



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
07/29/2025

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).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: WTW Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com																					
<b>INSURED</b> Shrieve Chemical Company LLC Shrieve Chemical Products, LLC 1442 Lake Front Circle, Suite 500 The Woodlands, TX 77380	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td>INSURER B:</td><td>National Union Fire Insurance Company of P</td><td>19445</td></tr><tr><td>INSURER C:</td><td>Argonaut Insurance Company</td><td>19801</td></tr><tr><td>INSURER D:</td><td>Texas Mutual Insurance Company</td><td>22945</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	AIG Specialty Insurance Company	26883	INSURER B:	National Union Fire Insurance Company of P	19445	INSURER C:	Argonaut Insurance Company	19801	INSURER D:	Texas Mutual Insurance Company	22945	INSURER E:			INSURER F:		
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INSURER E:																						
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**COVERAGES**

CERTIFICATE NUMBER: W39879473

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:	Y	Y	EG 14260818-03	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	016-86-1972	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EGU 14260819-03	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> No	N/A	92-923-526231-4	06/30/2025	06/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	<b>Workers Compensation and Employers Liability - TX</b> Per Statute		Y	0001163631	06/30/2025	06/30/2026	EL Each Accident \$1,000,000 EL Disease Ea Emp. \$1,000,000 EL Disease-Policy Lim \$1,000,000

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

Certificate Holder is included as an Additional Insured as respects to General Liability and Auto Liability. General Liability and Auto Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured. Waiver of Subrogation applies in favor of Certificate Holder with respects to General Liability, Auto Liability and Workers Compensation, as permitted by law.

Excess Liability Follows Form of Underlying Coverage

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood 3441 Hollywood Blvd Hollywood, FL 33021	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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ACORD 25 (2016/03)

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SR ID: 28156417

BATCH: 4061527

ENDORSEMENT NO. 18

This endorsement, effective 12:01 AM, 06/30/2025

Forms a part of Policy No:EG 14260818-03

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

~~ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –~~  
~~SCHEDULED PERSON(S) OR ORGANIZATION(S) ENDORSEMENT~~

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY AND  
POLLUTION LEGAL LIABILITY POLICY

SCHEDULE

Name of Person(s) or Organization(s):

It is hereby agreed that:

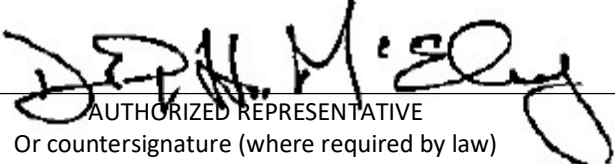
- I. Solely as respects **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, **COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY** and **COVERAGE E – ADDITIONAL POLLUTION LEGAL LIABILITY, SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability arising out of your ongoing operations for that insured.
- II. Solely with respect to the insurance afforded to these additional insured(s), the following exclusion is added:

**2. Exclusions**

This insurance does not apply to **bodily injury** or **property damage** occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of **your work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

All other terms, conditions and exclusions shall remain the same.

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
Or countersignature (where required by law)

ENDORSEMENT NO. 12

This endorsement, effective 12:01 AM, 6/30/2025

Forms a part of Policy No: EG 14260818-03

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED VENDORS ENDORSEMENT – PRIMARY AND NON-CONTRIBUTORY**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND  
POLLUTION LEGAL LIABILITY COVERAGE FORM**

**SCHEDULE**

**Name of Person(s) or Organization(s) (Vendor):**

Where required by written contract when such contract was signed and executed prior to the sale, distribution, handling or transfer of your product

**Your Products:**

All products sold, handled or distributed by the insured

Solely as respects Coverages A, E-1, E-2 and E-3, if applicable, **SECTION II - WHO IS AN INSURED** is amended to include as an insured any person(s) or organization(s) (referred to herein as the "vendor") shown in the Schedule above, but only with respect to **bodily injury, property damage, environmental damage, or emergency response costs** arising out of **your products** shown in the Schedule above which are distributed or sold in the regular course of the vendor's business, subject to all of the terms and conditions of this Policy and the additional following exclusions, terms and conditions:

**1. The insurance afforded the vendor does not apply to:**

**a.B** **odily injury, property damage, environmental damage, or emergency response costs** for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

**b.A** ny express warranty unauthorized by you;

**c.** Any physical or chemical change in **your product** made intentionally by the vendor;

**d.R** epackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

**e.** Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of **your product**;

**f.** Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of **your product**;

103388 (10/09)  
CI4401

ENDORSEMENT NO. 12 CONTINUED

g. **Your product** which, after distribution or sale by you, has been labeled or relabeled, or used as a container, part or ingredient of any other thing or substance, by or for the vendor; or

h. **Bodily injury, property damage, environmental damage or emergency response costs** arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(1) The exceptions contained in Sub-paragraphs **d.** or **f.** above; or

(2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of **your product**.

