



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/26/2024

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).

<b>PRODUCER</b> MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102671311-SB--23-24 929 AI/GT	<b>CONTACT NAME:</b> Sunbelt Rental's Contract Team <b>PHONE (A/C, No, Ext):</b> 800-508-4762 <b>FAX (A/C, No):</b> 803-578-6050 <b>E-MAIL ADDRESS:</b> ContractTeam@sunbeltrentals.com														
<b>INSURED</b> SUNBELT RENTALS, INC. 1799 INNOVATION POINT FORT MILL, SC 29715	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B : Travelers Property Casualty Company Of America</td><td>25674</td></tr><tr><td>INSURER C : Charter Oak Fire Insurance Company</td><td>25615</td></tr><tr><td>INSURER D : Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Travelers Property Casualty Company Of America	25674	INSURER C : Charter Oak Fire Insurance Company	25615	INSURER D : Travelers Indemnity Company	25658	INSURER E :		INSURER F :	
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**COVERAGES** **CERTIFICATE NUMBER:** ATL-005700743-01 **REVISION NUMBER:** 2

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 <input type="checkbox"/> OTHER:			OGLG24876561  \$5,000,000 - Self Insured Retention	09/30/2023	09/30/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ SELF-INSURED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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			TC2J-CAP-9531B41A Owned Vehicles TC2J-CAP-9531B421 Rented Vehicles	09/30/2023 09/30/2023	09/30/2024 09/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Self Insured for Phy Dmg \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> <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"/> N	N / A	UB-3N334032 (AOS) UB-3N320629 (AZ,MA,WI)	09/30/2023 09/30/2023	09/30/2024 09/30/2024	<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

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

Re: All Rental Contracts

City of hollywood is listed as Additional Insured with respect to General Liability and Auto Liability, but only to the extent attributable to the Named Insured's sole negligence, as agreed to by written contract or written agreement.

## CERTIFICATE HOLDER

City of Hollywood 2600 Hollywood Blvd., Room 303 Hollywood, FL 33020
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## 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  <i>Marsh USA LLC</i>

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POLICY NUMBER:

TC2J-CAP-9531B41A-TIL-22

COMMERCIAL AUTO  
ISSUE DATE: 09-30-23

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION WHOM YOU HAVE  
AGREED IN WRITING TO ADD AS AN  
ADDITIONAL INSURED, BUT ONLY TO COVERAGE  
AND MINIMUM LIMITS OF INSURANCE REQUIRED  
BY THE WRITTEN AGREEMENT, AND IN NO  
EVENT TO EXCEED EITHER THE SCOPE OF  
COVERAGE OR THE LIMITS OF INSURANCE  
PROVIDED IN THIS POLICY.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Cov-

ered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

POLICY NUMBER:

TC2J-CAP-9531B421-TIL-22

COMMERCIAL AUTO  
ISSUE DATE: 09-30-2023

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION WHOM YOU HAVE  
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AND MINIMUM LIMITS OF INSURANCE REQUIRED  
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EVENT TO EXCEED EITHER THE SCOPE OF  
COVERAGE OR THE LIMITS OF INSURANCE  
PROVIDED IN THIS POLICY.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Cov-

ered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.



## ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT

Named Insured SUNBELT RENTALS, INC.			Endorsement Number
Policy Symbol <b>OGI</b>	Policy Number G24876561	Policy Period 09/30/2023 to 09/30/2024	Effective Date of Endorsement 09/30/2023
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies all insurance provided under the following:**

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The following is added to Section II.2 – Who Is An Insured:

- e. Any person or organization that you are required to include as an additional insured under this policy because of a written contract that:
- 1) Is in effect during this policy period; and
  - 2) Was executed prior to the “occurrence” of the “bodily injury” or “property damage”; and
  - 3) Qualifies as an “insured contract” as defined in this policy.

Such person or organization is an additional insured only for:

- 4) Coverage under Section I - Coverages, Coverage A. Bodily Injury and Property Damage Liability; and
- 5) Liability arising out of “your work” or “your product” for that additional insured; and
- 6) For the period of time required by the written contract and in no event beyond the expiration of this policy.

