



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2024

10/25/2023

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).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : State National Insurance Company, Inc.		12831
INSURER B : National Union Fire Ins Co Pitts. PA		19445
INSURER C : AIU Insurance Company		19399
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES CARMU **CERTIFICATE NUMBER:** 12969145 **REVISION NUMBER:** XXXXXXXX

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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	N	RDN-11242-CGX	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B B C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	Y	N	8682553 (AOS) 8682554 (VA) 8682555 (MA)	1/1/2023 1/1/2023 1/1/2023	1/1/2024 1/1/2024 1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	N	RDN-11243-UMX	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C C	<input checked="" type="checkbox"/> 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	N/A	WC 067713193 (AOS) WC 067713192 (WI)	1/1/2023 1/1/2023	1/1/2024 1/1/2024	<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)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
CITY OF HOLLYWOOD IS AN ADDITIONAL INSURED UNDER GENERAL LIABILITY, AUTO LIABILITY AND EXCESS/UMBRELLA LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION** See Attachment

12969145 CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD HOLLYWOOD FL 33020	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

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CITY OF HOLLYWOOD
2600 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **12969145**.

- Email: STL-edelivery@lockton.com
- Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for providing e-Delivery email addresses for next year's renewal certificates ONLY. Your information will be input within 90 days.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

From: [Certificate of Insurance](#)
To: [Daniela Behm](#); [Certificate of Insurance](#)
Cc: [Kassandra Myers](#); [Jean Joinville](#); [Ali Parker](#)
Subject: RE: Carmeuse FW: [EXT]City of Hollywood, FL - COI
Date: Wednesday, October 25, 2023 1:29:53 PM
Attachments: [CITY OF HOLLYWOOD COI.pdf](#)
[image001.png](#)
[image002.png](#)
[image004.png](#)

Good afternoon,

The COI is acceptable.

Thanks,

Stacy

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Wednesday, October 25, 2023 1:16 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kassandra Myers <KMYERS@hollywoodfl.org>; Jean Joinville <JJOINVILLE@hollywoodfl.org>; Ali Parker <APARKER@hollywoodfl.org>
Subject: RE: Carmeuse FW: [EXT]City of Hollywood, FL - COI
Importance: High

Good afternoon,

Please see attached updated COI as requested. Please advise if this is satisfactory.

Thank you,

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



From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Wednesday, October 25, 2023 8:52 AM
To: Daniela Behm <DBEHM@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kassandra Myers <KMYERS@hollywoodfl.org>; Jean Joinville <JJOINVILLE@hollywoodfl.org>; Ali Parker <APARKER@hollywoodfl.org>
Subject: RE: Carmeuse FW: [EXT]City of Hollywood, FL - COI

Good morning,

The COI has some contradictory language. The Yellow "N"s (no) should be "Y"s (yes). In the description box

it says the City is additionally insured but the "N"s indicate we are not, and we should be. If you could have the vendor correct that and resubmit for review.

INSURED		INSURER(S) AFFORDING COVERAGE			NAIC #		
1356795 Carmeuse Lime, Inc. and all subsidiaries 11 Stanwix Street, 21st Floor Pittsburgh PA 15222		INSURER A : State National Insurance Company, Inc.			12831		
		INSURER B : National Union Fire Ins Co Pitts. PA			19445		
		INSURER C : AIU Insurance Company			19399		
		INSURER D :					
		INSURER E :					
		INSURER F :					
COVERAGES CARMU		CERTIFICATE NUMBER: 12969145		REVISION NUMBER: XXXXXXXX			
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.							
INSTR	TYPE OF INSURANCE	ADDITIONAL INSR	W/O/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	N	N	RDN-11242-CGX	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
B B/C	AUTOMOBILE LIABILITY <input checked="" 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	N	N	8682553 (AOS) 8682554 (VA) 8682555 (MA)	1/1/2023 1/1/2023 1/1/2023	1/1/2024 1/1/2024 1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB			RDN-11243-UMX	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$ XXXXXXXX
C C	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	N/A	WC 067713193 (AOS) WC 067713192 (WT)	1/1/2023 1/1/2023	1/1/2024 1/1/2024	<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) CITY OF HOLLYWOOD IS AN ADDITIONAL INSURED UNDER GENERAL LIABILITY, AUTO LIABILITY AND EXCESS/UMBRELLA LIABILITY AS REQUIRED BY WRITTEN CONTRACT.							

Thanks,

Stacy Myers
Loss Control Officer

City of Hollywood
Office of Human Resources
2600 Hollywood Blvd
Hollywood, FL 33022-9045
Office: 954-921-3341
E-mail: SMYERS@hollywoodfl.org



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From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Wednesday, October 25, 2023 8:43 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Cassandra Myers <KMYERS@hollywoodfl.org>; Jean Joinville <JOINVILLE@hollywoodfl.org>; Ali Parker <APARKER@hollywoodfl.org>
Subject: FW: Carmeuse FW: [EXT]City of Hollywood, FL - COI

Good morning,

Would you be able to advise if the attached is approved. We have not received a response and have a CM Memo that we need to put through for signatures. All we are missing is the COI approval to start routing.

Thank you,

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



From: Daniela Behm
Sent: Monday, October 23, 2023 4:05 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: Carmeuse FW: [EXT]City of Hollywood, FL - COI

Good afternoon,

Following up on the below. Wanted to make sure it wasn't missed since I've received responses on ones sent after this one.

Thank you,

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



From: Daniela Behm
Sent: Wednesday, October 18, 2023 5:40 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Joel Blanco <JBLANCO@hollywoodfl.org>; Dennis Coates <dcoates@uswatercorp.net>; Dennis Coates <DCOATES@hollywoodfl.org>

Subject: Carmeuse FW: [EXT]City of Hollywood, FL - COI

Good afternoon,

Please see attached COI for your review and approval. Carmeuse will be supplying and delivering High Calcium Granular Quicklime to WWTP.

Thank you,

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



From: Joel Blanco <JBLANCO@hollywoodfl.org>

Sent: Wednesday, October 18, 2023 5:37 PM

To: Daniela Behm <DBEHM@hollywoodfl.org>; dcoates@uswatercorp.net

Subject: FW: [EXT]City of Hollywood, FL - COI

Dani

Attached is the COI from Carmeuse.

Thanks

Joel Blanco,
Superintendent
Southern Regional Wastewater Treatment Plant
City of Hollywood, Florida
Cell: 954-258-3886
Phone : 954 -921-3288 (5570)
JBLANCO@hollywoodfl.org

From: Cherpak Matthew <matthew.cherpak@carmeuse.com>

Sent: Wednesday, October 18, 2023 5:01 PM

To: Dennis Coates <dcoates@uswatercorp.net>; Joel Blanco <JBLANCO@hollywoodfl.org>

Cc: Brooks Dana <Dana.Brooks@carmeuse.com>

Subject: [EXT]City of Hollywood, FL - COI

Good Afternoon,

Attached is the updated COI, per your request. These had been sent to cmathis@hollywoodfl.org in the past. Should we have the email address updated?

Thanks!

Matthew CHERPAK
Inside Sales Representative

AMERICAS HEADQUARTERS
11 Stanwix Street, 21st Floor, Pittsburgh, PA 15222
C: 412.228.2631
www.carmeuse.com



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