

# CERTIFICATE OF LIABILITY INSURANCE

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 any rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>201 Alhambra Circle STE 1205</b> <b>Coral Gables, FL 33134</b> <b>305 669-6000</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2"><b>CONTACT NAME: Sunnie Mcmillion</b></td></tr> <tr><td><b>PHONE (A/C, No, Ext): 305 669-6000</b></td><td><b>FAX (A/C, No):</b></td></tr> <tr><td colspan="2"><b>E-MAIL ADDRESS: sunnie.mcmillion@usi.com</b></td></tr> <tr><td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td></tr> <tr><td><b>INSURER A : Liberty Mutual Fire Insurance Company</b></td><td style="text-align: right;"><b>23035</b></td></tr> <tr><td><b>INSURER B : Travelers Property Cas. Co. of America</b></td><td style="text-align: right;"><b>25674</b></td></tr> <tr><td><b>INSURER C : Liberty Mutual Insurance Corporation</b></td><td style="text-align: right;"><b>33600</b></td></tr> <tr><td><b>INSURER D : Great American Insurance Company</b></td><td style="text-align: right;"><b>16691</b></td></tr> <tr><td><b>INSURER E : RLI Insurance Company</b></td><td style="text-align: right;"><b>13056</b></td></tr> <tr><td><b>INSURER F : Liberty Mutual Insurance Company</b></td><td style="text-align: right;"><b>23043</b></td></tr> </table>	<b>CONTACT NAME: Sunnie Mcmillion</b>		<b>PHONE (A/C, No, Ext): 305 669-6000</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS: sunnie.mcmillion@usi.com</b>		INSURER(S) AFFORDING COVERAGE		<b>INSURER A : Liberty Mutual Fire Insurance Company</b>	<b>23035</b>	<b>INSURER B : Travelers Property Cas. Co. of America</b>	<b>25674</b>	<b>INSURER C : Liberty Mutual Insurance Corporation</b>	<b>33600</b>	<b>INSURER D : Great American Insurance Company</b>	<b>16691</b>	<b>INSURER E : RLI Insurance Company</b>	<b>13056</b>	<b>INSURER F : Liberty Mutual Insurance Company</b>	<b>23043</b>
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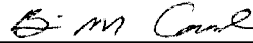
<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>			<b>TB2651294585023</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>5,000,000</b>
							MED EXP (Any one person) \$ <b>100,000</b>
							PERSONAL & ADV INJURY \$ <b>5,000,000</b>
							GENERAL AGGREGATE \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							\$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>			<b>AS2651294585033</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>5,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
<b>B</b>	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/>		<b>CUP4W051498</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	EACH OCCURRENCE \$ <b>10,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$						AGGREGATE \$ <b>10,000,000</b>
							\$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>WA565D294585013</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	PER STATUTE   OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<b>N</b>	<b>N/A</b>				E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Excess Liability</b>			<b>TUE302405504</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	<b>15,000,000</b>
<b>E</b>	<b>Bumbershoot Liabi</b>			<b>MEX0200197</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	<b>25,000,000</b>
<b>F</b>	<b>Marine Liability</b>			<b>MBOP2100005609</b>	<b>03/01/2023</b>	<b>03/01/2024</b>	<b>\$ 1,000,000/ \$ 2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The General Liability and Automobile Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to City of Hollywood, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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<b>City of Hollywood</b> <b>2600 Hollywood Blvd.</b> <b>Hollywood, FL 33020</b>	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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**From:** [Kelly Angeles](#)  
**To:** [Certificate of Insurance](#)  
**Subject:** RE: Pantropic Power, Inc. COI  
**Date:** Tuesday, March 7, 2023 12:44:00 PM

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Thanks!!

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**From:** Certificate of Insurance <COI@hollywoodfl.org>  
**Sent:** Tuesday, March 7, 2023 12:39 PM  
**To:** Kelly Angeles <KANGELES@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** RE: Pantropic Power, Inc. COI

The COI is acceptable

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**From:** Kelly Angeles <[KANGELES@hollywoodfl.org](mailto:KANGELES@hollywoodfl.org)>  
**Sent:** Tuesday, March 7, 2023 8:24 AM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Subject:** Pantropic Power, Inc. COI

Hi Tanya,

Please review and advise the attached COI from Pantropic Power, Inc. On-site generators services.

Thanks,

***Kelly Angeles***  
Public Utilities ICE Manager  
*City of Hollywood, Florida*  
*Phone: 954-921-3288 Ext. 5558*  
[kangeles@hollywoodfl.org](mailto:kangeles@hollywoodfl.org)