



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/02/2025

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 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 Attn: Cleveland.CertRequest@marsh.com	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> Eaton Corporation, Eaton Corporation plc and all other divisions, subsidiaries, and controlled associate companies that are part of Eaton or Cooper Industries Eaton Center 1000 Eaton Boulevard Cleveland, OH 44122	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Old Republic Insurance Company <b>INSURER B:</b> N/A <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 24147 N/A

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

CLE-005433256-25

**REVISION NUMBER:** 7

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MWZY 315972-25	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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			MWTB 315970-25 Includes Physical Damage Coverages Comprehensive & Collision Corporate Autos	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> <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	N/A	MWC 311998-25 (AOS) (policy includes Stop Gap) *See below for OH Work Comp policy*	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	Excess Workers Compensation (Statutory)			MWXS 315971-25 (Ohio Only)	01/01/2025	01/01/2026	Employers Liability \$ 3,000,000 Self Insured Retention \$ 2,000,000

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

City of Hollywood is/are included as Additional Insured where required by written contract with respect to General Liability and Auto Liability.

**CERTIFICATE HOLDER****CANCELLATION**City of Hollywood  
Public Utilities  
1621 N 14th Ave  
Hollywood, FL 33020

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

Marsh USA LLC

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## **IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

#### **SCHEDULE**

**Name of Person(s) or Organization(s):**

Any Person(s) or Organization(s) where required by Written Contract or Agreement

With respect to **COVERED AUTOS LIABILITY COVERAGE**, **Who Is An Insured** is changed with the addition of the following:

Each person or organization shown in the Schedule for whom you are doing work is an "insured". But only for "bodily injury" or "property damage" that results from the ownership, maintenance or use of a covered "auto" by:

1. You;
2. an "employee" of yours; or
3. anyone who drives a covered "auto" with your permission or with the permission of one of your "employees".

However, the insurance afforded to the person or organization shown in the Schedule shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided by this policy exceed the scope of coverage and/or limits required by the contract or agreement.

PCA 001 10 13

## **IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **BLANKET ADDITIONAL INSURED WHERE REQUIRED BY CONTRACT**

**SECTION II - WHO IS AN INSURED** under the Commercial General Liability Coverage Form, is amended by the addition of the following item.

- 2.** Who Is An Insured is amended to include as an insured any person or organization for whom you have agreed under contract or agreement to provide insurance.

However, the insurance provided shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence in no event shall the insurance provided exceed the scope of coverage and/or limits required by said contract or agreement.

**From:** [Betzaida Cambero](#)  
**To:** [Daniela Behm](#)  
**Cc:** [Kellyv Angeles](#); [Certificate of Insurance](#)  
**Subject:** Fw: Eaton COI for review/approval  
**Date:** Tuesday, July 8, 2025 3:43:03 PM  
**Attachments:** [cert CLE City of Hollywood 5433256 25.pdf](#)

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Acceptable.

**Betzaida Cambero**

Risk Management Analyst  
Office of Human Resources | HR Risk Management

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**Email:** [bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)  
**Telephone:** [954-921-3639](tel:954-921-3639)

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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Sent:** Monday, July 7, 2025 9:31 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Kellyv Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>  
**Subject:** RE: Eaton COI for review/approval

Good morning,

Please find attached updated COI for Eaton as requested.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator  
Public Utilities

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)  
**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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**From:** Betzaida Cambero <[bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)>  
**Sent:** Wednesday, June 18, 2025 5:16 PM  
**To:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Cc:** Kellyv Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>; Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Subject:** Fw: Eaton COI for review/approval

Hello, we need the department information listed on the certificate holders' box as shown below once vendor corrects resend for review and approval,

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

**City of Hollywood (Nothing else on this line)**

**Department Name & Room #** (if applicable)

**Department Address**

**Department Address**

**Betzaida Cambero**

Risk Management Analyst

Office of Human Resources | HR Career Development and Training

**P.O. Box 229045**

**Hollywood, FL 33022**

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**Email:** [bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)

**Telephone:** [954-921-3639](tel:954-921-3639)

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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>

**Sent:** Wednesday, June 18, 2025 3:29 PM

**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Cc:** Kellvy Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>

**Subject:** Eaton COI for review/approval

Good afternoon,

Please find attached COI for your review and approval. Vendor will provide maintenance and testing of switchgear and switchboards and panelboards for the Wastewater Treatment Plant and Water Treatment Plant.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator

**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)  
**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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**From:** Gonzalez, Alejandro <[AlejandroGonzalez@eaton.com](mailto:AlejandroGonzalez@eaton.com)>  
**Sent:** Wednesday, June 18, 2025 12:58 PM  
**To:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Cc:** Kellvy Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>; Jean Joinville <[JJJOINVILLE@hollywoodfl.org](mailto:JJJOINVILLE@hollywoodfl.org)>  
**Subject:** RE: [EXT]RE: [EXTERNAL] Certificate of Insurance - City of Hollywood  
**Importance:** High

Hello Hollywood team,

My apologies for the delay. Please see attached the new update COI.

