

CERTIFICATE OF LIABILITY INSURANCE

KMCGUFFIN

DATE (MM/DD/YYYY) 2/18/2025

RUMMKLE-01

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).

CONTACT NAME:					
PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 8	327-2279				
E-MAIL ADDRESS: admin@amesgough.com					
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A: Charter Oak Fire Insurance Company A++ (XV)	25615				
INSURER B: Travelers Property Casualty Company of America, A++, XV	25674				
INSURER C: New Hampshire Insurance Company A XV	23841				
INSURER D : Continental Casualty Company (CNA) A, XV	20443				
INSURER E:					
INSURER F:					
	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277 EADDRESS: admin @amesgough.com INSURER(S) AFFORDING COVERAGE INSURER A: Charter Oak Fire Insurance Company A++ (XV) INSURER B: Travelers Property Casualty Company of America, A++, XV INSURER C: New Hampshire Insurance Company A XV INSURER D: Continental Casualty Company (CNA) A, XV INSURER E:				

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR		TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			630-3R867964	11/1/2024	11/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	X	Contractual Liab.						MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:							\$			
В	ΑU	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X	ANY AUTO			810-3R867301	11/1/2024	11/1/2025	BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
В	X	UMBRELLA LIAB X OCCUR		1					EACH OCCURRENCE	\$	10,000,000	
		EXCESS LIAB CLAIMS-MADE					CUP-6S739749	11/1/2024	11/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000							\$			
С	WOR	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC039-32-6803	WC039-32-6803	3/1/2024 3/1	3/1/2025	E.L. EACH ACCIDENT	\$	1,000,000			
			.,,,,	`		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000				
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
D	Pro	fessional Liab.			AEH591934472	11/1/2024	11/1/2025	Per Claim/Aggregate		2,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: RK&K Proposal Number: P21-0341 / City of Hollywood Johnson Street and Bike Lane Project / RK&K Contract Number: R-2021-208 Project 445518

City of Hollywood is included as additional insured with respect to General Liability, Automobile Liability and Umbrella Liability when required by written contract. General Liability, Automobile Liability, and Umbrella Liability are primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Professional Liability policies in accordance with policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood PO Box 229045 Hollywood, FL 33022-9045	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11011yW00d, 1 E 33022-3043	AUTHORIZED REPRESENTATIVE
	Frances J. Ridey