



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/22/2025

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 MARSH USA, LLC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
CN102330498-ALL-EOCyb-24-25		HUS	
INSURED Aclara Technologies LLC 77 Westport Plaza Suite 500 St. Louis, MO 63146		INSURER(S) AFFORDING COVERAGE INSURER A : Steadfast Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 26387	

COVERAGES **CERTIFICATE NUMBER:** NYC-012135863-26 **REVISION NUMBER:** 2

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	TECH E&O/CYBER RISK (Subject to SIR/Deductibles)			EOC 3104941 - 06 for various perils covered)	11/01/2024	11/01/2025	LIMITS 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Hollywood Public Utilities 2600 Hollywood Boulevard Hollywood, FL 33020	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>Marsh USA LLC</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2024

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PRODUCER
MARSH USA, LLC.
20 CHURCH STREET, 8TH FLOOR
HARTFORD, CT 06103
Attn: Hartford.certrequest@Marsh.com

CONTACT
NAME:
PHONE
(A/C, No, Ext):
E-MAIL:
ADDRESS:

FAX
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Mutual Fire Insurance Company

23035

INSURER B: LM Insurance Corporation

33600

INSURER C:

INSURER D:

INSURER E:

INSURER F:

CN102330498-STND-GAW-24-25

HUS

INSURED
HUBBELL INCORPORATED
40 WATERVIEW DRIVE
PO BOX 1000
SHELTON, CT 06484-1000

COVERAGES

CERTIFICATE NUMBER:

NYC-010318645-24

REVISION NUMBER: 5

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	<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 <input type="checkbox"/> OTHER:			TB2-611-004212-294	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-611-004212-254	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	N/A	WA5-61D-004212-214 (AOS) WC5-611-004212-354 (WI)	10/01/2024 10/01/2024	10/01/2025 10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS/ARE INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

City of Hollywood
Public Utilities
2600 Hollywood Boulevard
Hollywood, FL 33020

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

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, LLC.		NAMED INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000
POLICY NUMBER		
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

PROGRESSIVE LIGHTING INC. (NC)

PROGRESSIVE LIGHTING, INC. (SC)

STATE STREET CORP.

From: [Certificate of Insurance](#)
To: [Daniela Behm](#)
Cc: [Allen Blyden](#); [Certificate of Insurance](#)
Subject: FW: Aclara Technologies COI Review/Approval
Date: Thursday, March 13, 2025 12:15:41 PM
Attachments: [image001.png](#)
[10318645 CERT.pdf](#)

Acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Tuesday, March 11, 2025 4:57 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Allen Blyden <ABLYDEN@hollywoodfl.org>
Subject: RE: Aclara Technologies COI Review/Approval

Good afternoon,

Please find attached updated COI with corrections.

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator
Public Utilities

Email: DBEHM@hollywoodfl.org
Telephone: [954-967-4455](tel:954-967-4455) ext.5641

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, March 3, 2025 3:30 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>
Cc: Tracy Remonvil <tremonvil@HollywoodFL.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: Aclara Technologies COI Review/Approval

1st COI, acceptable.

2nd COI needs correction to Certificate holders' info please follow below format,

1. The City of Hollywood must be the certificate holder per the following format:

City of Hollywood (Nothing else on this line)

Department Name & Room # (if applicable)

Department Address

Department Address

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Wednesday, February 26, 2025 1:15 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Tracy Remonvil <tremonvil@HollywoodFL.org>
Subject: Aclara Technologies COI Review/Approval

Good afternoon,

Please find attached COI for Aclara for your review and approval. Vendor will be working throughout the City programming water meters, MTU's and writing repairs.

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator

Public Utilities

P.O. Box 229045

Hollywood, FL 33022

Email: DBEHM@hollywoodfl.org

Telephone: [954-967-4455](tel:954-967-4455) ext.5641

www.HollywoodFL.org



Banner



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.