



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2023

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).

<b>PRODUCER</b> Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL: certificates@willis.com ADDRESS: certificates@willis.com
<b>INSURED</b> Pace Analytical Services, LLC 2665 Long Lake Road, Suite 300 Roseville, MN 55113	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: The Charter Oak Fire Insurance Company INSURER B: Travelers Property Casualty Company of Ame INSURER C: INSURER D: INSURER E: INSURER F:
	<b>NAIC #</b> 25615 25674

## COVERAGES

CERTIFICATE NUMBER: W29774200

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		H-660-3H339745-COF-23	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		810-9W174961-23-I2	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-5N703311-23-I2	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<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"/> No	N/A	UB-8K063715-23-I2-G	08/01/2023	08/01/2024	<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)

DIVISION/LOCATION: FL 35.

City of Hollywood Florida is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of Hollywood Florida P.O. Box 229045 Hollywood, FL 33022-9045	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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## Tina Doret

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**From:** Certificate of Insurance  
**Sent:** Thursday, February 15, 2024 4:55 PM  
**To:** Tina Doret; Certificate of Insurance  
**Cc:** Glen Superville  
**Subject:** RE: [EXT]RE: Pace Certificate of Insurance  
**Attachments:** CityofHollywoodFlorida\_W29774200 (1).pdf

Hello,

The COI is acceptable.

Thanks,

Stacy

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**From:** Tina Doret <TDORET@hollywoodfl.org>  
**Sent:** Thursday, February 15, 2024 3:59 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Glen Superville <GSUPERVILLE@hollywoodfl.org>  
**Subject:** FW: [EXT]RE: Pace Certificate of Insurance

Good Afternoon,

Please review attached Certificate of Insurance for Pace Analytical Services. This company provides supplementary laboratory services for Public Utilities - Water Quality Services Department.

Thank you,

*Tina Doret*

Administrative Specialist I  
Public Utilities - Water Quality Services



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**From:** Rossy Guima <[rossy.guima@pacelabs.com](mailto:rossy.guima@pacelabs.com)>  
**Sent:** Thursday, February 15, 2024 3:55 PM  
**To:** Tina Doret <[TDORET@hollywoodfl.org](mailto:TDORET@hollywoodfl.org)>  
**Cc:** Glen Superville <[GSUPERVILLE@hollywoodfl.org](mailto:GSUPERVILLE@hollywoodfl.org)>  
**Subject:** [EXT]RE: Pace Certificate of Insurance

Tina,

This one is good until August 2024.

Regards,

**NEW: PROCESS PAYMENTS ONLINE** – click on the link below  
[Online Bill Pay](#)

**Rossy Guima**

Project Manager II | Pace Environmental Sciences

[8 E Tower Circle, Ormond Beach, FL 32174](#)

O: 954.582.4308 | [pacelabs.com](http://pacelabs.com)



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**From:** Tina Doret <[TDORET@hollywoodfl.org](mailto:TDORET@hollywoodfl.org)>  
**Sent:** Thursday, February 15, 2024 3:32 PM  
**To:** Rossy Guima <[rossy.guima@pacelabs.com](mailto:rossy.guima@pacelabs.com)>  
**Cc:** Glen Superville <[GSUPERVILLE@hollywoodfl.org](mailto:GSUPERVILLE@hollywoodfl.org)>  
**Subject:** Pace Certificate of Insurance

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Good Afternoon Rossy,

Can you please forward an updated Certificate of Insurance when you are able? Attached is the last Certificate of Insurance we have record of receiving.

Thank you,

*Tina Doret*

Administrative Specialist I

Public Utilities - Water Quality Services



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**Tina Doret**

Administrative Specialist I

City of Hollywood

Public Utilities

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3414

E-mail: [TDORET@hollywoodfl.org](mailto:TDORET@hollywoodfl.org)



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