- b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

## 20. VEHICLE WRAP COVERAGE

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to \$1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is \$5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.



## Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Public Works	Vendor: PLAYSPACE SERVICES, INC.
Primary Contact Name: Kevin Montaldi	Contact Name: Paul Bickham
Primary Contact E-Mail: kmontaldi@davie-fl.gov	Vendor Address: 3127 SKYWAY CIRCLE STE 101 MELBOURNE , FL 32934-7403
Secondary Contact Name: Jasmine Carter	Vendor Phone: (321) 775-0600
Secondary Contact E-Mail: Jcarter@davie-fl.gov	Vendor E-Mail: Luker@playmoreonline.com
Department Phone: 954.797.1240	Vendor #: 7801

### Required Information

1.) Type of Agreement: Piggyback	If Other, please specify:
2.) What method of procurement is this agreement related to?  Method of Procurement: Piggyback  Town Contract #: PB-JA-26-11	
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)	
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Contract? PB-JA-21-42	
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information:  The Town is in need of park and playground equipment.	

6.) Is Insurance Required?  Yes  No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 5 Years Months Days Other:  
Are there extensions?  Yes  No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience?  Yes  No

9.) Total estimated annual value of contract: 65000.01 Paid to:  Town  Vendor

10.) Is this a Budget Item?  Yes  No

If Yes, Enter G/L Account: various town accounts

11.) Do Late fees apply?  Yes  No If Yes, How Much? 1% of unpaid balance after 30 days after the due date.

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related?  Yes  No

If Yes, please have other department/division review documentation and sign below.

### Additional Information

**Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.**

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

**Please complete these steps and submit these forms for processing.**

Form Prepared By Signature:	<b>Jasmine Carter</b>	Digitally signed by Jasmine Carter Date: 2026.01.26 09:31:30 -05'00'	Date: 1/26/26
Department Director Signature:	<b>Osdel Fernandez-Larrea</b>	Digitally signed by Osdel Fernandez-Larrea Date: 2026.01.27 10:44:29 -05'00'	Date: 1/27/26
Procurement Signature:	<b>Jenna Albers</b>	Digitally signed by Jenna Albers Date: 2026.02.05 16:39:45 -05'00'	Date: 2/5/26
Town Attorney Signature:	<b>Philip Sherwin</b>	Digitally signed by Philip Sherwin Date: 2026.02.24 17:28:18 -05'00'	Date: 2/24/26
Procurement Manager Signature:	<b>Brian K. O'Connor</b>	Digitally signed by Brian K. O'Connor Date: 2026.03.05 14:49:39 -05'00'	Date: 3/05/26
Town Administrator Signature:	<b>Richard J. Lemack</b>	Digitally signed by Richard J. Lemack Date: 2026.03.06 16:33:46 -05'00'	Date: 3/06/26

# PaymentWorks

## Playspace Services

### New Vendor Registration

**Report Date:** Nov. 20, 2025, 1:56 p.m.

**New Vendor Request Submitted:** Nov. 13, 2024, 4:24 p.m.

**Legal Name:** Playspace Services

**Corporate Address:**

3127 Skyway Cir Ste 101 Melbourne, FL 32934-7403 United States of America  
Address Validated

**Corporate Email:** info@playspaceservices.com

**Main Telephone Number:** +13217750600

**URL:** www.playspaceservices.com

**D&B D-U-N-S Number:** 363493490

**Unique Entity Identifier:**

**Tax Country:** US

**Tax Classification:** S Corporation

**Tax ID:**

**Employer Identification Number (EIN):** 593136444

**TIN/Name IRS Validation:** VALID

**W8/W9:** <https://www.paymentworks.com/api/files/playspaceservices/private/w8-w9-playspaceservices.pdf>

**Sanction List Report:** No Alerts Found

**Description of Goods and Services:**

Commercial playground structures, products, site furnishings, etc.

