

## **CERTIFICATE OF LIABILITY INSURANCE**

3/2/2016

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 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).

certificate floider in fled of such endorsement(s).						
PRODUCER	(858) 869-8300	CONTACT NAME:				
Vanorsdale Insurance Services		PHONE (A/C, No, Ext): 858 869 8300	FAX (A/C, No): 858 8	69 8301		
6165 Greenwich Drive, Suite 200 San Diego, CA 92122		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COV	NAIC #			
		<b>INSURER A: Colony Insurance Compa</b>	23140			
Integrity Municipal Systems, LLC		INSURER B: Ohio Security Insurance (	24066			
13135 Danielson Street		INSURER C : Admiral Insurance Compa	19445			
Suite 204		INSURER D : State Compensation Insur	35076			
Poway, CA 92064		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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Χ		AES1037059	1/1/2016	1/1/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	1,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В		ANY AUTO			BAS56293814	1/1/2016	1/1/2017	BODILY INJURY (Per person)	\$	
	X	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	Χ	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
С	X	EXCESS LIAB CLAIMS-MADE			EBU013119302	1/1/2016	1/1/2017	AGGREGATE	\$	4,000,000
		DED X RETENTION\$ None							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		908281416	1/1/2016	1/1/2017	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Pamerks Schodule, may be attached if more space is required)									

Excess coverage applies over General Liability only

City of Hollywood is named additional insured.

CERTIFICATE HOLDER	CANCELLATION
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.
11011ywood, 1 L 33020-	AUTHORIZED REPRESENTATIVE
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