



EQUIP-1

OP ID: HD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2023

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).

PRODUCER Leif Assurance Inc 6825 Clayton Ave, Ste 200 Saint Louis, MO 63139		314-202-4200	CONTACT NAME: McKenna Goodman PHONE (A/C, No, Ext): 314-328-6395 FAX (A/C, No): 314-328-6395 E-MAIL ADDRESS: mckennag@leifassurance.com	
INSURED EquipmentShare.com Inc 5710 Bull Run Drive Columbia, MO 65201		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Safety National Casualty Corporation		A++ 15105
		INSURER B: Landmark American Insurance Co		A++ 33138
		INSURER C: Mercer Insurance Company		A 14478
		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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL6676532	05/20/2023	05/20/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 DESIGNATED LOC GEN AGG \$ 20,000,000
A	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> MCS-90			CA6676533	05/20/2023	05/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			LHA102457 2.5M p/o 5M	05/20/2023	05/20/2024	EACH OCCURRENCE \$ 5,000,000
C	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			20000000425 2.5M p/o 5M	05/20/2023	05/20/2024	AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	LDS4068223 PS4068222 (WI)	05/20/2023	05/20/2024	<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

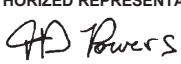
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability and Auto Liability policies include blanket automatic additional insured endorsement in favor of the certificate holder where required by written contract or agreement.

The General Liability, Auto Liability and Workers' Compensation policies include a blanket automatic waiver of subrogation in favor of the additional insured(s) where required by written contract or agreement. Excess Liability policies follow form of underlying.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood 2600 Hollywood Blvd Hollywood, FL 33020	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 



EQUIP-1

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/05/2023

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PRODUCER Leif Assurance Inc 6825 Clayton Ave, Ste 200 Saint Louis, MO 63139 314-202-4200	CONTACT NAME: McKenna Goodman PHONE (A/C, No, Ext): 314-328-6395 E-MAIL ADDRESS: mckennag@leifassurance.com PRODUCER CUSTOMER ID:	FAX (A/C, No): 314-328-6395
INSURED EquipmentShare.com Inc 5710 Bull Run Drive Columbia, MO 65201	INSURER(S) AFFORDING COVERAGE INSURER A : Intact Insurance Group USA LLC A+ INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	710043092-0000	05/20/2023	05/20/2024	BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
		BASIC				BUSINESS INCOME	\$
		BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$ 280,819,429
	<input checked="" type="checkbox"/>	WIND				BLANKET BUS PERS PROP	\$ 55,850,000
	<input checked="" type="checkbox"/>	FLOOD				BLANKET BI	\$ 52,537,440
A	<input checked="" type="checkbox"/>	INLAND MARINE	790037165-0000	05/20/2023	05/20/2024	PER OCC	\$ 250,000,000
		CAUSES OF LOSS				DEDUCTIBLE	\$ 500,000
		NAMED PERILS				EQ/WIND/FLOOD	\$ SEE BELOW
	<input checked="" type="checkbox"/>	SPECIAL					\$
	<input type="checkbox"/>	CRIME					\$
		TYPE OF POLICY					\$
							\$
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	710043092-0000	05/20/2023	05/20/2024	EQUIPMENT BREAKDOWN	\$ 100,000,000
						DEDUCTIBLE	\$ 250,000
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket Loss Payee is provided for leased/rented equipment in favor of certificate holder as their interest may appear under a written agreement prior to any loss.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
2600 Hollywood Blvd
Hollywood, FL 33020

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Leif Assurance Inc		NAMED INSURED EquipmentShare.com Inc 5710 Bull Run Drive Columbia, MO 65201	
POLICY NUMBER 710043092-0000 (Property) 790037165-0000 (Inland Marine)		EFFECTIVE DATE: 05/20/2023	
CARRIER Intact Insurance Group USA LLC	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: _____ FORM TITLE: _____

ADDITIONAL PROPERTY COVERAGES:

Flood – All locations unless otherwise noted - Included in Blanket and Per Occurrence Limit; Ded \$250,000

Flood Moderate Zone - \$5,000,000; Ded \$250,000

Flood High Hazard - \$1,000,000; Ded \$500,000

Flood – 10819 w 78th Street, Overland Park, KS 66204 - \$10,000,000; Ded \$250,000

Earthquake – All locations unless otherwise noted - \$5,000,000; Ded \$250,000

Earthquake – CA - \$1,000,000; Ded \$250,000

Windstorm/Hail – Included in Blanket and Per Occurrence Limit; Ded \$250,000

ADDITIONAL INLAND MARINE COVERAGES:

Flood – All locations unless otherwise noted - Included in Blanket and Per Occurrence Limit; Ded \$500,000

Flood Moderate Zone - \$5,000,000; Ded \$500,000

Flood High Hazard - \$1,000,000; Ded \$500,000

Earthquake – All locations unless otherwise noted - \$5,000,000; Ded \$500,000

Earthquake – CA - \$1,000,000; Ded \$500,000

Windstorm/Hail – Included in Blanket and Per Occurrence Limit; Ded \$500,000

From: [Certificate of Insurance](#)
To: [Maria Gonzalez; Certificate of Insurance](#)
Cc: [Tammie L. Hechler](#)
Subject: RE: [EXT]Re: BACKHOE LOADER/EXCAVATOR/TRACK LOADER Contract COI City of Hollywood
Date: Tuesday, October 10, 2023 1:47:01 PM
Attachments: [23.24 City of Hollywood.pdf](#)
[image001.png](#)

Hello,

The COI is acceptable.

Thanks,

Stacy

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Tuesday, October 10, 2023 12:52 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]Re: BACKHOE LOADER/EXCAVATOR/TRACK LOADER Contract COI City of Hollywood

Good afternoon,

Please see the attached COI for your approval.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Michael Cabrera King <michael.cabrera@casepowered.com>
Sent: Friday, October 6, 2023 1:28 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Cc: Jaime Castillo <JCASTILLO@hollywoodfl.org>
Subject: [EXT]Re: BACKHOE LOADER/EXCAVATOR/TRACK LOADER Contract COI City of Hollywood

Maria/Jaime,

Please see attached the requested COI, Thank you again for the opportunity.

Respectfully,



Michael Cabrera King
Government Specialist
(786) 774-3284
Michael.Cabrera@CasePowered.com
www.CASEpowered.com

FLORIDA

CASE CE Products-CAGE # 9MG07 Mecalac Products-CAGE # 9MPE4

On Thu, Oct 5, 2023 at 3:47 PM Maria Gonzalez <MAGONZALEZ@hollywoodfl.org> wrote:

Hi Michael,

We will also need a copy of the Contract and Awarding Agency documentation.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



From: Maria Gonzalez
Sent: Thursday, October 5, 2023 3:10 PM
To: michael.cabrera@casepowered.com
Cc: Jaime Castillo <ICASTILLO@hollywoodfl.org>
Subject: BACKHOE LOADER/EXCAVATOR/TRACK LOADER Contract COI City of Hollywood

Good afternoon Michael,

We need you to send us your most up-to-date insurance to work on this order. For your convenience, I have attached a sample COI required by the City.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



Maria Gonzalez
Administrative Specialist II
City of Hollywood
Public Utilities

P.O. Box 229045
Hollywood, FL 33022-9045
Office:
E-mail: MAGONZALEZ@hollywoodfl.org



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