

CERTIFICATE OF LIABILITY INSURANCE

5/1/2025

DATE (MM/DD/YYYY) 6/26/2024

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).

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PRODUCER	Lockton Companies	CONTACT NAME:					
	444 W. 47th Street, Suite 900	PHONE FAX (A/C, No, Ext): (A/C, No):					
	Kansas City MO 64112-1906 (816) 960-9000	E-MAIL ADDRESS:					
	kcasu@lockton.com	INSURER(S) AFFORDING COVERAGE	NAIC #				
	nouse (included in	INSURER A: Travelers Property Casualty Company of America 2567					
INSURED	STANTEC CONSULTING	INSURER B: Berkshire Hathaway Specialty Insurance Company 22276					
1415077	SERVICES INC.	INSURER C:					
	410 17TH STREET	INSURER D :					
	SUITE 1400	INSURER E :					
	DENVER CO 80202-4427	INSURER F:					
COVERA	GES CERTIFICATE NUMBER: 1731266	6 REVISION NUMBER: X	XXXXXX				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X	COMMERCIAL GENERAL LIABILITY	Y	Y	47 - GLO-307584	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X	CONTRACTUAL/CROSS						MED EXP (Any one person)	\$ 25,000
	X	XCU COVERED						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	AUT	OMOBILE LIABILITY	Y	Y	TC2J - CAP - 8E086819 (AOS)	5/1/2024 5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	X	ANY AUTO			TJ - BAP - 8E086820	5/1/2024	5/1/2025	BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$ XXXXXXX
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
В	X	UMBRELLA LIAB X OCCUR	N	N	47 - UMO-307585	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$ XXXXXXX
Α		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N	UB - 3P635310 (AOS) UB - 3P533004 (MA, WI) EXCEPT FOR OH ND WA WY	5/1/2024 5/1/2024	5/1/2025 5/1/2025	X PER OTH-ER		
A A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Excell I for off the wit wit			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) STANTEC PROJECT #22480XXX; CONTRACT #48-0-2017 (SEE ATTACHED)

CERTIFICATE HOLDER	CANCELLATION
17312666 CITY OF HOLLYWOOD PUBLIC UTILITIES ADMINISTRATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1621 N. 14TH AVENUE, 2ND FLOOR HOLLYWOOD FL 33020-4807	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03) Certificate Holder ID: 17312666



CERTIFICATE OF LIABILITY INSURANCE

10/1/2024

DATE (MM/DD/YYYY) 10/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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		_					<i></i>				
PROD	ICER Lockton Companies				CONTACT NAME:						
444 W. 47th Street, Suite 900						PHONE FAX					
	Kansas City MO 64112-1906				E-MAIL	o, ⊨xt):		(A/C, No):			
1	(816) 960-9000				ADDRESS:						
kcasu@lockton.com						INSURER(S) AFFORDING COVERAGE			NAIC #		
					INSURER A: Berkshire Hathaway Specialty Insurance Company			22276			
INSUR	STANTECCONSULTING				INSURER B: AIG Specialty Insurance Company			26883			
1414100 SERVICES INC.					INSURER C:						
	410 17TH STREET										
	SUITE 1400				INSURER D:						
DENVER CO 80202-4427						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 173120											
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											
	RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH							D HEREIN IS SUBJECT TO ALL	. THE TERIVIS,		
			SUBR		DELIVI	POLICY EFF	POLICY EXP				
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE					XXXXXX		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ X	XXXXXX		
								MED EXP (Any one person) \$ X	XXXXXX		
									XXXXXX		
	BEN'L AGGREGATE LIMIT APPLIES PER:								XXXXXX		
	POLICY X PRO- X LOC								XXXXXX		
								\$ \$	ΛΛΛΛΛΛ		
	OTHER:			NOT ADDITION DIE				COMPUED ONIOLE LIMIT			
Ľ				NOT APPLICABLE				(Ea accident) ³ X	XXXXXX		
	ANY AUTO							BODILY INJURY (Per person) \$ X	XXXXXX		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$ X	XXXXXX		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$ X	XXXXXX		
	AUTOS ONET							V	XXXXXX		
	UMBRELLA LIAB OCCUP		<u> </u>	NOT APPLICABLE							
	- SVOTOG LIAD			NOTATTEICABLE					XXXXXX		
-	EXCESS LIAB CLAIMS-MADE								XXXXXX		
<u> </u>	DED RETENTION \$		-						XXXXXX		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY			NOT APPLICABLE				PER OTH- STATUTE ER			
A	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$ X	XXXXXX		
(1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$ X	XXXXXX		
l lf	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ X			
	Professional Liab	N	N	47-EPP-308810		10/1/2023	10/1/2024	\$3,000,000 PER CLAIM/AGG	7171717171		
A		1,	1	NO RETROACTIVE DATE	Е	10/1/2025	10/1/2024	INCLUSIVE OF COSTS			
D (Contractors Pollution Liab			GD00005420		2/0/2024	10/1/2025	62 000 000 PED LOSS/AGG			
				CPO8085428		2/9/2024	10/1/2025	\$3,000,000 PER LOSS/AGG			
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICI FEC PROJECT #22480XXX; CONTRAC	ES (A	ACORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
SIAN	TEC PROJECT #22480XXX, CONTRAC	1 #40	3-0-20	17 FINANCIAL RATE AND	MANA	GEMENT CO	INSULTING 5.	ERVICES.			
CERTIFICATE HOLDER CANCELLATION											
								ESCRIBED POLICIES BE CANCE			
	17312670							EREOF, NOTICE WILL BE I	ELIVERED IN		
CITY OF HOLLYWOOD					ACCORDANCE WITH THE POLICY PROVISIONS.						
PUBLIC UTILITIES ADMINISTRATION											
1621 N 14th AVENUE, 2ND FLOOR					AUTHORIZED REPRESENTATIVE						
HOLLYWOOD FL 33020-4807						(/ , / //					

