

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/2023

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement.	A st	atement on
	DUCER	O tile	CCTC	ineate noider in ned or st	CONTAC		7.			
	MARSH USA, LLC.				NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
	20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103				E-MAIL ADDRES	o, Ext):		(A/C, No):		
	Attn: Hartford.certrequest@Marsh.com			1 11	ADDRES					
	20000 100 07115 0 111 00 01							RDING COVERAGE		NAIC#
	02330498-STND-GAW-23-24				INSURER A : Liberty Mutual Fire Insurance Company					23035
INSU	IRED HUBBELL INCORPORATED				INSURER B : LM Insurance Corporation					33600
	40 WATERVIEW DRIVE			1 1	INSURER C:					
	PO BOX 1000 SHELTON, CT 06484-1000				INSURE	RD:				
	5.12276.N, 61 56161 1666				INSURE	RE:				
					INSURE	RF:				
				NUMBER:		-010318645-20		REVISION NUMBER: 4		
E E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT. POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			TB2-611-004212-293		10/01/2023	10/01/2024	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		5,000,000 100,000
								MED EXP (Any one person) \$		5,000
								PERSONAL & ADV INJURY \$		5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		10,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		10,000,000
								\$	_	10,000,000
A	OTHER: AUTOMOBILE LIABILITY			AS2-611-004212-253		10/01/2023	10/01/2024	COMBINED SINGLE LIMIT &		5,000,000
	X ANY AUTO						10/01/2021	(Ea accident) BODILY INJURY (Per person) \$		3,000,000
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA5-61D-004212-213 (AOS)		10/01/2023	10/01/2024	X PER OTH-		
В	ANYPROPRIETOR/PARTNER/EXECUTIVE N			WC5-611-004212-353 (WI)		10/01/2023	10/01/2024	E.L. EACH ACCIDENT \$		2,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		2,000,000
	BEGOTAL FIGURES OF ELECTRICATE BOOM							E.E. BIOLING TOLIGITEIMIT	-	
D=5			00=							
CER	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI TIFICATE HOLDER IS/ARE INCLUDED AS ADDITIC	LES (A)ΝΙΔΙ ΙΝ	ISLIBE	101, Additional Remarks Schedu	le, may be	e attached if moi WHERE RE∩UIE	re space is requir	ed) I CONTRACT		
OLIV	THE TOTAL HOLDEN TOTAL INCLUDED NO ADDITIO	ZINAL III	VOOINE	D (ENOLI I WOITILITO OOMI LIV	OATION)	WITCHENER	CDDI WINITE	TOONTINOT.		
CE	RTIFICATE HOLDER				CANO	ELLATION				
City of Hollywood 2600 Hollywood Boulevard 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.					
					AUTHO	RIZED REPRESE	ENTATIVE			
1										_

AGENCY CUSTOMER ID: CN102330498

LOC #: Hartford



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED					
MARSH USA, LLC.	HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000					
POLICY NUMBER						
		SHELTON, CT 06484-1000				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				

ADDITIONAL REMARKS

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

HUBBELL INCORPORATED (US SUBSIDIARY LIST)

ACLARA INTERNATIONAL HOLDINGS INC

ACLARA METERS LLC

ACLARA SMART GRID SOLUTIONS LLC

ACLARA TECHNOLOGIES LLC

ARMORCAST PRODUCTS COMPANY, INC.

BECKWITH ELECTRIC COMPANY

BURNDY AMERICAS INC.

BURNDY LLC

BURNDY TECHNOLOGY LLC

CONNECTOR ASSEMBLY LTD

CONNECTOR MANUFACTURING COMPANY

EI ELECTRONICS LLC DBA ELECTRO INDUSTRIES/GAUGE TECH

GAI-TRONICS CORPORATION

GLEASON REEL CORPORATION

HIPOTRONICS INC.

HARVEY HUBBELL INCORPORATED

HUBBELL CORPORATE HOLDINGS

HUBBELL DISTRIBUTION, INC.

HUBBELL GAS UTILITY SOLUTIONS, INC

HUBBELL INCORPORATED (DELAWARE)

HUBBELL INTERNATIONAL, LLC

HUBBELL INDUSTRIAL CONTROLS, INC.

HUBBELL LENOIR CITY, INC.

HUBBELL MANUFACTURING OKC, INC.

HUBBELL OPERATIONS LLC

HUBBELL PLASTICS, INC.

HUBBELL POWER SYSTEMS, INC.

HUBBELL SWITCH HOLDING CO., INC.

HUB REINSURANCE LTD.

HUBS, INC.

MERAMEC INSTRUMENT TRANSFORMER COMPANY

METER READINGS HOLDINGS I CORP.

METER READINGS HOLDING LLC

NEWCO CONDENSER, INC.

PCORE ELECTRIC COMPANY, INC.

PCX HOLDING LLC

PROGRESS LIGHTING LLC

PROGRESSIVE LIGHTING INC. (NC)

PROGRESSIVE LIGHTING, INC. (SC)

STATE STREET CORP.