Inez Murphy

From:	Certificate of Insurance
Sent:	Tuesday, November 5, 2024 11:55 AM
To:	Nickalia Hines-Wilson; Certificate of Insurance
Cc:	Robert Delorimiere
Subject:	FW: Herc Rentals COI Request
Attachments:	HERC Rentals Inc - City of Hollywood - 24110431799027 - 570109274354.pdf; HERC Rentals Inc - City of Hollywood - 24110431799027 - 570109274363.pdf

Approved

From: Nickalia Hines-Wilson <NHINES-WILSON@hollywoodfl.org>
Sent: Tuesday, November 5, 2024 9:14 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>
Subject: Herc Rentals COI Request

Good morning,

Please see attached COI for approval, scope of work is to provide equipment rentals at the City of Hollywood Fire Station 74 and Golf Course.

Kind regards

NHines-Wilson
Administrative Specialist 2
Public Works
1600 South Park Rd,
Hollywood, FL,33021
Phone: 954-967-4299
Email:NHINES-WILSON@hollywoodfl.org

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 11/04/2024

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).

Holder Identifier :

PRODUCER	CONTACT NAME:	
Aon Risk Services South, Inc. Charlotte NC Office MSC# 17693 PO Box 551343 Atlanta GA 30355 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
HERC Rentals Inc. 27500 Riverview Center Blvd Bonita Springs FL 34134 USA	INSURER A: National Union Fire Ins Co of Pittsburgh	19445
	INSURER B: AIU Insurance Company	19399
	INSURER C: Black and Gold Insurance Ltd	1094FI
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570109274354 **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,

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / X PRO-JECT / LOC OTHER:			6882290	06/30/2024	06/30/2025	EACH OCCURRENCE	$3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$3,000,000
							GENERAL AGGREGATE	$6,000,000
							PRODUCTS - COMP/OP AGG	$6,000,000
A	AUTOMOBILE LIABILITY			976-75-01 AOS	06/30/2024	06/30/2025	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	X ANY AUTO			976-75-02 MA	06/30/2024	06/30/2025	BODILY INJURY (Per person)	
A	OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			976-75-03 VA	06/30/2024	06/30/2025	BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION			BGIL2024	06/30/2024	06/30/2025	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		014111676 AOS	06/30/2024	06/30/2025	X PER STATUTE / OTH-ER	
B				014111677 WI	06/30/2024	06/30/2025	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000

Certificate No : 570109274354

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

City of Hollywood-Public Works is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability, Automobile Liability and Umbrella Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

City of Hollywood
1600 S. Park Rd.
Hollywood FL 33021 USA

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

Aon Risk Services South Inc

AGENCY CUSTOMER ID: 570000070531

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services South, Inc.	HERC Rentals Inc.
POLICY NUMBER: See Certificate Number: 570109274354	
CARRIER: See Certificate Number: 570109274354 / NAIC CODE	EFFECTIVE DATE:

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	
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		014111678 CA	06/30/2024	06/30/2025		
A		N/A		3332326 EX Workers Comp (NC, OK) SIR applies per policy terms & conditions	06/30/2024	06/30/2025		

AGENCY CUSTOMER ID: 570000070531

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services South, Inc.	HERC Rentals Inc.
POLICY NUMBER	
See Certificate Number: 570109274354	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570109274354	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Information-Umbrella Liab.

As respects policy number BGIL2024 Aon Commercial Risk (U.S.) is generating and distributing this certificate in an administrative capacity. Coverage is Independently Procured by the Insured. Aon Insurance Managers (Bermuda) Ltd. is the Insurance Manager and/or authorized representative.