Carmen Martin

From: Certificate of Insurance

Sent: Monday, July 1, 2024 1:09 PM

To: Carmen Martin; Certificate of Insurance

Cc: Phyllis Shaw; Jean Joinville

Subject: FW: Stantec Consulting Services, Inc - COI - Updated

Attachments: Stantec Consulting Services Executed Agreement.pdf; PA600663 Stantec Consulting

Services, Inc.__.pdf; CITY OF HOLLYWOOD 17312666 LIAB.pdf; CITY OF HOLLYWOOD

173126670 PL.pdf

Acceptable

From: Carmen Martin < CMARTIN@hollywoodfl.org>

Sent: Monday, July 1, 2024 9:43 AM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Phyllis Shaw <PSHAW@hollywoodfl.org>; Jean Joinville <JJOINVILLE@hollywoodfl.org>

Subject: RE: Stantec Consulting Services, Inc - COI - Updated

Please see attached updated COI for additional review.

Thank you

From: Certificate of Insurance < COI@hollywoodfl.org>

Sent: Friday, June 21, 2024 11:39 AM

To: Carmen Martin < CMARTIN@hollywoodfl.org>; Certificate of Insurance < COI@hollywoodfl.org>

Cc: Phyllis Shaw < PSHAW@hollywoodfl.org>; Jean Joinville < JJOINVILLE@hollywoodfl.org>

Subject: FW: Stantec Consulting Services, Inc - COI

Not acceptable

- 1) Professional or Errors & Omissions Liability the contract requires \$1,000,000 of coverage for either Professional or Omissions. The attached shows no proof of this coverage/limit.
- 2) City of Hollywood must be the certificate holder per the following format:

City of Hollywood (nothing else on this line)

Department Address & Room # (if applicable)

Department Address

Please submit corrected COI for additional review.

Thank you

From: Carmen Martin < CMARTIN@hollywoodfl.org>

Sent: Thursday, June 20, 2024 1:46 PM

To: Certificate of Insurance < COI@hollywoodfl.org>

Cc: Phyllis Shaw < PSHAW@hollywoodfl.org>; Jean Joinville < JJOINVILLE@hollywoodfl.org>

Subject: RE: Stantec Consulting Services, Inc - COI

Greetings:

Please see attached.

Thank you

From: Certificate of Insurance < COI@hollywoodfl.org>

Sent: Thursday, June 20, 2024 1:34 PM

To: Carmen Martin < CMARTIN@hollywoodfl.org>; Certificate of Insurance < COI@hollywoodfl.org>

Cc: Phyllis Shaw < PSHAW@hollywoodfl.org>; Jean Joinville < JJOINVILLE@hollywoodfl.org>

Subject: FW: Stantec Consulting Services, Inc - COI

Hello,

Is there a contract/agreement with his vendor? If so, please forward so I may cross reference the insurance requirements with the COI.

Thank you

From: Carmen Martin < CMARTIN@hollywoodfl.org>

Sent: Tuesday, June 18, 2024 4:11 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Phyllis Shaw < PSHAW@hollywoodfl.org>; Jean Joinville < JJOINVILLE@hollywoodfl.org>

Subject: Stantec Consulting Services, Inc - COI

Greetings:

Attached is the updated COI needed for the consulting services by Stantec Consulting Services, Inc.

They will be working remotely and coming on site to provide Professional Financial Rate and Management Services related to Utility Rates and the Large User Agreement.

Please review and advise if COI is acceptable.

Thank you

Carmen Martin Administrative Assistant 1 Public Utilities Administration Phone: 954-967-4455

