

CERTIFICATE OF LIABILITY INSURANCE

8/5/2024

DATE (MM/DD/YYYY) 5/1/2024

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).

	Lockton Companies 444 W. 47th Street, Suite 900	CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No):			
	Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	INSURER(S) AFFORDING COVERAGE		
		INSURER A: American Zurich Insurance Comp	40142		
INSURED 1496814	JAHNKE & SONS CONSTRUCTION, INC. DBA WHP TRAINING TOWERS	INSURER B: American Guarantee and Liab. Ins. Co. 263			
		INSURER C: Zurich American Insurance Company		16535	
	519 DUCK RD.	INSURER D :			
	GRANDVIEW MO 64030	INSURER E :			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 20542892

REVISION NUMBER: XXXXXXX

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.

TR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X	CLAIMS-MADE X OCCUR	Y	N		8/5/2023	8/5/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 100,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
1	AUT	OMOBILE LIABILITY	Y	N	BAP700922402	8/5/2023	8/5/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$ XXXXXXX
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
		UMBRELLA LIAB X OCCUR	N	N	SXS682380802	8/5/2023	8/5/2024	EACH OCCURRENCE	\$ 5,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$ XXXXXXX
		RKERS COMPENSATION EMPLOYERS' LIABILITY		N	N WC700922202	8/5/2023	8/5/2024	X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
			.5				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)
RE: CITY OF HOLLYWOOD IS INCLUDED AS AN ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECTS TO COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY.

CERTIFICATE HOLDER	CANCELLATION
20542892 CITY OF HOLLYWOOD PO BOX 229045	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HOLLYWOOD FL 33022	AUTHORIZED REPRESENTATIVE Josh M Agnelle

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Alexander Poli

From: Certificate of Insurance

Sent: Wednesday, May 1, 2024 3:50 PM **To:** Alexander Poli; Certificate of Insurance

Subject: WHP Training Towers Certificate of Insurance Approval for **Attachments:** Certificate of Insurance for WHP Training Towers.pdf

Acceptable

For future reference:

 City of Hollywood must be the certificate holder per the following format: City of Hollywood (nothing else on this line)
 Department Address & Room # (if applicable)
 Department Address

From: Alexander Poli <APoli@hollywoodfl.org> Sent: Wednesday, May 1, 2024 2:20 PM

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

Subject: Certificate of Insurance Approval for WHP Training Towers

Hello,

Please review the attached Certificate of Insurance for approval. WHP Training Towers will be onsite making repairs to our Fire Training Tower. Thanks.

Sincerely,

Alexander N. Poli
Division Chief of Administration
Hollywood Fire Rescue & Beach Safety Department
2741 Stirling Rd, 3rd Floor
(Office): 954-967-4248; Ext 5399
(Cell): 561-308-5754