



ALLIUNI-01

TGARRIDO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2021

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 Collinsworth, Alter, Fowler & French, LLC 15050 NW 79th Court Suite 200 Miami Lakes, FL 33016	CONTACT NAME: Teresa Garrido		
	PHONE (A/C, No, Ext): (305) 822-7800	FAX (A/C, No): (305) 362-2443	
	E-MAIL ADDRESS: tgarrido@caffilc.com		
INSURED Allied Universal Corp. 3901 NW 115 Avenue Miami, FL 33178	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nautilus Ins Company		17370
	INSURER B : Great Divide Insurance Co		25224
	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 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	COMMERCIAL GENERAL LIABILITY	X		GLP202370314	8/31/2021	8/31/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Retro Date 1/12/1988						MED EXP (Any one person) \$ 25,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY	X		BAP202370414	8/31/2021	8/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X		FFX202370614	8/31/2021	8/31/2022	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Pollution Liability			SSP202370514	8/31/2021	8/31/2022	E.L. DISEASE - POLICY LIMIT \$
A	Poll Retro 8/21/95			SSP202370514	8/31/2021	8/31/2022	Ech Poll Condition** 1,000,000
							Total Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Bid No. 863-11695. City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability & Business Auto policies

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2021

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 9155 S. Dadeland Blvd. MIAMI FL 33156	CONTACT NAME: Lisa Neumayer	
	PHONE (A/C, No. Ext): 561-998-8782	FAX (A/C, No): 305-592-4049
	E-MAIL ADDRESS: Lisa_Neumayer@aig.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Granite State Insurance Company	23809
INSURED Allied Universal Corporation 3901 NW 115th Ave Miami, FL 33178	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 1442556044**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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			039326857	6/30/2021	6/30/2022	X PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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**CANCELLATION**

City of Hollywood
ATIN: Risk Management
P O Box 229045
Hollywood FL 33022-9045
USA

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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Monique Sharkey

From: Horace McLarty
Sent: Thursday, September 30, 2021 8:52 AM
To: Sarah Scovill
Cc: Coy Mathis; Tanya Bouloy
Subject: FW: Allied Universal Corp - COI - Auto & WC
Attachments: SharpScan@hollywoodfl.org_20210922_091811.pdf

Acceptable

-----Original Message-----

From: Sarah Scovill
Sent: Thursday, September 30, 2021 8:42 AM
To: Horace McLarty <HMCLARTY@hollywoodfl.org>
Cc: Coy Mathis <CMATHIS@hollywoodfl.org>
Subject: Allied Universal Corp - COI - Auto & WC

Hi Horace,

Please review attached COI, auto and workers compensation exemption for Allied Universal Corp. The vendor provides contracted delivery of various chemicals (Liquid Chlorine, Sodium Hypochlorite & Sodium Hydroxide) utilized in both water and wastewater treatment processes under blanket purchase numbers PA600157, B003074 and B003132.

Thank you,

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

-----Original Message-----

From: Sarah Scovill
Sent: Wednesday, September 22, 2021 9:27 AM
To: Horace McLarty (hmclarty@hollywoodfl.org) <hmclarty@hollywoodfl.org>
Cc: Coy Mathis <CMATHIS@hollywoodfl.org>; Robert Lowery <RLOWERY@hollywoodfl.org>
Subject: Allied Universal Corp - COI - Auto & WC

Hi Horace,

Please review attached COI, auto and workers compensation exemption for Allied Universal Corp. The vendor provides contracted delivery of various chemicals (Liquid Chlorine, Sodium Hypochlorite & Sodium Hydroxide) utilized in both water and wastewater treatment processes under blanket purchase numbers PA600157, B003074 and B003132.

Thank you,

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

-----Original Message-----

From: SharpScan@hollywoodfl.org [mailto:SharpScan@hollywoodfl.org]
Sent: Wednesday, September 22, 2021 8:53 AM
To: Sarah Scovill <SScovill@hollywoodfl.org>
Subject: [EXT]Scanned image from City Of Hollywood

Reply to: SharpScan@hollywoodfl.org <SharpScan@hollywoodfl.org> Device Name: City Of Hollywood Device Model: MX-3050N
Location: Building B. (Sara's office)

File Format: PDF MMR(G4)
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.

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