

**Inez Murphy**

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**From:** Betzaida Cambero  
**Sent:** Thursday, July 31, 2025 5:24 PM  
**To:** Stephanie Gardner  
**Cc:** Jennie Dennett; Robert Delorimiere;  
**Subject:** Certificate of Insurance  
**Attachments:** Fw: Waste Management Holding  
CITY OF HOLLYWOOD.pdf

Acceptable.

**Betzaida Cambero**  
Risk Management Analyst  
Office of Human Resources | HR Risk Management  
**P. O. Box 229045**  
**Hollywood, FL 33022**

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

[www.HollywoodFL.org](http://www.HollywoodFL.org)



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**From:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>  
**Sent:** Wednesday, July 30, 2025 4:34 PM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Jennie Dennett <[JDENNETT@hollywoodfl.org](mailto:JDENNETT@hollywoodfl.org)>; Robert Delorimiere <[RDELORIMIERE@hollywoodfl.org](mailto:RDELORIMIERE@hollywoodfl.org)>  
**Subject:** Waste Management Holding

Scope of service:  
Waste management Services

**Stephanie Gardner**  
Administrative Assistant I  
Public Works

**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [754-329-0497](tel:754-329-0497)

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**From:** Texas- Client Services Unit <[TXClientsrvUT@lockton.com](mailto:TXClientsrvUT@lockton.com)>  
**Sent:** Wednesday, July 30, 2025 4:19 PM  
**To:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>; Bapthelus, Lucille <[LBapthel@wm.com](mailto:LBapthel@wm.com)>  
**Cc:** Texas- Client Services Unit <[TXClientsrvUT@lockton.com](mailto:TXClientsrvUT@lockton.com)>  
**Subject:** RE: Waste Management Holding

Good day,

Please find the attached certificate. If you have any additional revisions or questions, please let me know.

Best regards,

**Brittany Nichols  
Certificate Specialist**

Lockton Place  
3657 Briarpark Dr., Suite 700  
Houston, TX 77042  
Direct: 713.458.5243  
Fax: 713.430.5243  
E-mail: [Brittany.Nichols@lockton.com](mailto:Brittany.Nichols@lockton.com)



**\*\*\*PLEASE NOTE OUR NEW EMAIL ADDRESS FOR ALL  
FUTURE REQUESTS [txclientsrvut@lockton.com](mailto:txclientsrvut@lockton.com)\*\*\***

**From:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>  
**Sent:** Wednesday, July 30, 2025 3:11 PM  
**To:** Bapthelus, Lucille <[LBapthel@wm.com](mailto:LBapthel@wm.com)>  
**Cc:** Texas- Client Services Unit <[TXClientsRVUT@lockton.com](mailto:TXClientsRVUT@lockton.com)>  
**Subject:** Waste Management Holding

You don't often get email from [sgardner@hollywoodfl.org](mailto:sgardner@hollywoodfl.org). [Learn why this is important](#)

Thank you Lucille,  
Would you please have your insurance company to change the address in the Certificate Holder section at the bottom of the COI? Please see Sample COI from Risk Management. It should read this address:

City of Hollywood (nothing written)  
Public Works  
1600 S. Park Rd  
Hollywood, FL 33021

Thanks again.

**Stephanie Gardner**  
Administrative Assistant I  
Public Works

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**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [754-329-0497](tel:754-329-0497)

**From:** Bapthelus, Lucille <[LBapthel@wm.com](mailto:LBapthel@wm.com)>  
**Sent:** Wednesday, July 30, 2025 4:04 PM  
**To:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>  
**Subject:** RE: [EXT]Current COI

You don't often get email from [lbapthel@wm.com](mailto:lbapthel@wm.com). [Learn why this is important](#)  
Here is the current COI, Thanks

I spoke with a young lady in the office, she will resend the package. Thanks

**From:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>  
**Sent:** Wednesday, July 30, 2025 1:37 PM  
**To:** Bapthelus, Lucille <[LBapthel@wm.com](mailto:LBapthel@wm.com)>  
**Subject:** [EXTERNAL] RE: [EXT]Current COI

Lucille,  
Did you receive your Hauler Packet from City of Hollywood Environmental Services?

**Stephanie Gardner**  
Administrative Assistant I  
Public Works  
P.O. Box 229045  
Hollywood, FL 33022

**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** [754-329-0497](tel:754-329-0497)

[www.HollywoodFL.org](http://www.HollywoodFL.org)



**WM-Southern Sanitation**  
[lbapthel@wm.com](mailto:lbapthel@wm.com)  
C: 954-263-7274  
3831 NW 21st Avenue  
Pompano Beach, FL 33073

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**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**From:** Bapthelus, Lucille <[LBapthel@wm.com](mailto:LBapthel@wm.com)>  
**Sent:** Wednesday, July 30, 2025 1:34 PM  
**To:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>  
**Subject:** [EXT]Current COI

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

Good afternoon Stephanie,

Per our conversation, I requested a current COI from the vendor. Thanks

**Lucille Bapthelus**  
Sr. Operations Specialist



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)

7/30/2025

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).

PRODUCER Lockton Companies, LLC DBA as Lockton Insurance Brokers, LLC in CA CA license #0F15767 3657 Briarpark Dr., Ste. 700 Houston TX 77042 (866) 260-3538 TXClientSrvUT@lockton.com	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Indemnity Insurance Co of North America	NAIC # 43575
	INSURER B: ACE American Insurance Company	22667
	INSURER C: ACE Fire Underwriters Insurance Company	20702
	INSURER D: ACE Property and Casualty Insurance Company	20699
	INSURER E:	
	INSURER F:	

INSURED  
1300299  
WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:  
WASTE MANAGEMENT INC. OF FLORIDA  
1800 NORTH MILITARY TRAIL, SUITE 201  
BOCA RATON FL 33431

COVERAGES CERTIFICATE NUMBER: 13704564 REVISION NUMBER: XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	HDO G48900793	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H1082235A	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	XEU 27929242 010	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
A B C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C72629668 (AOS) WLR C72629620 (AZ,CA & MA) SCF C7262970A (WI)	1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
B	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H10822269	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EMPLOYER'S LIABILITY) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

### CERTIFICATE HOLDER

### CANCELLATION

<b>13704564</b> CITY OF HOLLYWOOD PUBLIC WORKS 1600 S PARK ROAD HOLLYWOOD FL 33021	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 
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