



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
04/30/2015

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm Tiina Teague Insurance Agency 2525 Embassy Dr Cooper City FL 33026	CONTACT NAME: James Teague	
	PHONE (A/C, No, Ext): 954-432-3341	FAX (A/C, No): 954-432-8812
E-MAIL ADDRESS: james.teague.jz21@statefarm.com		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Farm Mutual Automobile Insurance Company		25178
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2004	Chevrolet	C1500	P/U	1gccc19x44z214543
DESCRIPTION				SERIAL NUMBER

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	2285046	05/08/2015	11/08/2015	COMBINED SINGLE LIMIT	\$ 1,000,000
		GENERAL LIABILITY				BODILY INJURY (Per person)	\$
		OCCURRENCE	BODILY INJURY (Per accident)	\$			
		CLAIMS MADE	PROPERTY DAMAGE	\$			
			EACH OCCURRENCE	\$			
			GENERAL AGGREGATE	\$			
				\$			

INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	\$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			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.		
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED			DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST City of Dania Beach 100 W. Dania Beach Blvd Dania Beach FL 33304			<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE 		

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PRODUCER State Farm Tiina Teague Insurance Agency 2525 Embassy Dr Cooper City FL 33026	CONTACT NAME: James Teague PHONE (A/C, No, Ext): 954-432-3341 E-MAIL ADDRESS: james.teague.jz21@statefarm.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): 954-432-8812
	INSURER(S) AFFORDING COVERAGE	
INSURED Erin & David Richardson 1241 N 74th Way Hollywood FL 33024	INSURER A: State Farm Mutual Automobile Insurance Company NAIC #: 25178	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2006	Chevrolet	C3500	P/U	1gcjc33d26f1398421
DESCRIPTION				SERIAL NUMBER

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

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	3357144	05/08/2015	11/08/2015	COMBINED SINGLE LIMIT	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
		GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST **CANCELLATION**

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST City of Dania Beach 100 W. Dania Beach Blvd Dania Beach FL 33304	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
	LOAN / LEASE NUMBER
	AUTHORIZED REPRESENTATIVE

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PRODUCER State Farm Tiina Teague Insurance Agency 2525 Embassy Dr Cooper City FL 33024	CONTACT NAME: James Teague PHONE (A/C, No, Ext): 954-432-3341 E-MAIL ADDRESS: james.teague.jz2t@statefarm.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): 954-432-8812
	INSURER(S) AFFORDING COVERAGE	
INSURED R & R Electric of Broward INC. 1241 N 74th Way Hollywood FL 33024	INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
	NAIC # 25178	
	(Empty)	
	(Empty)	
	(Empty)	

DESCRIPTION OF VEHICLE OR EQUIPMENT				
YEAR 2005	MAKE / MANUFACTURER Chevrolet	MODEL C2500	BODY TYPE P/U	VEHICLE IDENTIFICATION NUMBER 1gchc24u75e332031
DESCRIPTION			SERIAL NUMBER	

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

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	6434723	05/08/2015	11/08/2015	COMBINED SINGLE LIMIT	\$ 1,000,000.00
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
						EACH OCCURENCE	\$
		GENERAL LIABILITY				GENERAL AGGREGATE	\$
		OCCURRENCE					\$
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	\$ DED

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VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
NAME AND ADDRESS OF ADDITIONAL INTEREST City of Dania Beach 100 W. Dania Beach Blvd Dania Beach FL 33304	LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE



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	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
INSURED R & R Electric of Broward INC. 1241 N 74th Way Hollywood FL 33024	NAIC # 25178	

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1997	Freightliner	FL70	Flat Bed	1fv6hlaaxvh827626
DESCRIPTION				SERIAL NUMBER

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

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
						COMBINED SINGLE LIMIT	\$
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	3663679	05/08/2015	11/08/2015	\$ 1,000,000.00	
		GENERAL LIABILITY					
		OCCURRENCE					
		CLAIMS MADE					
		PROPERTY DAMAGE					
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> STATED AMT \$ DED	
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED	
		SPECIAL				<input type="checkbox"/>	

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VEHICLE / EQUIPMENT INTEREST:	<input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE
City of Dania Beach 100 W. Dania Beach Blvd Dania Beach FL 33304		<input type="checkbox"/> LENDER'S LOSS PAYEE
		LOAN / LEASE NUMBER
		AUTHORIZED REPRESENTATIVE



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DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1988	International	1954	Bucket Truck	1htldzzn2jh621444
DESCRIPTION				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	2865456	05/08/2015	11/08/2015	COMBINED SINGLE LIMIT \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/>	GENERAL LIABILITY				EACH OCCURENCE \$ GENERAL AGGREGATE \$
	<input type="checkbox"/>	OCCURRENCE				\$
	<input type="checkbox"/>	CLAIMS MADE				\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
		BASIC <input type="checkbox"/> BROAD				\$ LIMIT
		SPECIAL <input type="checkbox"/>				\$ DED

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ADDITIONAL INTEREST

CANCELLATION

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- A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

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VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

City of Dania Beach
 100 W. Dania Beach Blvd
 Dania Beach FL 33304

ADDITIONAL INSURED LOSS PAYEE
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE