



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2024

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).

PRODUCER MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110 CN102891976-TTI-GAWX+24-25	CONTACT NAME: Finn Davis PHONE (A/C, No, Ext): (617) 999-7893 E-MAIL ADDRESS: Finn.Davis@marsh.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Tyler Technologies, Inc. 5101 Tennyson Parkway Plano, TX 75024	INSURER A: Hartford Fire Insurance Co		19682
	INSURER B: Trumbull Insurance Company		27120
	INSURER C: N/A		N/A
	INSURER D: The Hartford		19682
	INSURER E: OBE Specialty Insurance Company		11515
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:**

NYC-011216471-17

REVISION NUMBER: 4

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"/> COMMERCIAL GENERAL LIABILITY <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:			10UENBA4DHY	04/01/2024	04/01/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			10 UEN DI9897	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	10WNS88300	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Professional Liability/Cyber			130001996	06/17/2024	06/17/2025	Limit	10,000,000

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

City of Hollywood is included as Additional Insured where required by written contract with respect to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood 2600 Hollywood Blvd, Suite B Hollywood, FL 33020-4800	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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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Tyler Technologies, Inc. 5101 Tennyson Parkway Plano, TX 75024	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

The Professional Liability/Cyber policies evidenced contain Self Insured Retentions to various perils covered. If you would like additional information regarding these sublimits or deductibles, please contact the insured.

From: [Certificate of Insurance](#)
To: [Daniela Behm](#); [Certificate of Insurance](#)
Subject: FW: Tyler Technologies, Inc. COI Review and Approval
Date: Wednesday, October 23, 2024 3:05:46 PM
Attachments: [Hollywood FL Amend 100124 SaaS Renewal.pdf](#)
[image001.png](#)

Acceptable

For future reference:

1. City of Hollywood must be the certificate holder per the following format:
City of Hollywood (Nothing else on this line)
Department Name & Room # (if applicable)
Department Address
Department Address

Thank you

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Tuesday, October 22, 2024 3:04 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Tyler Technologies, Inc. COI Review and Approval

Good afternoon,

Please see attached.

Daniela "Dani" Behm
Administrative Assistant I
Public Utilities Administration
Phone: 954-967-4455 Ext: 5641



From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Tuesday, October 22, 2024 12:31 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>;
Alberto Jimenez <AJIMENEZ@hollywoodfl.org>
Subject: FW: Tyler Technologies, Inc. COI Review and Approval

Hello,

Is there a contract/agreement? If so, please forward so I can cross reference the insurance requirements with the COI.

Thanks

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Monday, October 21, 2024 2:46 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Alberto Jimenez <AJIMENEZ@hollywoodfl.org>
Subject: Tyler Technologies, Inc. COI Review and Approval

Good afternoon,

Please find attached Tyler Technologies COI for your review and approval. Tyler provides cloud based software related to Utility Customer Billing Software Munis.

Thank you,

Daniela "Dani" Behm
Administrative Assistant I
Public Utilities Administration
Phone: 954-967-4455 Ext: 5641