**Best Regards,**

**Alejandro Gonzalez**  
*Lead Service Sales Engineer*

Eaton Corporation  
1800 S.Powerline Rd. Suite A  
Deerfield Beach, FL 33442  
Cell Phone: (856) 325-0464  
[alejandrogonzalez@eaton.com](mailto:alejandrogonzalez@eaton.com)  
[www.eatonelectrical.com](http://www.eatonelectrical.com)



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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>  
**Sent:** Thursday, June 12, 2025 8:39 AM  
**To:** Gonzalez, Alejandro <[AlejandroGonzalez@eaton.com](mailto:AlejandroGonzalez@eaton.com)>  
**Cc:** Kellvy Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>; Jean Joinville <[JJJOINVILLE@hollywoodfl.org](mailto:JJJOINVILLE@hollywoodfl.org)>  
**Subject:** RE: [EXT]RE: [EXTERNAL] Certificate of Insurance - City of Hollywood

**CAUTION!:** This email originated from outside of Eaton. Please exercise caution when clicking links or opening attachments.

Good morning Alejandro,

The provided COI expired on 1/1/25.

Also please see the following:

**Procurement and Risk are requiring all Certificate holder Information be formatted as**



**follows:**

**City of Hollywood** (*nothing else on this line*)

**Public Utilities**

**1621 N 14<sup>th</sup> Ave**

**Hollywood, FL 33020**

**Daniela Behm**

Utilities Administrative Procurement Coordinator

Public Utilities

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)

**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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**From:** Gonzalez, Alejandro <[AlejandroGonzalez@eaton.com](mailto:AlejandroGonzalez@eaton.com)>

**Sent:** Wednesday, June 11, 2025 6:28 PM

**To:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>

**Cc:** Kellyv Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>; Jean Joinville <[JJJOINVILLE@hollywoodfl.org](mailto:JJJOINVILLE@hollywoodfl.org)>

**Subject:** [EXT]RE: [EXTERNAL] Certificate of Insurance - City of Hollywood

You don't often get email from [alejandrogonzalez@eaton.com](mailto:alejandrogonzalez@eaton.com). [Learn why this is important](#)

Hello,

Please see COI attached.

**Best Regards,**

**Alejandro Gonzalez**

*Lead Service Sales Engineer*

Eaton Corporation

1800 S.Powerline Rd. Suite A

Deerfield Beach, FL 33442

Cell Phone: (856) 325-0464

[alejandrogonzalez@eaton.com](mailto:alejandrogonzalez@eaton.com)

[www.eatonelectrical.com](http://www.eatonelectrical.com)



*Powering Business Worldwide*

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**From:** Daniela Behm <[DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)>

**Sent:** Tuesday, June 10, 2025 5:12 PM

**To:** Gonzalez, Alejandro <[AlejandroGonzalez@eaton.com](mailto:AlejandroGonzalez@eaton.com)>

**Cc:** Kellyv Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>; Jean Joinville <[JJJOINVILLE@hollywoodfl.org](mailto:JJJOINVILLE@hollywoodfl.org)>

**Subject:** [EXTERNAL] Certificate of Insurance - City of Hollywood

**CAUTION!:** This email originated from outside of Eaton. Please exercise caution when clicking links or opening attachments.

Good afternoon,

We are in the process of routing the resolution for approval for the Commission Meeting of 8/27/25 regarding our agreement with Eaton Corporation, and as part of the documentation requirements, we need to provide a current Certificate of Insurance.

Could you please provide a COI that includes the necessary coverage details and names the City of Hollywood as the certificate holder?

Please send the certificate to me at your earliest convenience so I may send to our Risk Department for review and approval.

**Procurement and Risk are requiring all Certificate holder Information be formatted as follows:**

**City of Hollywood** *(nothing else on this line)*

**Public Utilities**

**1621 N 14<sup>th</sup> Ave**

**Hollywood, FL 33020**

Thank you for your assistance.

**Daniela Behm**

Utilities Administrative Procurement Coordinator

Public Utilities

**P.O. Box 229045**

**Hollywood, FL 33022**

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)

**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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