**Initiator Name (first and last):**

Chad Pezoldt

**Initiator Email:**

cpezoldt@davie-fl.gov

**Initiator Department:**

Parks, Recreation, and Cultural Arts

**Initiator Phone Number:**

954-797-1151

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Individual

**Are you being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

info@playspaceservices.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert\\_of\\_Ins\\_-\\_Town\\_of\\_Davie.PDF](https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert_of_Ins_-_Town_of_Davie.PDF)

**Commercial General Liability Insurance Expiration Date:**

2025-01-27

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert\\_of\\_Ins\\_-\\_Town\\_of\\_Davi\\_C5xSCGu.PDF](https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert_of_Ins_-_Town_of_Davi_C5xSCGu.PDF)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2025-03-07

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert\\_of\\_Ins\\_-\\_Town\\_of\\_Davi\\_i8U3ysM.PDF](https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/Cert_of_Ins_-_Town_of_Davi_i8U3ysM.PDF)

**Commercial Automotive Insurance Expiration Date:**

2025-02-03

**Accounts Receivable Contact Name:**

Melissa Begly

**Accounts Receivable Contact Phone Number:**

+13217750600;ext=211

**Accounts Receivable Contact Email:**

info@playspaceservices.com

**Sales Contact Name:**

Paul Bickham

**Sales Contact Phone Number:**

+13215143184

**Sales Contact Email:**

info@playspaceservices.com

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable):**

[https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/PSS\\_DOS\\_Cert\\_2024.pdf](https://www.paymentworks.com/api/files/a6c735f2-049c-450d-8adf-382319b9bbd8/private/save-draft-files/PSS_DOS_Cert_2024.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

3127 Skyway Cir Ste 101 Melbourne, FL 32934-7403 United States of America

Address Validated

**Bank Account:**

**Name on Account:** Playspace Services

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/26/2026

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> <b>Tom Collins Insurance Agency, Inc.</b> <b>1555 Indian River Blvd, Suite 130</b> <b>Vero Beach, FL 32960</b>	<b>CONTACT NAME:</b> Shannon Purvis <b>PHONE (A/C, No. Ext):</b> (772)778-9222 <b>E-MAIL ADDRESS:</b> s.purvis@tomcollinsinsurance.com	<b>FAX (A/C, No):</b> (772)778-9255
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Play Space Services, Inc.</b> <b>Advanced Recreational Concepts LLC.</b> <b>3127 Skyway Circle Ste #101</b> <b>Melbourne, FL 32934</b>	<b>INSURER A:</b> <b>United Specialty Insurance Company</b>	<b>12537</b>
	<b>INSURER B:</b> <b>Hartford Accident &amp; Indemnity Company</b>	<b>22357</b>
	<b>INSURER C:</b> <b>Burlington Insurance Company</b>	<b>23620</b>
	<b>INSURER D:</b> <b>Associated Industries Insurance Company</b>	<b>23140</b>
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 99002176-260126204436

REVISION NUMBER: 1

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.

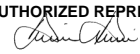
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ATN26112258	01/27/2026	01/27/2027	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		21 UEC HV7562	02/03/2026	02/03/2027	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			640BE12429	01/27/2026	01/27/2027	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AWC1215204	03/07/2025	03/07/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

The Town of Davie is included as an Additional Insured with regard to the General Liability and Business Auto coverage per written contract.

Town of Davie Piggyback Contract  
 #SDMC No. 26-0041-MR PB-JA-26-11 / Park and Playground Equipment

**CERTIFICATE HOLDER****CANCELLATION**

<b>Town of Davie</b> <b>8800 SW 36th St</b> <b>Davie, FL 33328</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.  AUTHORIZED REPRESENTATIVE  (SMP)
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



## Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Public Works	Vendor: PLAYMORE WEST, INC.
Primary Contact Name: Kevin Montaldi	Contact Name: Luke Russell
Primary Contact E-Mail: kmontaldi@davie-fl.gov	Vendor Address: 6300 Metro Plantation Rd Fort Myers , FL 33966-1256
Secondary Contact Name: Jasmine Carter	Vendor Phone: 239.275.3995
Secondary Contact E-Mail: Jcarter@davie-fl.gov	Vendor E-Mail: Luker@playmoreonline.com
Department Phone: 954.797.1240	Vendor #: 8637

Required Information
1.) Type of Agreement: Piggyback <span style="float: right;">If Other, please specify:</span>
2.) What method of procurement is this agreement related to?  Method of Procurement: Piggyback  Town Contract #: PB-JA-26-11
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, which Contract? PB-JA-21-42</span>
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information:  The Town is in need of park and playground equipment.

6.) Is Insurance Required?  Yes  No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 5 Years Months Days Other:  
Are there extensions?  Yes  No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience?  Yes  No

9.) Total estimated annual value of contract: 65000.01 Paid to:  Town  Vendor

10.) Is this a Budget Item?  Yes  No

If Yes, Enter G/L Account: various town accounts

11.) Do Late fees apply?  Yes  No If Yes, How Much? 1% of unpaid balance after 30 days after the due date.

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related?  Yes  No

If Yes, please have other department/division review documentation and sign below.

### Additional Information

**Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.**

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

**Please complete these steps and submit these forms for processing.**

Form Prepared By Signature:	<b>Jasmine Carter</b>	Digitally signed by Jasmine Carter Date: 2026.01.26 09:35:34 -05'00'	Date: 1/26/26
Department Director Signature:	<b>Osdel Fernandez-Larrea</b>	Digitally signed by Osdel Fernandez-Larrea Date: 2026.01.27 10:44:50 -05'00'	Date: 1/27/26
Procurement Signature:	<b>Jenna Albers</b>	Digitally signed by Jenna Albers Date: 2026.02.05 16:40:21 -05'00'	Date: 2/5/26
Town Attorney Signature:	<b>Philip Sherwin</b>	Digitally signed by Philip Sherwin Date: 2026.02.24 17:27:16 -05'00'	Date: 2/24/26
Procurement Manager Signature:	<b>Brian K. O'Connor</b>	Digitally signed by Brian K. O'Connor Date: 2026.03.05 14:48:03 -05'00'	Date: 3/05/26
Town Administrator Signature:	<b>Richard J. Lemack</b>	Digitally signed by Richard J. Lemack Date: 2026.03.06 16:36:06 -05'00'	Date: 3/06/26

# PaymentWorks

## Playmore Recreational Products and Services

### New Vendor Registration

Report Date: Nov. 20, 2025, 1:58 p.m.

New Vendor Request Submitted: May 5, 2025, 3:24 p.m.

Legal Name: Playmore West Inc.

**Corporate Address:**

10271 Deer Run Farms Rd Ste 1 Fort Myers, FL 33966-1078 United States of America  
Address Validated

Corporate Email: MaryC@playmoreonline.com

Main Telephone Number: +18888863757

URL: www.playmoreonline.com

D&B D-U-N-S Number:

Unique Entity Identifier:

Tax Country: US

Tax Classification: S Corporation

Tax ID:

Employer Identification Number (EIN): 650984408

TIN/Name IRS Validation: VALID

W8/W9: <https://www.paymentworks.com/api/files/playmorerecreatio-1/private/w8-w9-playmorerecreatio-1.pdf>

Sanction List Report: No Alerts Found

Description of Goods and Services:

Recreational Products and Services

Initiator Name (first and last):

Jasmine Carter

Initiator Email:

jcarter@davie-fl.gov

Initiator Department:

Public Works

Initiator Phone Number:

9547971036

Reason for inviting this supplier:

Product and Service

Supplier Category:

US Entity

Is your company being paid for any of the following?:

None of these statements are true

Do you accept Purchase Orders?:

Yes

Please review the Town's purchase order terms and conditions.:

True

Please provide your email address for purchase order delivery:

MaryC@playmoreonline.com

Please provide your Commercial General Liability Insurance:

[https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Town\\_of\\_Davie\\_Playmore\\_Wes\\_kSJClhc.pdf](https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Town_of_Davie_Playmore_Wes_kSJClhc.pdf)

