

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2023

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER		CONTACT Willis Towers Watson Certificate Center NAME:						
Willis Towers Watson Northeas	t, Inc.	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378						
c/o 26 Century Blvd	•	V 4011101 EACH						
P.O. Box 305191		E-MAIL ADDRESS: certificates@willis.com						
Nashville, TN 372305191 US	A	INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: National Union Fire Insurance Company of P	19445					
INSURED		INSURER B: Mitsui Sumitomo Insurance USA Inc	22551					
Sulphuric Acid Trading Company 3710 Corporex Park Drive, Suite	strongs	INSURER C: Illinois Union Insurance Company	27960					
Tampa, FL 33619	2 200	INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: W28689328	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELOW HAY	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY 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,								
	OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							
INSR TYPE OF INSUPANCE	ADDL SUBR	POLICY EFF POLICY EXP						

INSD WVD COMMERCIAL GENERAL LIABILITY 1,000,000 FACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 X CLAIMS-MADE OCCUR 5,000 Marine GL / MED EXP (Any one person) Y Y X Marine Term Operators 45780547 04/01/2023 04/01/2024 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRO-JECT PRODUCTS - COMP/OP AGG POLICY LOC \$ OTHER: Action Over/Indemnity incld, Pollution SEA Ded \$ 25,000 COMBINED SINGLE LIMIT \$ 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ В OWNED SCHEDULED BVR8302070 04/01/2023 04/01/2024 BODILY INJURY (Per accident) AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB 2,000,000 OCCUR EACH OCCURRENCE A 04/01/2023 04/01/2024 2,000,000 **EXCESS LIAB** 45780550 (50%) AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ FICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT G24883930 008 04/01/2023 04/01/2026 Per Condition \$1,000,000 Pollution Condition SIR \$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bumbershoot Liabilities - policy nos. and underwriters are as follows:
National Union Fire Insurance Company of Pittsburgh, PA (50%) - Policy # 45780550
Liberty Mutual Insurance Company (25%) - Policy # NYABDEO5007
Mitsui Sumitomo Insurance Company of America (25%) - Policy # OLM2510005

City of Hollywood is included as an Additional Insured as respects to General Liability. Waiver of Subrogation applies

CERTIFICATE HOLDER	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.
City of Hollywood	AUTHORIZED REPRESENTATIVE
1801 N. 21st Avenue	leabye whenches
Hollywood, FL 33020	Mapy (Mariche)

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AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED Sulphuric Acid Trading Company Inc. (SATCO)						
Willis Towers Watson Northeast, Inc.		3710 Corporex Park Drive, Suite 205						
POLICY NUMBER		Tampa, FL 33619						
See Page 1 CARRIER	NAIC CODE							
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance								
in favor of the Additional Insureds with respects to General Liability and Auto Liability.								
In lavol of the Additional Insuleds with respects to denetal madrifty and Adto Madrifty.								
		1.						

ACORD 101 (2008/01)

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SR ID: 23999577

BATCH: 2931841

CERT: W28689328



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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).

	is certificate does not confer rights to				-		-	equire an endorsement	. A Sta	itement on
PRODUCER Liberty Mutual Insurance Co. National Insurance East					CONTACT NAME: Landrum Human Resource Companies, Inc.					
500 N 3rd St, Suite 300				PHONE (A/C, No	. Ext): 8	350-476-5100	FAX (A/C, No):			
	Wausau, WI 54403				E-MAIL ADDRESS: COI@Landrumhr.com					
										NAIC#
wwv	.LibertyMutual.com				INSURE	RA: Liberty N	Mutual Fire In	surance Company		23035
INSU					INSURER B:					
	andrum Human Resource Comp C/F Sulphuric Acid Trading Com	anie	es, II	nc.	INSURER C:					
2	19 E. Garden Street, Suite 500	ρ.			INSURER D:					
P	ensacola FL 32502				INSURER E:					
					INSURER F:					
				E NUMBER: 71946495				REVISION NUMBER:		
IN Cl	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	ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
	COMMERCIAL GENERAL LIABILITY	טפיי.						EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMPINED OINOLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUP								\$	
	- FYOSOG LIAD							EACH OCCURRENCE	\$	
	CLAINIS-WADE							AGGREGATE	\$	
Α	DED RETENTION \$ WORKERS COMPENSATION		/	WA2-65D-428303-063		1/1/2023	1/1/2024	✓ PER OTH-	-	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	· · ·		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	7.2.2,2.2	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
Workers Compensation coverage for Employees leased to but not subcontractors of: Sulphuric Acid Trading Comp. 3710 Corporex Park Drive Suite 205 Tampa FL 33619 Waiver of subrogation is included in favor of the certificate holder, where required by written contract, and where applicable by law.										
CERTIFICATE HOLDER					CANCELLATION					
City of Hollywood 1801 N 21st Ave 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.						
					Chalcas Miller Chalcas Miller					

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Luis Montoya

From: Certificate of Insurance

Sent: Tuesday, May 16, 2023 10:21 AM **To:** Luis Montoya; Certificate of Insurance

Cc: Jorge Marin; Shanene Wright

Subject: RE: Sulphuric Acid Trading Company, Inc

Hello,

The COI is acceptable

Thanks, Stacy

From: Luis Montoya <LMONTOYA@hollywoodfl.org>

Sent: Tuesday, May 16, 2023 8:21 AM

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

Cc: Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>

Subject: RE: Sulphuric Acid Trading Company, Inc.

Stacy Attached is the original RESO/ Agreement documentation with the Co-o/Vendor for this service.

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

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

Sent: Tuesday, May 16, 2023 8:13 AM

To: Luis Montoya <<u>LMONTOYA@hollywoodfl.org</u>>; Certificate of Insurance <<u>COI@hollywoodfl.org</u>>; Certificate of Insurance <<u>COI@hollywoodfl.org</u>>; Shanene Wright <<u>SRWRIGHT@hollywoodfl.org</u>>

Subject: RE: Sulphuric Acid Trading Company, Inc

Hello,

Is there an agreement that outlines the insurance requirements?

Stacy