

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/31/2023

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. 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).

certificate does not confer right	is to the certificate flolder in fled of such	endoi semen	ι(s).				
PRODUCER		CONTACT NAME:					
Aon Risk Services Central, I Philadelphia PA Office	nc.	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-363-0105	5		
100 North 18th Street 15th Floor Philadelphia PA 19103 USA		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
INSURED		INSURER A:	ACE American Insurance	Company	22667		
Key Chemical, Inc.	f Univar Inc.	INSURER B:	ACE Fire Underwriters	Insurance Co.	20702		
A wholly owned subsidiary of 9503 Dovewood Place		INSURER C:	Indemnity Insurance Co	of North America	43575		
Waxhaw NC 28173 USA		INSURER D:	Illinois Union Insurar	ice Company	27960		
		INSURER E:					
		INSURER F:					
OOVED A OEO	OFFICIOATE MUMBER, F700000770	1.1	DEVIOLON	MUMPED.			

COVERAGES CERTIFICATE NUMBER: 570099677314 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.

INCD		ADDLI SUBR	·	POLICY EFF	POLICY EXP	Lillius Sil	lown are as requested
INSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		XSLG47313600	06/01/2023		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR		SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						
Α	AUTOMOBILE LIABILITY		ISA H10708436 Commercial Auto	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	i
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
D	X UMBRELLA LIAB X OCCUR		XCEG27380566010	06/01/2023	06/01/2024	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,000,000
	DED X RETENTION \$5,000,000						i
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLRC70313443	06/01/2023	06/01/2024	X PER STATUTE OTH-	
В	ANY PROPRIETOR / PARTNER / EXECUTIVE N	N/A	AOS SCFC70313327	06/01/2023	06/01/2024	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A	WI	00,01,2023	00/01/2021	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000
							i

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

City of Hollywood Florida is included as Additional Insured in accordance with the policy provisions of the General Liability and Auto Liability policies.

CERTIFICATE HOLDER	CANCELLATION
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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

City of Hollywood Florida Water Treatment Plant Attn: Patricia A. Lemke 3441 Hollywood Blvd Hollywood FL 33021 USA

Son Prish Services Central Inc

AGENCY CUSTOMER ID: 570000014538

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page	_ of	
1 agc	_ 01	

	NAMED INSURED Key Chemical, Inc.		
Aon Risk Services Central, Inc.			
NAIC CODE			
	EFFECTIVE DATE:		
	NAIC CODE		

ADDITIONAL REMARKS

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

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
	AUTOMOBILE LIABILITY							
Α				ммт н10708540 Truckers Liability	06/01/2023	06/01/2024	Combined Single Limi	\$1,000,000
	WORKERS COMPENSATION							
Α		N/A		WCUC70313364 Excess WCCA OH OR,WA SIR applies per policy te		06/01/2024 ons		



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/31/2023

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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

PRODUCER		CONTACT NAME:			
Aon Risk Services Central, Ir Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	Inc.	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-363-0105	
		E-MAIL ADDRESS:			
			INSURER(S) AFFORDIN	IG COVERAGE	NAIC#
INSURED		INSURER A:	ACE American Insur	rance Company	22667
Univar Solutions USA Inc. 3075 Highland Parkway Suite 200 Downers Grove IL 60515 USA		INSURER B:	ACE Fire Underwrit	ters Insurance Co.	20702
		INSURER C:	Indemnity Insuranc	ce Co of North America	43575
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERACES	CEDTIFICATE NUMBER, 5700006779	10	DEVI	CION 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.

	OLOGICING AND CONDITIONS OF SOCIE					Limits sn	own are as requested
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMITS	6
Α	X COMMERCIAL GENERAL LIABILITY		XSLG47313600	06/01/2023		EACH OCCURRENCE	\$3,000,000
	CLAIMS-MADE X OCCUR		SIR applies per policy ter	ns & condit	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:						
Α	AUTOMOBILE LIABILITY	Υ	ISA H10708436 Commercial Auto	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	X ANY AUTO		commercial hace			BODILY INJURY (Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	
	DED RETENTION						
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLRC70313443	06/01/2023	06/01/2024	X PER STATUTE OTH-	
В	ANY PROPRIETOR / PARTNER / EXECUTIVE N	N/A	AOS SCFC70313327	06/01/2023	06/01/2024	E.L. EACH ACCIDENT	\$1,000,000
-	(Mandatory in NH)		WI	00, 01, 2023	00, 01, 202 .	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

The City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Truckers Liability policies.

CERTIFICATE HOLDER	CANCELLATIO
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City of Hollywood Attn: Office of Procurement 2600 Hollywood Blvd., Room 212 Hollywood FL 33020 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

Aon Risk Services Central Inc.

AGENCY CUSTOMER ID: 570000014538

LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page _ of _

POLICY NUMBER See Certificate Number: 570099677313	
see Certificate Number: 370033077313	
CARRIER See Certificate Number: 570099677313 NAIC CODE EFFEC	FECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL	. REMARKS F	ORM IS A SCH	EDULE TO ACORD FORM,
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE							
INSURER							
INSURER							
INSURER							
INSURER							

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	AUTOMOBILE LIABILITY							
Α				MMT H10708540 Truckers Liability	06/01/2023	06/01/2024	Combined Single Limi	\$5,000,000
	WORKERS COMPENSATION							
Α		N/A		WCUC70313364 Excess WCCA OH OR,WA SIR applies per policy te		06/01/2024 ons		

Luis Montoya

From: Certificate of Insurance

Sent: Wednesday, March 20, 2024 7:56 AM **To:** Luis Montoya; Certificate of Insurance

Cc: Jorge Marin; Shanene Wright **Subject:** RE: Univar Solutions USA

Attachments: Univar Solutions USA, Inc. Approved COI.pdf

Hello,

The COI is acceptable.

Thanks,

Stacy

From: Luis Montoya <LMONTOYA@hollywoodfl.org>

Sent: Tuesday, March 19, 2024 4:07 PM

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

Cc: Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>

Subject: Univar Solutions USA

Please confirm that this COI is sufficient.

They supply and deliver Sodium Hydroxide 50% to both the water Plant and Wastewater Plant.

Thank you, Luis Montoya

Public Utilities Manager – Water Treatment Plant



City of Hollywood Department of Public Utilities 3441 Hollywood Blvd. Hollywood, Florida 33021

Phone: 954-967-4230 Ext. 5405

Cell: 954.383.0406

Imontoya@hollywoodfl.org

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