

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER USI Insurance Services LLC 855 Route 146, Suite 235 Clifton Park, NY 12065 518 514-3620	CONTACT NAME: Lorrie Shortsleeve
	PHONE (A/C, No, Ext): 315-295-3797 FAX (A/C, No): 315-295-3785 E-MAIL ADDRESS: lorrie.shortsleeve@usi.com
INSURED Cathedral Corporation 632 Ellsworth Rd Rome, NY 13441-808	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Liberty Mutual Fire Insurance Company 23035
	INSURER B : Liberty Insurance Corporation 42404
	INSURER C :
	INSURER D :
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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 CERTIFICATION 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 INSR	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:	X	X	TB2Z81053235113	03/01/2023	03/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	AS7Z81053235103	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000	X	X	TH7Z81053235123	03/01/2023	03/01/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC7Z81053235143	03/01/2023	03/01/2024	<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

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

CERTIFICATE HOLDER City of Hollywood, Florida 2600 Hollywood Blvd. POB 229045 Hollywood, FL 33022-9045	CANCELLATION 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 

Carmen Saintange

From: Certificate of Insurance
Sent: Wednesday, June 28, 2023 8:14 AM
To: Jean Joinville; Certificate of Insurance
Cc: Phyllis Shaw; Carmen Saintange; Alberto Jimenez
Subject: RE: Cathedral COI
Attachments: Cathedral_Corporation_COI_City_of_Hollywood_2023.pdf

Good morning,

I apologize for the delay; I wasn't in the office yesterday. The COI is acceptable.

Thanks,

Stacy

From: Jean Joinville <JJOINVILLE@hollywoodfl.org>
Sent: Tuesday, June 27, 2023 9:03 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Phyllis Shaw <PSHAW@hollywoodfl.org>; Carmen Saintange <CSAINTANGE@hollywoodfl.org>; Alberto Jimenez <AJIMENEZ@hollywoodfl.org>
Subject: RE: Cathedral COI

Good morning,

Please see the revised attached COI for Cathedral.

Thank you,

Jean Joinville, MPA, CPPB, NIGP-CPP
City of Hollywood
Senior Purchasing Agent
Office of Procurement and Contract Compliance
2600 Hollywood Blvd, Suite 303
Hollywood, FL 33020
Office: 954-921-3290
E-mail: jjoinville@hollywoodfl.org