Commercial General Liability Insurance Expiration Date:

2025-12-14

Please provide your Workers Compensation and Employers Liability Insurance:

[https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Davie\\_Town\\_of\\_WC\\_COI.PDF](https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Davie_Town_of_WC_COI.PDF)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2025-07-16

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Davie\\_Town\\_of\\_WC\\_COI\\_8GlucFj.PDF](https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/Davie_Town_of_WC_COI_8GlucFj.PDF)

**Commercial Automotive Insurance Expiration Date:**

2025-07-16

**Accounts Receivable Contact Name:**

Carrie Murkerson

**Accounts Receivable Contact Phone Number:**

+12397229970

**Accounts Receivable Contact Email:**

carriem@playmoreonline.com

**Sales Contact Name:**

Mary Cyr

**Sales Contact Email:**

MaryC@playmoreonline.com

**Are you a Federally certified diverse business?:**

No

**Are you a State of Florida certified disadvantaged business?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable).:**

[https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/SunBiz\\_Info\\_2024.pdf](https://www.paymentworks.com/api/files/f986ad01-8ee5-42b0-a60e-3c641a7bf8ca/private/save-draft-files/SunBiz_Info_2024.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

Check

**Remittance Address:**

10271 Deer Run Farms Rd Ste 1 Fort Myers, FL 33966-1078 United States of America

Address Validated

**Tags:**

No Tags

**Comments:**

Laura Perez (lperez@davie-fl.gov) at May 8, 2025, 2:23 p.m.:

confirm no is correct for Town boundaries question.

**Laura Perez (lperez@davie-fl.gov) at May 8, 2025, 1:55 p.m.:**

X next to GL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2026

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> Cooper Insurance Service, Inc. PO Box 638 904 N Main Street Lapel IN 46051-0638	<b>CONTACT NAME:</b> Bill Hodgkins <b>PHONE (A/C, No, Ext):</b> 765-534-3152 <b>E-MAIL ADDRESS:</b> billh@cooperindiana.com		<b>FAX (A/C, No):</b> 765-534-2067
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Playmore West, Inc. dba Playmore Recreational Products and Services 6300 Metro Plantation Road Fort Myers FL 33966	PLAYWES-01	<b>INSURER A :</b> Cincinnati Specialty Un Ins Co	13037
		<b>INSURER B :</b> Richmond National Insurance Company	17103
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2021228019

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		CSU 0143119	12/14/2025	12/14/2026	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			RN-7-0508543-01	12/14/2025	12/14/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$

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

Project: Park and Playground Equipment & PB-JA-26-11  
 Town of Davie is listed as additional insured if required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Davie  
 8800 SW 36th Street  
 Davie FL 33328

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2026

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>		<b>CONTACT NAME:</b> KEITH ROSSELL	
CARLOCK & ASSOCIATES INSURANCE INC.		<b>PHONE (A/C, No, Ext):</b> (239) 549-0221	<b>FAX (A/C, No):</b>
2002 DEL PRADO BLVD S STE 2002		<b>E-MAIL ADDRESS:</b> keith@carlockinsurance.com	
CAPE CORAL FL 33990		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> AUTO OWNERS INS CO	
		<b>INSURER B:</b> FCBI	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
Playmore West Inc dba Playmore Recreational Products and Services		18988	
6300 Metro Plantation Rd		15764	
FORT MYERS FL 33966-1256			

**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
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY			4687381400	07/16/2025	07/16/2026	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	Y	Y				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		10608829401	10/20/2025	10/20/2026	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

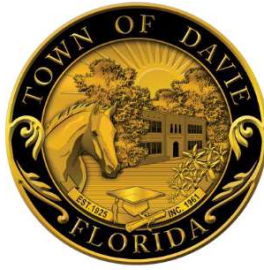
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PARK AND PLAYGROUND EQUIPMENT & PB-JA-26-11

**CERTIFICATE HOLDER** **CANCELLATION**

TOWN OF DAVIE  8800 SW 36TH ST  DAVIE FL 33328	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  KEITH E ROSSELL

© 1988-2015 ACORD CORPORATION. All rights reserved.



## Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Public Works	Vendor: ADVANCED RECREATIONAL CONCEPTS,LLC
Primary Contact Name: Kevin Montaldi	Contact Name: Paul Bickham // Matt Gagnon
Primary Contact E-Mail: kmontaldi@davie-fl.gov	Vendor Address: 3127 Skyway Cir Unit 101
Secondary Contact Name: Jasmine Carter	Vendor Phone: 321.775.0600 // 352.835.9008
Secondary Contact E-Mail: Jcarter@davie-fl.gov	Vendor E-Mail: Info@arcflorida.com // Mgagnon@arcflorida.com
Department Phone: 954.797.1240	Vendor #: 2907

Required Information
1.) Type of Agreement: Piggyback <span style="float: right;">If Other, please specify:</span>
2.) What method of procurement is this agreement related to?  Method of Procurement: Piggyback  Town Contract #: PB-JA-26-11
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, which Contract? PB-JA-21-42</span>
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information:  The Town is in need of park and playground equipment.

6.) Is Insurance Required?  Yes  No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 5 Years Months Days Other:  
Are there extensions?  Yes  No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience?  Yes  No

9.) Total estimated annual value of contract: 65000.01 Paid to:  Town  Vendor

10.) Is this a Budget Item?  Yes  No

If Yes, Enter G/L Account: various town accounts

11.) Do Late fees apply?  Yes  No If Yes, How Much? 1% of unpaid balance after 30 days after the due date.

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related?  Yes  No

If Yes, please have other department/division review documentation and sign below.

#### Additional Information

**Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.**

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

**Please complete these steps and submit these forms for processing.**

Form Prepared By Signature:	<b>Jasmine Carter</b>	Digitally signed by Jasmine Carter Date: 2026.01.26 09:44:10 -05'00'	Date: 1/26/26
Department Director Signature:	<b>Osdel Fernandez-Larrea</b>	Digitally signed by Osdel Fernandez-Larrea Date: 2026.01.27 10:43:43 -05'00'	Date: 1/27/26
Procurement Signature:	<b>Jenna Albers</b>	Digitally signed by Jenna Albers Date: 2026.02.05 16:39:11 -05'00'	Date: 2/5/26
Town Attorney Signature:	<b>Philip Sherwin</b>	Digitally signed by Philip Sherwin Date: 2026.02.24 17:30:22 -05'00'	Date: 2/24/26
Procurement Manager Signature:	<b>Brian K. O'Connor</b>	Digitally signed by Brian K. O'Connor Date: 2026.03.05 14:50:09 -05'00'	Date: 3/05/26
Town Administrator Signature:	<b>Richard J. Lemack</b>	Digitally signed by Richard J. Lemack Date: 2026.03.06 16:33:05 -05'00'	Date: 3/06/26

# PaymentWorks

## Advanced Recreational Concepts

### New Vendor Registration

**Report Date:** Nov. 20, 2025, 2:42 p.m.

**New Vendor Request Submitted:** Aug. 9, 2023, 2:42 p.m.

**Legal Name:** Advanced Recreational Concepts, LLC

**Corporate Address:**

3127 Skyway Cir Ste 101 Melbourne, FL 32934-7403 United States of America  
Address Validated

**Corporate Email:** info@arcflorida.com

**Main Telephone Number:** +13215143184

**URL:** www.arcflorida.com

**D&B D-U-N-S Number:**

**Unique Entity Identifier:**

**Tax Country:** US

**Tax Classification:** Individual/sole proprietor or single-member LLC

**Tax ID:**

**Employer Identification Number (EIN):** 200520823

**TIN/Name IRS Validation:** VALID

**W8/W9:** <https://www.paymentworks.com/api/files/advancedrecreational/private/w8-w9-advancedrecreational.pdf>

**Sanction List Report:** No Alerts Found

**Description of Goods and Services:**

Park and Playground Equipment

**Initiator Name (first and last):**

Ian Fors, Fitness and Aquatic Coordinator

**Initiator Email:**

ifors@davie-fl.gov

**Initiator Department:**

Park, Recreation and Cultural Arts

**Initiator Phone Number:**

954-327-3927

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Individual

**Are you being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

INFO@arcflorida.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/5d17c22d-ea75-4ea6-a147-0392e522e8e0/Cert\\_of\\_\\_D8OmtIF.PDF](https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/5d17c22d-ea75-4ea6-a147-0392e522e8e0/Cert_of__D8OmtIF.PDF)