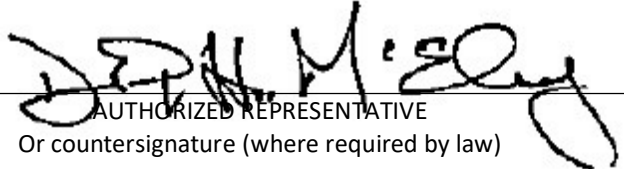
2. This insurance does not apply to any products you have acquired from a vendor, or any ingredient, part or container, entering into, accompanying or containing such products.

3. Solely with respect to the coverage afforded to the vendor pursuant to this Endorsement, **SECTION IV-CONDITIONS**, paragraph **4. Other Insurance** is deleted in its entirety and replaced with the following:

**4. Other Insurance**

This insurance is primary and non-contributory, and our obligations are not affected by any other insurance carried by such vendor whether primary, excess, contingent, or on any other basis.

All other terms, conditions, and exclusions shall remain the same

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
Or countersignature (where required by law)

ENDORSEMENT NO. 5

This endorsement, effective 12:01 AM, 06/30/2025

Forms a part of Policy No: EG 14260818-03

Issued to: Shrieve Chemical Company LLCBy: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND  
POLLUTION LEGAL LIABILITY COVERAGE FORM**

It is hereby agreed as follows:

**SECTION IV – CONDITIONS, Paragraph 7. Transfer of Rights of Recovery Against Others to Us – Applicable to Coverages A, B, C and E** is amended by the addition of the following at the end of such subparagraph:

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make under Coverage A, B, C and E for injury or damage arising out of your ongoing operations or **your work** done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies only to the person or organization shown in the Schedule below.

**SCHEDULE**

**Name of Person or Organization:**

Blanket where required by written contract or agreement

Los Angeles Department of Water and Power

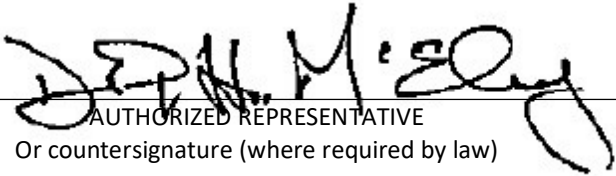
City of Vero Beach

City of Austin-Austin Energy

Cerberus Business Finance Agency, LLC as collateral agent and its successors and assigns

FMP Agency Services, LLC, as Agent, on behalf of itself and the Lenders

All other terms, conditions, and exclusions shall remain the same.

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
Or countersignature (where required by law)

ENDORSEMENT NO. 13

This endorsement, effective 12:01 AM, 6/30/2025

Forms a part of Policy No: 14260818-03

Issued to: Shrieve Chemical Company LLC

By: AIG Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –  
COMPLETED OPERATIONS ENDORSEMENT**

Solely as respects **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY** and **COVERAGE E – ADDITIONAL POLLUTION LEGAL LIABILITY**, it is hereby agreed that **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured(s) the person(s) or organization(s) shown in the Schedule below, but only with respect to liability arising out of **your work** at the location designated and described in the Schedule below performed for that additional insured(s) and included in the **products-completed operations hazard**.

SCHEDULE

Name of Additional Insured person(s) or Organization(s):

Written contract executed prior to claim or loss

Location and Description of Completed Operations:

All locations and projects of the Named Insured

All other terms, conditions, and exclusions shall remain the same.



\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
Or countersignature (where required by law)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

## Schedule

Blanket - FL

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2025      Policy No. 92-923-526231-4

Endorsement No.

Policy Effective Date: 06/30/2025 - 6/30/2026

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

WC 00 03 13

(Ed. 4-84)

Countersigned by \_\_\_\_\_

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

## Schedule

Blanket - GA

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Date: 06/30/2025      Policy No. 92-923-526231-4      Endorsement No.

Policy Effective Date: 6/30/2025 - 6/30/2026      Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

**WC 00 03 13**

(Ed. 4-84)

Countersigned by \_\_\_\_\_

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket - IN

Where Required By Written Contract

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Date: 06/30/2025 Policy No. 92-923-526231-4

Endorsement No.

Policy Effective Date: **06/30/2025 - 6/30/2026**

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

**WC 00 03 13**

(Ed. 4-84)

Countersigned by \_\_\_\_\_

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

Blanket - MI

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Date: 06/30/2025      Policy No. 92-923-526231-4

Endorsement No.

Policy Effective Date: 06/30/2025 - 6/30/2026

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

**WC 00 03 13**

(Ed. 4-84)

Countersigned by \_\_\_\_\_

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 0.020 % of the California workers' compensation premium otherwise due on such remuneration.

**Schedule****Person or Organization**

Blanket - CA

**Job Description**

Where required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 06/30/2025 Policy No. 92-923-526231-4

Endorsement No.

