



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2024

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED American Air Liquide Inc. Airgas, Inc. 259 N. Radnor Chester Road Radnor PA 19087-5240 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Indian Harbor Insurance Company		36940
	INSURER B: Starr Indemnity & Liability Company		38318
	INSURER C: Starr Specialty Insurance Company		16109
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES	CERTIFICATE NUMBER: 570106713022	REVISION NUMBER:
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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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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:			1000090660241	07/01/2024	07/01/2025	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$1,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$6,000,000
							PRODUCTS - COMP/OP AGG	\$6,000,000
B	AUTOMOBILE LIABILITY			1000635788241	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AOS 1000635789241 MA	07/01/2024	07/01/2025	BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			1000095524241	07/01/2024	07/01/2025	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1000004702 FL, MA 1000004704 WI	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C					07/01/2024	07/01/2025	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 is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

CERTIFICATE HOLDER City of Hollywood 1621 N. 14th Avenue Hollywood FL 33022-9045 USA	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 <i>Aon Risk Services Central Inc.</i>
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Holder Identifier :

Certificate No : 570106713022



Aon Risk Services
5801 Postal Road
PO Box 818037
Cleveland, Ohio 44181-9600

MDG2024 00002954 01



City of Hollywood
1621 N. 14th Avenue
Hollywood FL 33022 9045



Certificate No: 570106713022



City of Hollywood
1621 N. 14th Avenue
Hollywood FL 33022-9045 USA

Wednesday, June 26, 2024

To whom it may concern:

Following a concentrated effort to reduce our environmental footprint and provide timely certificate delivery, Aon will begin delivering our Certificates of Insurance electronically in PDF format.

Please utilize one of the following methods to ensure you will receive the electronic copy of your Certificate (Certificate No: **570106713022**) for future renewals:

- Visit aon.com/e-cert; or
- Utilize the QR Code below to enter/validate your information.

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Thank you for your cooperation and willingness to help us reduce our impact to the environment.

Aon Risk Services
5801 Postal Road
PO Box 818037
Cleveland, Ohio 44181-9600





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Air Liquide Inc.	
POLICY NUMBER See Certificate Number: 570106713024			
CARRIER See Certificate Number: 570106713024	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

WC Continued / Named Insured List

Workers Compensation:

Policy No: 1000004701 (AOS)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Specialty Insurance Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

Policy No: 1000004703 (AK, AZ, CT, IA, NC, NJ, NY, VT)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Specialty Insurance Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

Policy No: 1000004712 (USL&H)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Indemnity & Liability Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

 NAMED INSUREDS ON THE ABOVE-REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

- American Air Liquide Inc.
- Air Liquide Helium America, Inc.
- Air Liquide Advanced Technologies U.S. LLC
- Air Liquide America L.P.
- Air Liquide USA LLC
- Air Liquide Large Industries U.S. LP
- Air Liquide Electronics U.S. LP
- Air Liquide Global E&C Solutions US Inc.
- Air Liquide Technical Services LLC
- Air Liquide Global E&C Solutions Mexico LLC
- Air Liquide Advanced Materials Inc.
- Air Liquide Advanced Materials LLC
- Airgas, Inc.
- Airgas Carbonic, Inc.
- Airgas Doral, Inc.
- Airgas Merchant Gases, LLC
- Airgas Priority Nitrogen, LLC
- Airgas Safety, Inc.
- Airgas Specialty Products, Inc.
- Airgas USA, LLC
- Airgas Nitrogen Services, LLC
- Nitrous Oxide Corporation
- Red-D-Arc Inc.

Certificate No: 570106713026



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Hollywood FL 33020-3211 USA

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Following a concentrated effort to reduce our environmental footprint and provide timely certificate delivery, Aon will begin delivering our Certificates of Insurance electronically in PDF format.

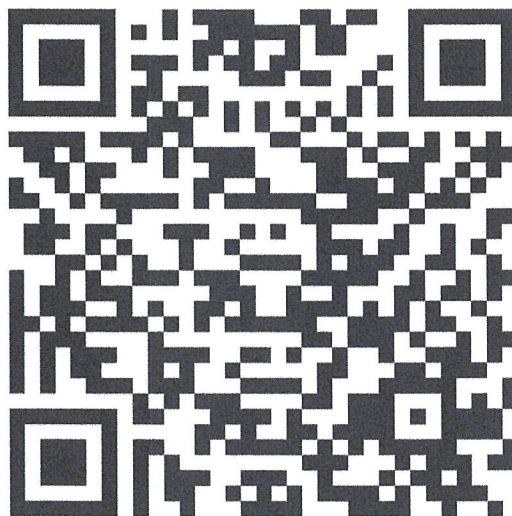
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MDG2024 00002953 02



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Hollywood FL 33020 3211



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Aon Risk Services
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PO Box 818037
Cleveland, Ohio 44181-9600



From: [Certificate of Insurance](#)
To: [Sarah Scovill](#); [Certificate of Insurance](#)
Cc: [Ameer Khan](#); [Daniela Behm](#); [Kassandra Myers](#); [Steven Urich](#)
Subject: FW: American Air Liquide dba Airgas Inc
Date: Tuesday, July 30, 2024 2:54:21 PM
Attachments: [American Air Liquide dba Airgas COI.pdf](#)
[image001.png](#)

Acceptable

From: Sarah Scovill <SScovill@hollywoodfl.org>
Sent: Tuesday, July 30, 2024 8:10 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Ameer Khan <AKHAN@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>; Kassandra Myers <KMYERS@hollywoodfl.org>; Steven Urich <surich@HollywoodFL.org>
Subject: American Air Liquide dba Airgas Inc

Good morning,

Please find attached for review certificate of insurance for American Air Liquide dba Airgas Inc. The vendor provides liquid oxygen to Public Utilities per blanket purchase agreement PA600686.

Regards,

Sarah S. Scovill
City of Hollywood
Purchasing Clerk
Public Utilities, WWTP
Tel: 954-921-3288
Fax: 954-921-3411

