



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)

01/31/2025

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com																					
INSURED U.S. Water Services Corporation Dba BCI Technologies 4939 Cross Bayou Blvd New Port Richey, FL 34652	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER B:</td><td>Great American Alliance Insurance Company</td><td>26832</td></tr><tr><td>INSURER C:</td><td>Gotham Insurance Company</td><td>25569</td></tr><tr><td>INSURER D:</td><td>Westfield Specialty Insurance Company</td><td>16992</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	Great American Alliance Insurance Company	26832	INSURER C:	Gotham Insurance Company	25569	INSURER D:	Westfield Specialty Insurance Company	16992	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** W37638303**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 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"/> COMMERCIAL GENERAL LIABILITY <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 OTHER:	Y		PHPK2629384-007	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK2629391-007	11/30/2024	11/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			PHUB891163-007	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> No	N/A	WC E546162-05	10/31/2024	10/31/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability (2nd Layer)			EX202400005676	11/30/2024	11/30/2025	Limits \$5,000,000 xs of \$10,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 2600 Hollywood Blvd. Hollywood, FL 33020-0000	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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ACORD 25 (2016/03)

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SR ID: 27227667

BATCH: 3813237

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED U.S. Water Services Corporation Dba BCI Technologies 4939 Cross Bayou Blvd New Port Richey, FL 34652	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

City of Hollywood is included as an Additional Insured as respects to General Liability and Auto Liability

INSURER AFFORDING COVERAGE: Westfield Specialty Insurance Company

NAIC#: 16992

POLICY NUMBER: CPP-455074Q-00 EFF DATE: 11/30/2024 EXP DATE: 11/30/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Errors & Omissions	Limit	\$2,000,000

From: [Certificate of Insurance](#)
To: [Daniela Behm](#)
Cc: [Kassandra Myers](#); [Certificate of Insurance](#)
Subject: FW: U.S. Water Services Corp COI
Date: Tuesday, February 4, 2025 5:23:27 PM
Attachments: [image001.png](#)
[USWaterServicesCorporation - Client Pack - 3813237.PDF](#)

Acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Monday, February 3, 2025 9:24 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kassandra Myers <KMYERS@hollywoodfl.org>
Subject: RE: U.S. Water Services Corp COI

Good morning,

Please see attached updated COI provided by vendor.

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator
Public Utilities

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

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Tuesday, January 28, 2025 9:55 AM
To: Daniela Behm <DBEHM@hollywoodfl.org>
Cc: Kassandra Myers <KMYERS@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: U.S. Water Services Corp COI

Not acceptable,

1. Auto Liability - the City requires to be named as an additional insured for auto liability in the Description of Operations Box.

Certificate of Insurance



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From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Wednesday, January 22, 2025 1:45 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Cassandra Myers <KMYERS@hollywoodfl.org>
Subject: U.S. Water Services Corp COI

Good afternoon,

Please find attached COI for your review/approval for U.S. Water Services who will be providing Project Managers, Wastewater Plant Operators, Wastewater Maintenance Personnel and for performing minor and major repair and replacement of failed equipment at the WWTP.

Thank you,

Daniela Behm
Utilities Administrative Procurement Coordinator
Public Utilities
P.O. Box 229045
City of Hollywood, Florida 33022

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

www.HollywoodFL.org



Banner

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