In the event that the Limits of Insurance provided by this policy exceed the Limits of Insurance required by the written contract:

- 7) The insurance provided by this endorsement shall be limited to the Limits of Insurance required by the written contract; and
- 8) This endorsement shall not increase the Limits of Insurance stated in the Declarations under Item 3. Limits of Insurance pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless the written contract specifically requires that this insurance apply on a primary or non-contributory basis.

In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any “occurrence” which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy’s terms and conditions.

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Authorized Agent

**From:** [Maria Gonzalez](#)  
**To:** [Daniela Behm](#)  
**Subject:** FW: City of Hollywood (ATL-005700743) Ins: SUNBELT RENTALS, INC.  
**Date:** Thursday, January 25, 2024 5:14:01 PM  
**Attachments:** [Outlook-z0nzw32t.png](#)  
[Outlook-1x3bm1wb.png](#)  
[Outlook-EI Logo\\_Fu.png](#)  
[cert ATL City of Hollywood 5700743 1.pdf](#)  
[image001.png](#)

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Hi Dani,

Here is the approved COI of Sunbelt.

Thank you,

Maria R Gonzalez  
Administrative Specialist II  
Underground Utilities  
Department of Public Utilities  
1715 N 21 Avenue  
Hollywood, Florida 33020  
Phone: 954-921-3046 Ext #5422



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**From:** Certificate of Insurance <COI@hollywoodfl.org>  
**Sent:** Thursday, January 25, 2024 5:07 PM  
**To:** Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** FW: City of Hollywood (ATL-005700743) Ins: SUNBELT RENTALS, INC.

acceptable

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**From:** Maria Gonzalez <[MAGONZALEZ@hollywoodfl.org](mailto:MAGONZALEZ@hollywoodfl.org)>  
**Sent:** Thursday, January 25, 2024 4:02 PM  
**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>  
**Subject:** FW: City of Hollywood (ATL-005700743) Ins: SUNBELT RENTALS, INC.

Hi,

Here is the insurance for your approval. SUNBELT RENTALS

Thank you,

Maria R Gonzalez  
Administrative Specialist II  
Underground Utilities  
Department of Public Utilities  
1715 N 21 Avenue  
Hollywood, Florida 33020  
Phone: 954-921-3046 Ext #5422



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**From:** Teresa Soobitsky <[Teresa.Soobitsky@sunbeltrentals.com](mailto:Teresa.Soobitsky@sunbeltrentals.com)>  
**Sent:** Thursday, January 25, 2024 3:53 PM  
**To:** Maria Gonzalez <[MAGONZALEZ@hollywoodfl.org](mailto:MAGONZALEZ@hollywoodfl.org)>  
**Subject:** [EXT]Fw: City of Hollywood (ATL-005700743) Ins: SUNBELT RENTALS, INC.

Sorry, this took so long- thank you for your patience!!!

Thanks!

Teri Soobitsky  
**Sunbelt Rentals, Inc.**  
South Florida Government Account Manager  
3701 NW 120 Ave., Coral Springs, FL 33065  
**C: 954-275-9559 | F: 803-578-6648**  
**AFTER HOURS 888-880-2877**  
Teresa.Soobitsky@[sunbeltrentals.com](mailto:Teresa.Soobitsky@sunbeltrentals.com)

**Equipment Rental Contract Solutions!**

**Sourcewell**  **Contract # 062320-SNB**

**OMNIA**  
PARTNERS **Contract # R200601**

**E&I** Cooperative  
Services  
Sourcing. Strategy. Savings.® **Contract # CNR01437**

**GSA** Contract # **GS-21F-0028T**

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**From:** [NoReply.Certs@marsh.com](mailto:NoReply.Certs@marsh.com) <[NoReply.Certs@marsh.com](mailto:NoReply.Certs@marsh.com)>  
**Sent:** Thursday, January 25, 2024 3:46 PM  
**To:** [Magonzalez@hollywoodfl.org](mailto:Magonzalez@hollywoodfl.org) <[Magonzalez@hollywoodfl.org](mailto:Magonzalez@hollywoodfl.org)>  
**Cc:** Teresa Soobitsky <[Teresa.Soobitsky@sunbeltrentals.com](mailto:Teresa.Soobitsky@sunbeltrentals.com)>  
**Subject:** City of Hollywood (ATL-005700743) Ins: SUNBELT RENTALS, INC.

Reply To : [Atlanta.CertRequest@marsh.com](mailto:Atlanta.CertRequest@marsh.com)

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