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/187b6e01-0604-4196-a9a8-f16114797b59/Cert\\_of\\_\\_BawMAAnr.PDF](https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/187b6e01-0604-4196-a9a8-f16114797b59/Cert_of__BawMAAnr.PDF)

**Are you coming on Town property for equipment or service delivery purposes (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/cefc81c6-e2dc-44dc-a2e6-1abebf54aac1/Cert\\_of\\_\\_xOICBj7.PDF](https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/cefc81c6-e2dc-44dc-a2e6-1abebf54aac1/Cert_of__xOICBj7.PDF)

**Accounts Receivable Contact Name:**

Sue Barton

**Accounts Receivable Contact Phone Number:**

+13217750600;ext=211

**Accounts Receivable Contact Email:**

accountspayable@arcflorida.com

**Sales Contact Name:**

Paul Bickham

**Sales Contact Phone Number:**

+13215143184

**Sales Contact Email:**

sales@arcflorida.com

**Is your business located within Broward County?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR State Registration (if not required to have State of FL Sunbiz):**

[https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/9182bda5-23eb-4204-8d27-2c75532ba2d2/ARC\\_-\\_FL\\_IUgBsRR.pdf](https://www.paymentworks.com/api/files/advancedrecreational/private/custom-fields/9182bda5-23eb-4204-8d27-2c75532ba2d2/ARC_-_FL_IUgBsRR.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

3127 Skyway Cir Ste 101 Melbourne, FL 32934-7403 United States of America

Address Validated

**Bank Account:**

**Name on Account:** Advanced Recreational Concepts, LLC

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/26/2026

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> <b>Tom Collins Insurance Agency, Inc.</b> <b>1555 Indian River Blvd, Suite 130</b> <b>Vero Beach, FL 32960</b>	<b>CONTACT NAME:</b> Shannon Purvis <b>PHONE (A/C, No. Ext):</b> (772)778-9222 <b>E-MAIL ADDRESS:</b> s.purvis@tomcollinsinsurance.com	<b>FAX (A/C, No):</b> (772)778-9255	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>Play Space Services, Inc.</b> <b>Advanced Recreational Concepts LLC.</b> <b>3127 Skyway Circle Ste #101</b> <b>Melbourne, FL 32934</b>	<b>INSURER A:</b> <b>United Specialty Insurance Company</b>		<b>12537</b>
	<b>INSURER B:</b> <b>Hartford Accident &amp; Indemnity Company</b>		<b>22357</b>
	<b>INSURER C:</b> <b>Burlington Insurance Company</b>		<b>23620</b>
	<b>INSURER D:</b> <b>Associated Industries Insurance Company</b>		<b>23140</b>
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 99002176-260126204436

REVISION NUMBER: 1

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.

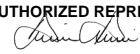
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ATN26112258	01/27/2026	01/27/2027	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		21 UEC HV7562	02/03/2026	02/03/2027	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			640BE12429	01/27/2026	01/27/2027	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AWC1215204	03/07/2025	03/07/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

The Town of Davie is included as an Additional Insured with regard to the General Liability and Business Auto coverage per written contract.

Town of Davie Piggyback Contract  
 #SDMC No. 26-0041-MR PB-JA-26-11 / Park and Playground Equipment

**CERTIFICATE HOLDER****CANCELLATION**

<b>Town of Davie</b> <b>8800 SW 36th St</b> <b>Davie, FL 33328</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.  AUTHORIZED REPRESENTATIVE  (SMP)
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.