

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/07/2023

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).

| tills certificate does not come rights to the certificate holder in fied of such endorsement(s). |   |           |  |  |  |  |
|--|---|-----------|--|--|--|--|
|  | CONTACT Willis Towers Watson Certificate Center           |           |  |  |  |  |
| Willis Towers Watson Southeast, Inc.   | PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888 | -467-2378 |  |  |  |  |
| c/o 26 Century Blvd  | C MAII  |           |  |  |  |  |
| P.O. Box 305191  | E-MAIL<br>ADDRESS: certificates@willis.com                |           |  |  |  |  |
| Nashville, TN 372305191 USA  | INSURER(S) AFFORDING COVERAGE                             | NAIC#     |  |  |  |  |
|  | INSURER A: National Union Fire Insurance Company of P     | 19445     |  |  |  |  |
| INSURED  | INSURER B: XL Specialty Insurance Company                 | 37885     |  |  |  |  |
| Structural Preservation Systems, LLC 10150 Old Columbia Road                                     | INSURER C: AIU Insurance Company                          | 19399     |  |  |  |  |
| Columbia, MD 21046   | INSURER D:  |           |  |  |  |  |
|  | INSURER E :   |           |  |  |  |  |
|  | INSURER F:  |           |  |  |  |  |

## COVERAGES CERTIFICATE NUMBER: W30063770 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<br>LTR |  |     | SUBR<br>WVD     | POLICY NUMBER      | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | s                                   |           |           |  |  |  |  |  |                    |  |  |
|-------------|--|-----|-----------------|--------------------|----------------------------|----------------------------|--|-------------------------------------|-----------|-----------|--|--|--|--|--|--------------------|--|--|
| A           | COMMERCIAL GENERAL LIABILITY                           | - Y |                 |                    | <b>VIIII. 25, ,</b>        | ,                          | EACH OCCURRENCE                              | \$                                  | 5,000,000 |           |  |  |  |  |  |                    |  |  |
|             | CLAIMS-MADE X OCCUR                                    |     |                 |                    |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$                                  | 1,000,000 |           |  |  |  |  |  |                    |  |  |
|             |  |     | Y               |                    |                            |                            | MED EXP (Any one person)                     | \$                                  | 10,000    |           |  |  |  |  |  |                    |  |  |
|             |  |     |                 |                    | 6938932                    | 07/01/2023                 | 07/01/2024                                   | PERSONAL & ADV INJURY               | \$        | 5,000,000 |  |  |  |  |  |                    |  |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                     |     |                 |                    |                            |                            |  | GENERAL AGGREGATE                   | \$        | 5,000,000 |  |  |  |  |  |                    |  |  |
|             | POLICY X PRO- X LOC                                    |     |                 |                    |                            |                            | PRODUCTS - COMP/OP AGG                       | \$                                  | 5,000,000 |           |  |  |  |  |  |                    |  |  |
|             | OTHER:   |     |                 |                    |                            |                            |  | \$                                  |           |           |  |  |  |  |  |                    |  |  |
|             | AUTOMOBILE LIABILITY                                   |     |                 |                    |                            |                            |  | COMBINED SINGLE LIMIT (Ea accident) | \$        | 5,000,000 |  |  |  |  |  |                    |  |  |
|             | X ANY AUTO   |     |                 |                    |                            |                            | BODILY INJURY (Per person)                   | \$                                  |           |           |  |  |  |  |  |                    |  |  |
| A           | OWNED SCHEDULED AUTOS ONLY                             | Y   |                 | 2867423            | 07/01/2023                 | 07/01/2024                 | BODILY INJURY (Per accident)                 | \$                                  |           |           |  |  |  |  |  |                    |  |  |
|             | X HIRED X NON-OWNED AUTOS ONLY                         |     |                 |                    |                            |                            | PROPERTY DAMAGE (Per accident)               | \$                                  |           |           |  |  |  |  |  |                    |  |  |
|             |  |     |                 |                    |                            |                            |  |                                     |           | \$        |  |  |  |  |  |                    |  |  |
| В           | X UMBRELLA LIAB X OCCUR                                |     |                 |                    |                            |                            |  | EACH OCCURRENCE                     | \$        | 5,000,000 |  |  |  |  |  |                    |  |  |
|             | EXCESS LIAB CLAIMS-MADE                                |     | US00062096LI23A | 07/01/2023         | 07/01/2024                 | AGGREGATE                  | \$   | 5,000,000                           |           |           |  |  |  |  |  |                    |  |  |
|             | DED X RETENTION \$ 10,000                              |     |                 |                    |                            |                            |  |                                     | \$        |           |  |  |  |  |  |                    |  |  |
|             | WORKERS COMPENSATION                                   | _   | N / A           |                    |                            |                            |  |                                     |           |           |  |  |  |  |  | X PER STATUTE OTH- |  |  |
| С           | ANYPROPRIETOR/PARTNER/EXECUTIVE                        |     |                 | NG 063734470 (20g) | 07/01/2023                 | 07/01/2024                 | E.L. EACH ACCIDENT                           | \$                                  | 1,000,000 |           |  |  |  |  |  |                    |  |  |
|             | (Mandatory in NH)                                      |     |                 | WC 063724479 (AOS) |                            |                            | 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)
COI # : IC-0509128; Job #649565 - Van Buren, Radius & Garfield Emergency Repair

When required by written contract, City of Hollywood is included as an Additional Insured with respect to General Liability and Auto Liability.

| CERTIFICATE HOLDER  | 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. |  |  |  |  |
| City of Hollywood   | AUTHORIZED REPRESENTATIVE  |  |  |  |  |
| 2600 Hollywood Blvd | arlyn mrumhar  |  |  |  |  |
| Hollywood, FL 33020 | wayn mangan  |  |  |  |  |

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