



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)

11/24/2025

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 E-MAIL ADDRESS: certificates@wtwco.com FAX (A/C, No): 1-888-467-2378														
INSURED Water Treatment & Controls Technology, Inc. 9900A North Palafox Street Pensacola, FL 32534	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER B: Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER C: Great American Alliance Insurance Company</td><td>26832</td></tr><tr><td>INSURER D: Westfield Specialty Insurance Company</td><td>16992</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance Company	35378	INSURER B: Philadelphia Indemnity Insurance Company	18058	INSURER C: Great American Alliance Insurance Company	26832	INSURER D: Westfield Specialty Insurance Company	16992	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** W41901964**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	Y	Y	MKLV7ENV106294	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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	Y	PHPK2629391-008	11/30/2025	11/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
						\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			MKLV7EFX101728	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	DED \$ RETENTION \$						
	\$						
C	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 E546162-06	10/31/2025	10/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
D	Env Contractors Pollution & Professional Liability			CPP-455074Q-01	11/30/2025	11/30/2026	Each Claim \$5,000,000
	Aggregate \$5,000,000						
	Retention \$25,000						

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

CITY OF HOLLYWOOD is included as an Additional Insured as respects to General Liability and Automobile Liability.

Waiver of Subrogation applies in favor of Additional Insured with respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF HOLLYWOOD P.O. BOX 229045 HOLLYWOOD, FL 33022	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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Fw: Water Treatment & Controls Technology COI Review/Approval

From Betzaida Cambero <bcambero@HollywoodFL.org>

Date Wed 10/22/2025 5:10 PM

To Daniela Behm <DBEHM@hollywoodfl.org>

Cc Ameer Khan <AKHAN@hollywoodfl.org>; Joel Blanco <JBLANCO@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

 1 attachment (337 KB)

COI WTC CITYOFHOLLYWOOD_W38115526.pdf;

Acceptable.

Betzaida Cambero

Risk Management Analyst

Office of Human Resources | HR Risk Management

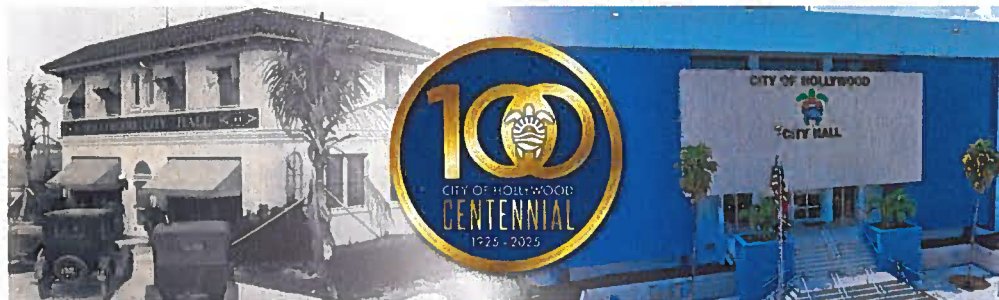
P.O. Box 229045

Hollywood, FL 33022

Email: bcambero@HollywoodFL.org

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

www.HollywoodFL.org



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: Saturday, October 18, 2025 10:48 AM

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

Cc: Ameer Khan <AKHAN@hollywoodfl.org>; Joel Blanco <JBLANCO@hollywoodfl.org>; Dennis Coates <dcoates@uswatercorp.net>

Subject: Water Treatment & Controls Technology COI Review/Approval

Good morning,

Please find attached Water Treatment & Controls Technology COI for your review and approval. Vendor will be providing annual preventative Maintenance and Emergency Services for the Chlorine Facility at the WWTP via a PO once approved at commission.

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator

Public Utilities

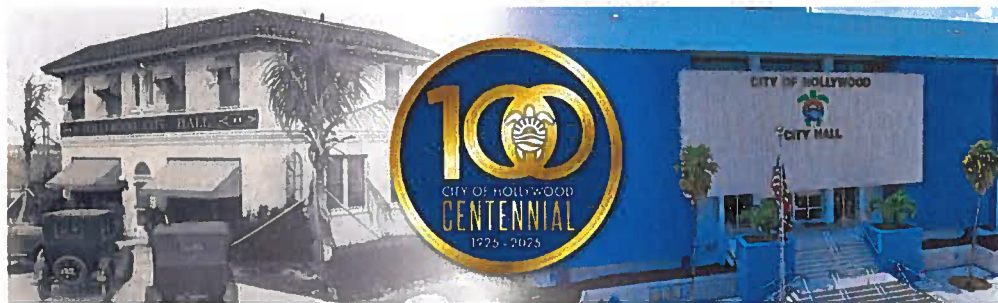
P.O. Box 229045

Hollywood, FL 33022

Email: DBEHM@hollywoodfl.org

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

www.HollywoodFL.org



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