Policy Effective Date: 06/30/2025 - 6/30/2026

Premium \$

Insured: SHRIEVE CHEMICAL COMPANY LLC

DBA:

Carrier Name / Code: Argonaut Insurance Company

Countersigned by \_\_\_\_\_

## TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

### Schedule

1. ( ) Specific Waiver

Name of person or organization

(X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.  
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/1/22 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001163631 of Texas Mutual Insurance Company effective on 06/30/2025

Issued to: SHRIEVE CHEMICAL COMPANY LLC

This is not a bill



Authorized representative

NCCI Carrier Code: 29939

9/29/22

**From:** [Betzaida Cambero](#)  
**To:** [Luis Montoya](#)  
**Cc:** [Jorge Marin](#); [Shanene Wright](#); [Daniela Behm](#); [Certificate of Insurance](#)  
**Subject:** Fw: Shrieve Chemical Company, LLC. (City of Deerfield Beach) for the Supply & Delivery of Sulfuric Acid  
**Date:** Wednesday, July 30, 2025 4:30:57 PM  
**Attachments:** [ShrieveChemicalCompanyLLC - Client Pack - 4061527.PDF](#)

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Acceptable.

**Betzaida Cambero**

Risk Management Analyst  
Office of Human Resources | HR Risk Management  
P.O. Box 229045  
Hollywood, FL 33022

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**Email:** [bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)  
**Telephone:** [954-921-3639](tel:954-921-3639)

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[www.HollywoodFL.org](http://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.

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**From:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Sent:** Tuesday, July 29, 2025 9:28 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>  
**Subject:** Shrieve Chemical Company, LLC. (City of Deerfield Beach) for the Supply & Delivery of Sulfuric Acid

Hello COI,

For your review and approval is the attached COI.  
Shrieve Chemical will be supplying and delivering Sulfuric Acid 93% to the water treatment plant.  
No current BPA with them, as they just won the Co-op bid for these services.

Thank you,

**Luis Montoya**  
Public Utilities Manager-Water Treatment Plant  
Public Utilities

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**Email:** [LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)  
**Telephone:** [954-967-4230](tel:954-967-4230)

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**From:** Chris Burns <cburns@shrieve.com>  
**Sent:** Tuesday, July 29, 2025 9:21 AM  
**To:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>; Quinton Lovings <QLovings@shrieve.com>; Wanda Stewart <WStewart@shrieve.com>; Chris Burns <cburns@shrieve.com>  
**Subject:** RE: [EXT]RE: Inquiry about Contract ITB #2018-19/22 with Shrieve Chemical Company, LLC. (City of Deerfield Beach)

Good morning,

Please see attached COI. Look forward to seeing you on Thursday!

Thank you,

**Chris Burns**  
Marketing Director-Southeast  
[cburns@shrieve.com](mailto:cburns@shrieve.com)  
Shrieve Chemical | 1442 Lake Front Circle Suite 500 | The Woodlands, TX 77380 | [www.Shrieve.com](http://www.Shrieve.com)

**From:** Eddyson Etienne <[eedienne@deerfield-beach.com](mailto:eedienne@deerfield-beach.com)>

**Sent:** Friday, July 25, 2025 10:09 AM

**To:** Luis Montoya <[LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)>; Jorge Marin <[JOMARIN@hollywoodfl.org](mailto:JOMARIN@hollywoodfl.org)>; Shanene Wright <[SRWRIGHT@hollywoodfl.org](mailto:SRWRIGHT@hollywoodfl.org)>

**Cc:** Peggy Cadeaux <[pcadeaux@deerfield-beach.com](mailto:pcadeaux@deerfield-beach.com)>

**Subject:** RE: [EXT]RE: Inquiry about Contract ITB #2018-19/22 with Sulphuric Acid Trading Co. (City of Deerfield Beach)

Good morning Luis,

Please find attached the resulting agreements for the cooperative procurement of Sulfuric Acid 93% for Water Treatment Plant, with the City of Deerfield Beach serving as the lead agency.

**Attachments:**

- Resolution 2025/120
- Southeast Florida Governmental Purchasing Cooperative – Multiple Award Summary
- Award Letter – Shrieve Chemical
- Fully Executed Agreement – Shrieve Chemical
- Award Letter – Interacid North America
- Fully Executed Agreement – Interacid North America

If you have any questions or require additional information, please do not hesitate to contact us.

Regards,



**EDDYSON ETIENNE**

Senior Buyer

Procurement & Contract Administration Division

📞 954.250.4039

📍 401 SW 4<sup>th</sup> Street, Deerfield Beach FL 33441

🌐 [www.dfb.city](http://www.dfb.city)

✉ [eedienne@deerfield-beach.com](mailto:eedienne@deerfield-beach.com)



100 Years of Community