

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/08/2024

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	1-908-566-1010	CONTACT NAME:	Moira Davis		
Construction Risk Partners		PHONE (A/C, No, Ext):	908-566-1010	FAX (A/C, No): 908-5	66-1020
Campus View Plaza		E-MAIL ADDRESS:	certs@constructionriskpartn		
1250 Route 28, Suite 201			INSURER(S) AFFORDING COVERAGE		NAIC#
Branchburg, NJ 08876		INSURER A :	GREENWICH INS CO		22322
INSURED		INSURER B :	XL INS AMER INC		24554
Moss & Associates, LLC		INSURER C :	XL SPECIALTY INS CO		37885
2101 N. Andrews Avenue, Suite 300		INSURER D :	RERD: INDIAN HARBOR INS CO		
,,,,,,,		INSURER E :	ILLINOIS UNION INS CO		27960
Fort Lauderdale, FL 33311		INSURER F :	CONTINENTAL INS CO		35289

### COVERAGES CERTIFICATE NUMBER: 70541515 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	ADDLISUBRI   ADDLISUBRI   POLICY EFF   POLICY EFF   POLICY EFF							
LTR		TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	x	COMMERCIAL GENERAL LIABILITY		CGE740992704	01/01/24	01/01/25	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	х	Contractual Liability					MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
		POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:						\$
A	AUT	OMOBILE LIABILITY		CAH740953907	01/01/24	01/01/25	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	х	ANY AUTO					BODILY INJURY (Per person)	\$
	Х	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	х	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
В		UMBRELLA LIAB X OCCUR		US00077035LI24A	01/01/24	01/01/25	EACH OCCURRENCE	\$ 15,000,000
	х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 15,000,000
		DED RETENTION\$						\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		CWD742207902	01/01/24	01/01/25	X PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	idatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Pro	ofessional Liability		CEO744652307	01/01/24	01/01/25	Each Claim/Agg	25,000,000
E	Pol	llution Liability		CPY G27415854 010	01/01/24	01/01/25	Occurrence/Agg	25,000,000
F	Exc	ess 1 - \$10M x \$15M		7011660190	01/01/24	01/01/25	Occurrence/Agg	10M/10M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see additional policy information attached.

Re: Hollywood Police HQ RFP

The City of Hollywood shall be named as an additional insured on a primary and non-contributory basis regarding the General Liability and Auto Liability where required by written contract.

A waiver of subrogation applies where required by written contract and allowed by law.

30 day notice of cancellation applies as per policy provisions.

The excess policies above are follow form the underlying, per policy provisions.

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood c/o Office of Procurement Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2600 Hollywood Blvd, Room 303	AUTHORIZED REPRESENTATIVE
Hollywood, FL 33020	Sel One

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

**DATE** 02/08/2024

NAME OF INSURED: Moss & Associates, LLC

Additional Description of Operations/Remarks from Page 1:	

#### Additional Information:

Excess #2 (15x25), Carrier: Ohio Casualty Ins Co, Policy #ECO (25) 58436499

Limit: Occurrence/Aggregate: \$15M/\$15M; Term 1/1/24-1/1/25

Cyber Liability, Carrier: BEAZLEY INS CO INC, Policy #: W312A0230301 Limit: Occurrence/Aggregate: \$25M/\$25M; Term 01/01/24-01/01/25 From: <u>Certificate of Insurance</u>

To: <u>Heather Guenot</u>; <u>Certificate of Insurance</u>

Cc: Tanya Bouloy

**Subject:** Moss & Associates Hollywood Police HQ COI and endorsements

**Date:** Monday, February 12, 2024 7:55:38 AM

Attachments: CITY OF HOLLYWOOD DEPARTMENT OF DESIGN CONSTRUCTION MGMT-2.pdf

Executed Phase I CMAR Preconstruction Contract - optimized.pdf

Moss & Associates COI 020824 B.pdf

Importance: High

## Heather,

The attached COI from Moss is acceptable for the above mentioned project.

# Tanya

From: Tanya Bouloy < TBouloy@hollywoodfl.org>

**Sent:** Tuesday, January 23, 2024 4:38 PM

To: Heather Guenot <HGUENOT@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>

Subject: FW: [EXT]Hollywood Police HQ COI and endorsements Moss & Associates

Importance: High

I still need this. Please forward me a copy of their umbrella policy (US00077035LI24A) ASAP so I can further review.

From: Tanya Bouloy

Sent: Thursday, January 18, 2024 8:45 AM

**To:** Certificate of Insurance < COI@hollywoodfl.org>; Heather Guenot < HGUENOT@hollywoodfl.org>

Subject: FW: [EXT]Hollywood Police HQ COI and endorsements Moss & Associates

Importance: High

Heather,

I found your previous email. I have two COIs (attached), both dated 12/21/23.

In need additional information in order to properly review their lines & limits of coverage. Please forward me a copy of their umbrella policy (US00077035LI24A) ASAP so I can further review.

Thank you, Tanya

**From:** Certificate of Insurance < COI@hollywoodfl.org>

Sent: Wednesday, January 17, 2024 10:50 AM

To: Certificate of Insurance <COI@hollywoodfl.org>; Heather Guenot <HGUENOT@hollywoodfl.org>

**Subject:** FW: [EXT]Hollywood Police HQ COI and endorsements Moss & Associates

Hello,

I am in receipt of the attached COI, however, I am unable to review it without the contract document showing the insurance requiremasnt for this project.

Please submit contract so I may review the COI.

## Thank you

From: Heather Matz < <a href="mailto:HMatz@mosscm.com">HMatz@mosscm.com</a>>
Sent: Tuesday, January 16, 2024 3:58 PM

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

**Cc:** Amy Desharnais <<u>ADesharnais@mosscm.com</u>>; Jennifer D'Aquilla <<u>JDAquilla@mosscm.com</u>>

**Subject:** [EXT]Hollywood Police HQ COI and endorsements

You don't often get email from hmatz@mosscm.com. Learn why this is important

Hello,

I hope this email finds you doing well. Please review and let me know if you need anything else. Thank you!

Heather Matz, CRIS Insurance Compliance Analyst

Moss

Direct: 863-999-2134

mosscm.com

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