



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2024

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 Ironwood, a Marsh & McLennan Agency, LLC Co 4401 Northside Parkway NW Suite 800 Atlanta GA 30327	CONTACT NAME: Laura Jones PHONE (A/C, No, Ext): (404) 927-9143 E-MAIL ADDRESS: ljones@ironwoodins.com FAX (A/C, No): (404) 503-9101																					
INSURED Nova Engineering and Environmental, LLC 4350 Oakes Road, Suite 518 Davies FL 33314	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER B:</td><td>Travelers Indemnity Co of CT</td><td>25682</td></tr><tr><td>INSURER C:</td><td>Travelers Indemnity Company of America</td><td>25666</td></tr><tr><td>INSURER D:</td><td>Allied World Surplus Lines Ins Co</td><td>24319</td></tr><tr><td>INSURER E:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER F:</td><td>Lexington Insurance Company</td><td>19437</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Colony Insurance Company	39993	INSURER B:	Travelers Indemnity Co of CT	25682	INSURER C:	Travelers Indemnity Company of America	25666	INSURER D:	Allied World Surplus Lines Ins Co	24319	INSURER E:	Continental Casualty Company	20443	INSURER F:	Lexington Insurance Company	19437
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COVERAGES**CERTIFICATE NUMBER:** 23-24 Ft. Lauderdale**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: POLLUTION LIABILITY	Y		PACE302573	08/31/2023	08/31/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Per Poll Incident/Deduct</td><td>\$ 1M / 25K</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Per Poll Incident/Deduct	\$ 1M / 25K
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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	Y		HC2E CAP 5H601993	08/31/2023	08/31/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Comp / Collision Ded</td><td>\$ 1,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Comp / Collision Ded	\$ 1,000				
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AGGREGATE	\$																				
	\$																				
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 <input checked="" type="checkbox"/> N	N / A	UB-2P642905-24-51-K	04/01/2024	04/01/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td><td></td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
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D	Professional Liability			03091788	08/31/2023	08/31/2024	<table><tr><td>Each Claim / Aggregate</td><td>\$1M / \$2M</td></tr></table>	Each Claim / Aggregate	\$1M / \$2M												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cert Holder Cont'd: Department of Design & Construction Management.

City of Hollywood is additional insured on the General Liability and Automobile Liability policies with respect to the liability resulting from the operations of the Named Insured as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood P.O. Box 229045 Hollywood FL 33022-9045	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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Ironwood, a Marsh & McLennan Agency, LLC Co		NAMED INSURED Nova Engineering and Environmental, LLC
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: Notes**Contractor's Equipment:**

Insurer E: Continental Casualty Company

Policy Number: 6081798037

Policy Term: 8/31/2023 to 8/31/2024

Limit - Maximum, Per Occurrence \$1,949,545

Limit - Equipment Owned - \$1,509,545

Limit - Equipment Leased/Rented From Others - \$250,000

Deductible - \$1,000

The Automobile Coverage (Travelers Indemnity Company of CT, Policy #HC2E CAP 5H601993) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLennan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.

The Workers Compensation Coverage (Travelers Indemnity Company of America, Policy #UB-2P642905-24-51-K) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLennan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.

WC Insurance Part One applies to the following states: AL AZ CA CT FL GA IL IN KY LA MD MI MN MO NC NH NJ NY PA SC SD TN TX