



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)
06/11/2025

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT WTW Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: XL Insurance America Inc INSURER B: Trumbull Insurance Company INSURER C: Hartford Insurance Company of the Midwest INSURER D: INSURER E: INSURER F:	
INSURED Fonroche Lighting America Inc. 2224 SE Loop 820, Building C Campus Industrial Park, Fort Worth, TX 76140	NAIC # 24554 27120 37478	

COVERAGES**CERTIFICATE NUMBER:** W39332997**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 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	Y		US00094116LI25A	01/01/2025	01/01/2026	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY	Y		83UENOM5HM2	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	83WE OM5HM7	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 included as an Additional Insured as respects to General Liability and Auto Liability.

Waiver of Subrogation applies in favor of City of Hollywood with respects to Workers Compensation as permitted by law.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Public Works 1600 S. Park Rd Hollywood, FL 33021	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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From: [Jennie Dennett](#)
To: [Stephanie Gardner](#)
Subject: FW: Fonroche Solar Lighting - COI
Date: Tuesday, July 1, 2025 3:11:36 PM
Attachments: [CityofHollywood_W39332997\[1\].pdf](#)

Hi Stephanie,

This is a new vendor, please save this email/approval as a PO will be requested soon, after signatures have been completed in Docusign.

Thanks,

Jennie

Jennie Dennett
Administrative Assistant I
Public Works

Email: JDENNETT@hollywoodfl.org
Telephone: [754-329-0506](tel:754-329-0506)

From: Betzaida Cambero <bcambero@HollywoodFL.org>
Sent: Tuesday, July 1, 2025 2:53 PM
To: Jennie Dennett <JDENNETT@hollywoodfl.org>
Cc: Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Subject: Fw: Fonroche Solar Lighting - COI

Acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources | HR Career Development and Training

P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org
Telephone: [954-921-3639](tel:954-921-3639)

www.HollywoodFL.org



Banner



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Jennie Dennett <JDENNETT@hollywoodfl.org>
Sent: Thursday, June 26, 2025 11:18 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>
Subject: Fonroche Solar Lighting - COI

Good morning,

Please review the COI

Vendor will be providing solar lighting throughout the city of Hollywood.

Thanks,

Jennie

Jennie Dennett
Administrative Assistant I
Public Works

P.O. Box 229045
Hollywood, FL 33022

Email: JDENNETT@hollywoodfl.org
Telephone: [754-329-0506](tel:754-329-0506)

www.HollywoodFL.org

