

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/01/2024

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	CONTACT NAME:							
Aon Risk Services Northeast, Inc. Stamford CT Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-010	05						
1600 Summer Street Stamford CT 06907-4907 USA	E-MAIL ADDRESS:							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
INSURED	INSURER A: Zurich American Ins Co	16535						
CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue	INSURER B: ACE Property & Casualty Insurance Co.	20699						
Suite 1250	INSURER C: Navigators Insurance Co	42307						
Dallas TX 75201 USA	INSURER D:							
	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 570104139313 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	XCLUSIONS AND CONDITIONS OF SUCH	-			POLICY EFF	POLICY EXP	Limits show	vn are as requested
LTR	TYPE OF INSURANCE	ADDL INSD	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			GL0838419922	03/01/2024	03/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000 \$50,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	POLICY PRO- X LOC OTHER:						PRODUCTS - COMP/OP AGG	\$5,000,000
Α	AUTOMOBILE LIABILITY			BAP 8384200 22	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
В	X UMBRELLA LIAB X OCCUR			XEUG27952501009	03/01/2024	03/01/2025	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000							
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			wC838419525 All Other States	03/01/2024	03/01/2025	X PER STATUTE OTH-	
Α	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A		WC914173618	03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	11/ A		Wisconsin	, ,		E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER CANCELLATION

City of Hollywood 2600 Hollywood Blvd., Suite 422 PO Box 229045 Hollywood FL 33022-9045 USA 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

Aon Risk Services Northeast, Inc.