

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2023

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	CONTACT LOU MORRISON		
LOUIS MORRISON	PHONE (A/C. No. Ext):888-494-9844 FAX (A/C.)	FAX (A/C, No): 407-809-5283	
LOUIS MORRISON C & C CONSULTANTS	E-MAIL ADDRESS: HALMORRISON@HOTMAIL.COM		
PO BOX 701340	INSURER(S) AFFORDING COVERAGE	NAIC#	
SAINT CLOUD, FL 34770-1340	INSURER A : CRUM & FORSTER SPECIALTY INS	6. CO. 44520	
WATER TREATMENT & CONTROLS TECHNOLOGY INC 9900A NORTH PALAFOX STREET PENSACOLA, FL 32534	INSURER B: OWNERS INSURANCE COMPANY	32700	
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 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. ADDL SUBR NSR LTR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY X 1.000.000 A EPK-142988 3/1/23 3/1/24 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 100,000 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE \$ POLICY X PRO-2,000,000 PRODUCTS - COMP/QP AGG S OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 B 51-094773-01 3/1/23 3/1/24 ANY AUTO X BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X AUTOS ONLY X \$ \$ UMBRELLA LIAB 10,000,000 OCCUR EACH OCCURRENCE \$ A EFX-122369 3/1/23 3/1/24 X **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000,000 DED X RETENTION \$0 **AUTO SUBLIMIT** 5,000,000 WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT CONTRACTORS POLLUTION LIABILITY EPK-142988 3/1/23 3/1/24 \$1,000,000 LIMIT \$2,000,000 AGG \$1,000,000 LIMIT **ERRORS & OMISSIONS LIABILITY** \$2,000,000 AGG DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CITY OF HOLLYWOOD IS LISTED AS AN ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY AND AUTO LIABILITY AS RESPECTS TO WORK PERFORMED BY THE INSURED. CERTIFICATE HOLDER CANCELLATION

OUR THIND THE HOLDER		CANCELLATION	
	CITY OF HOLLYWOOD P.O. BOX 229045	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	HOLLYWOOD, FL 33022	AUTHORIZED REPRESENTATIVE	
	1	Louis Morrison	

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From: <u>Certificate of Insurance</u>

To: Daniela Behm; Certificate of Insurance
Subject: RE: Water Treatment and Control COI
Date: Monday, October 23, 2023 4:03:16 PM
Attachments: WTC COH COI Expires 3.2024.pdf

image001.png

Hello,

The COI is acceptable.

Thanks,

Stacy

From: Daniela Behm < DBEHM@hollywoodfl.org>

Sent: Monday, October 23, 2023 3:38 PM

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

Subject: Water Treatment and Control COI

Good afternoon,

Please see attached COI for your review and approval.

Thank you,

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

