



# CERTIFICATE OF LIABILITY INSURANCE

12/31/2025

DATE (MM/DD/YYYY)

6/23/2025

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).

<b>PRODUCER</b> Lockton Companies, LLC 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Ironshore Specialty Insurance Co	
	<b>INSURER B:</b> Liberty Mutual Fire Insurance Company	
<b>INSURED</b> 1559575 CROM, LLC 250 SW 36TH TERRACE GAINESVILLE FL 32607	<b>NAIC #</b>	
	25445	
	<b>INSURER C:</b> Employers Insurance Company of Wausau	
	23035	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 22030664**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	<b>COMMERCIAL GENERAL LIABILITY</b> <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	N	IEPUW0031581900	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <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	AS2-Z91-469956-034	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	XSCUW0031582000	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ XXXXXXXX
C	<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"/> N	N/A	WCC-Z91-469956-014	12/31/2024	12/31/2025	<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 ADDITIONAL INSURED ON GENERAL LIABILITY, IF REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

**CERTIFICATE HOLDER****CANCELLATION****22030664**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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## Luis Montoya

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**From:** Betzaida Cambero  
**Sent:** Wednesday, June 25, 2025 5:02 PM  
**To:** Luis Montoya  
**Cc:** Jorge Marin; Shanene Wright; Daniela Behm; Certificate of Insurance  
**Subject:** Fw: CROM LLC - COI  
**Attachments:** CITY OF HOLLYWOOD - COI.pdf

Acceptable.

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### Betzaida Cambero

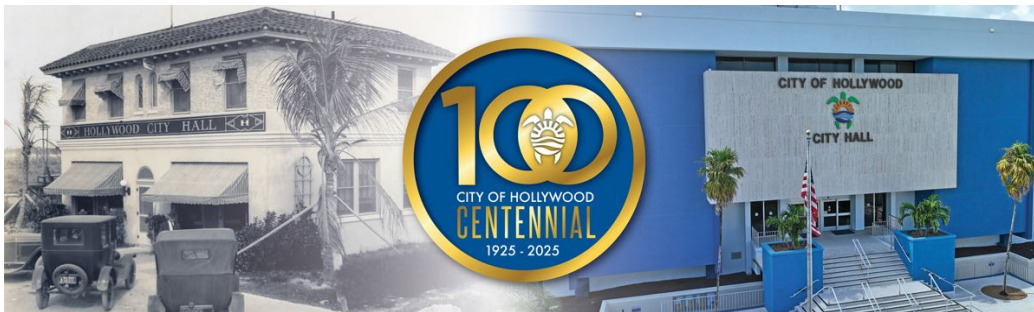
Risk Management Analyst  
Office of Human Resources | HR Career Development and Training  
**P.O. Box 229045**  
**Hollywood, FL 33022**

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

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



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.

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**From:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Sent:** Wednesday, June 25, 2025 9:12 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>  
**Subject:** CROM LLC - COI

Hello COI,

Please review the CROM LLC COI.

CROM LLC is the manufacturer of several of our ground storage tanks and has submitted a quote for necessary repairs on some of these tanks.

Thank you,

**Luis Montoya**

Public Utilities Manager-Water Treatment Plant

Public Utilities

**P.O. Box 229045**

**Hollywood, FL 33022**

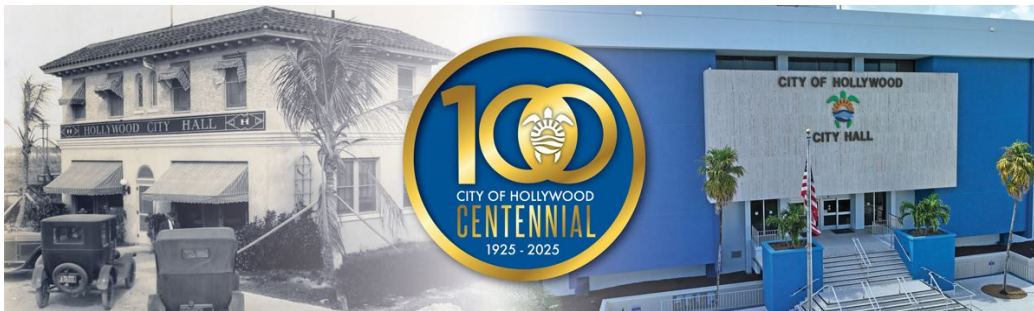
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**Email:** [LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)

**Telephone:** [954-967-4230](tel:954-967-4230)

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



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**From:** Dominique Tillman <[dtillman@CromCorp.com](mailto:dtillman@CromCorp.com)>

**Sent:** Wednesday, June 25, 2025 9:02 AM

**To:** Luis Montoya <[LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)>

**Cc:** Cameron Kenyon <[ckenyon@CromCorp.com](mailto:ckenyon@CromCorp.com)>; Nick Martin <[nmartin@CromCorp.com](mailto:nmartin@CromCorp.com)>

**Subject:** [EXT]CROM - Sole Source Letter & COI - City of Hollywood, FL 20250251

You don't often get email from [dtillman@cromcorp.com](mailto:dtillman@cromcorp.com). [Learn why this is important](#)

Good afternoon,

As requested by Cameron Kenyon, the attached Sole Source Letter and COI are for your review. Should you have any questions, please contact Cameron directly at (352) 440-1721 or via email at [ckenyon@cromcorp.com](mailto:ckenyon@cromcorp.com).

Sincerely,

**Dominique Tillman** | Internal Support Specialist



250 SW 36<sup>th</sup> Terrace, Gainesville, FL 32607