



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/28/2023

**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).**

<b>PRODUCER</b> MARSH USA, LLC. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 Attn: dallas.certs@marsh.com/(866) 966-4664 CN102388372-Cas-GAWXP-22-24		<b>CONTACT NAME:</b>	
		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : ACE American Insurance Company</b>	22667
		<b>INSURER B : N/A</b>	N/A
		<b>INSURER C : ACE Fire Underwriters Insurance Company</b>	20702
		<b>INSURER D : N/A</b>	N/A
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** HOU-003030176-42      **REVISION NUMBER:** 9

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 VVD	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 <input type="checkbox"/> OTHER:			HDO G47353543	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			ISAH10764981	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/> N/A	WLR C54511152 (AOS) SCF C54511309 (WI)	10/01/2023 10/01/2023	10/01/2024 10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 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)**  
Where required by written contract, City of Hollywood is an Additional Insured (except on Workers' Comp) as respects operations of the Named Insured.

<b>CERTIFICATE HOLDER</b>  City of Hollywood 3441 Hollywood Blvd. Hollywood, FL 33020	<b>CANCELLATION</b>  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  <i>Marsh USA Inc.</i>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA, LLC.		NAMED INSURED Lhoist North America, Inc. PO Box 985004 Ft. Worth, TX 76185	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds:  
 Lhoist North America, Inc. / KDM Holdings, Inc. and all owned subsidiaries

**From:** [Certificate of Insurance](#)  
**To:** [Luis Montoya](#); [Certificate of Insurance](#)  
**Cc:** [Jorge Marin](#); [Shanene Wright](#)  
**Subject:** RE: [EXT]Lhoist North America, Inc Renewal Certificate  
**Date:** Wednesday, October 4, 2023 7:51:11 AM  
**Attachments:** [City of Hollywood.pdf](#)  
[image001.png](#)  
[image002.png](#)  
[image003.png](#)

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This COI is acceptable.

Thanks,

Stacy

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**From:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Sent:** Tuesday, October 3, 2023 5:14 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>  
**Subject:** RE: [EXT]Lhoist North America, Inc Renewal Certificate

Just checking if the COI was approved.

**Thank you,**

**Luis Montoya**

Public Utilities Manager – Water Treatment Plant



City of Hollywood

Department of Public Utilities

3441 Hollywood Blvd.

Hollywood, Florida 33021

Phone: 954-967-4230 Ext. 5405

[lmontoya@hollywoodfl.org](mailto:lmontoya@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

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**From:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Sent:** Tuesday, October 3, 2023 1:45 PM  
**To:** Luis Montoya <[LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)>; Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Jorge Marin <[JOMARIN@hollywoodfl.org](mailto:JOMARIN@hollywoodfl.org)>; Shanene Wright <[SRWRIGHT@hollywoodfl.org](mailto:SRWRIGHT@hollywoodfl.org)>  
**Subject:** RE: [EXT]Lhoist North America, Inc Renewal Certificate

Hello,

The Vendor can cancel the COI that does not include the City as an additionally insured.

Thanks,

Stacy

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**From:** Luis Montoya <[LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)>  
**Sent:** Tuesday, October 3, 2023 1:17 PM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Cc:** Jorge Marin <[JOMARIN@hollywoodfl.org](mailto:JOMARIN@hollywoodfl.org)>; Shanene Wright <[SRWRIGHT@hollywoodfl.org](mailto:SRWRIGHT@hollywoodfl.org)>  
**Subject:** FW: [EXT]Lhoist North America, Inc Renewal Certificate

Please advise if sufficient per your recommended changes. Advise me one to keep on file.

Also please provide me with a response to their highlighted request.

**Thank you,**

**Luis Montoya**

Public Utilities Manager – Water Treatment Plant



City of Hollywood

Department of Public Utilities

3441 Hollywood Blvd.

Hollywood, Florida 33021

Phone: 954-967-4230 Ext. 5405

[lmontoya@hollywoodfl.org](mailto:lmontoya@hollywoodfl.org)

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**From:** HARPER Kim <[kim.harper@lhoist.com](mailto:kim.harper@lhoist.com)>  
**Sent:** Tuesday, October 3, 2023 12:34 PM  
**To:** HART Elizabeth <[elizabeth.hart@lhoist.com](mailto:elizabeth.hart@lhoist.com)>; Luis Montoya <[LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)>  
**Cc:** Jorge Marin <[JOMARIN@hollywoodfl.org](mailto:JOMARIN@hollywoodfl.org)>; Shanene Wright <[SRWRIGHT@hollywoodfl.org](mailto:SRWRIGHT@hollywoodfl.org)>  
**Subject:** RE: [EXT]Lhoist North America, Inc Renewal Certificate

You don't often get email from [kim.harper@lhoist.com](mailto:kim.harper@lhoist.com). [Learn why this is important](#)

Hello,

We have 2 certificates on file for City of Hollywood. One with the additional insured listed and the other one does not include it. **Please confirm that I can cancel certificate number HOU003382244-20 without the additional insured since certificate number HOU-003030176-42 has additional insured listed.**

Thanks,