



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/12/2025

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 The Horton Group 10320 Orland Parkway Orland Park IL 60467	CONTACT NAME: PHONE (A/C, No, Ext): 708-845-3000		FAX (A/C, No):
	E-MAIL ADDRESS: certificates@thehortongroup.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Cincinnati Specialty Insurance			13037
INSURED Ranch Cryogenics, Inc. 32580 N 1500 East Road Blackstone IL 61313	INSURER B: Cincinnati Insurance Company		10677
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 2004054189

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 <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	CSU 0100331	6/6/2025	6/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	EBA0442283	6/6/2025	6/6/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	CSU 0100333 EPP 0442283	6/6/2025 6/6/2025	6/6/2026 6/6/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	EWC 0442284	6/6/2025	6/6/2026	<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
B B	Commercial Property Leased/Rented Equipment			EPP 0442283 EPP 0442283	6/6/2025 6/6/2025	6/6/2026 6/6/2026	Blanket Building/BPP Limit 1,633,652 300,000

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

Additional insured on a primary and noncontributory basis with respect to general liability and auto liability only when required by written contract. Waivers of subrogation apply to general liability, auto liability and workers compensation in favor of the stated additional insureds only when required by written contract. Umbrella follows form.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Public Utilities 1621 N 14th Ave 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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From: [Certificate of Insurance](#)
To: [Daniela Behm](#); [Certificate of Insurance](#)
Subject: FW: Ranch Cryogenics COI for review/approval
Date: Monday, June 16, 2025 1:34:21 PM
Attachments: [image001.png](#)
[image002.png](#)
[City of Hollywood Ranch Cryogenics, Inc. 25-26 Master 6-12-2025 2004054189.pdf](#)
[PA600684 Ranch Cryogenics Initial Term \(5\).pdf](#)

Acceptable

Certificate of Insurance



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: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Monday, June 16, 2025 9:53 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kellvy Angeles <KANGELES@hollywoodfl.org>
Subject: FW: Ranch Cryogenics COI for review/approval

Good morning,

Please find attached PA with we have with vendor. They only provided servicing/maintenance. NO hazardous materials are provided by Ranch.

Thank you,

Daniela Behm
Utilities Administrative Procurement Coordinator
Public Utilities

Email: DBEHM@hollywoodfl.org
Telephone: [954-967-4455](tel:954-967-4455) ext.5641

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, June 16, 2025 8:43 AM
To: Daniela Behm <DBEHM@hollywoodfl.org>; Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kellvy Angeles <KANGELES@hollywoodfl.org>
Subject: FW: Ranch Cryogenics COI for review/approval

Is there a contract/agreement? If so, please forward so I can cross reference the insurance requirements with the COI.

Also, are they just servicing the oxygen facility or are they also delivering hazardous materials?

Thanks

Certificate of Insurance



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From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Thursday, June 12, 2025 1:35 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Kelly Angeles <KANGELES@hollywoodfl.org>
Subject: Ranch Cryogenics COI for review/approval

Good afternoon,

Please find attached COI for your review and approval for Ranch Cryogenics. Vendor provides on-site cryogenic oxygen facility services at the WWTP.

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator
Public Utilities

Email: DBEHM@hollywoodfl.org
Telephone: [954-967-4455 ext.5641](tel:954-967-4455)

From: Tracy Kociss <tkociss@ranchcryogenics.com>
Sent: Thursday, June 12, 2025 1:24 PM
To: Daniela Behm <DBEHM@hollywoodfl.org>
Cc: Mayda Block <mblock@ranchcryogenics.com>; Kelly Angeles <KANGELES@hollywoodfl.org>
Subject: [EXT]FW: City of Hollywood COI Request

Good afternoon, Daniela,

Please see attached COI on behalf of Mayda Block.

Please let me know if you need anything else.

Have a wonderful afternoon!

Sincerely,

Tracy Kociss

Ranch Cryogenics, Inc.
32580 N. 1500 E. Rd.
Blackstone, IL 61313
815-584-9161 Ext. 5370
tkociss@ranchcryogenics.com

From: Mayda Block <mblock@ranchcryogenics.com>
Sent: Thursday, June 12, 2025 10:12 AM
To: Tracy Kociss <tkociss@ranchcryogenics.com>
Subject: City of Hollywood COI Request

Tracy

Can you please get me a COI for City of Hollywood.

Added insured Info is below.

Then can you please send it directly to Daniela at the email address below.

I can't thank you enough. This is so helpful to me.

Kind Regards,

Mayda Block
Vice President - Sales
Ranch Cryogenics, Inc.
32580 N. 1500 Road East
Blackstone, IL 61313
Cell: 815-343-1812
Email: mblock@ranchcryogenics.com



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From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Thursday, June 12, 2025 7:18 AM
To: Mayda Block <mblock@ranchcryogenics.com>; Kellvy Angeles <KANGELES@hollywoodfl.org>
Subject: RE: [EXT]RE: Request Certificate of Insurance (COI)

Good morning Mayda,

Procurement and Risk are requiring all Certificate holder Information be formatted as follows:

City of Hollywood *(nothing else on this line)*

Public Utilities

1621 N 14th Ave

Hollywood, FL 33020

Thank you,

Daniela Behm

Utilities Administrative Procurement Coordinator

Public Utilities

P.O. Box 229045

Hollywood, FL 33022

Email: DBEHM@hollywoodfl.org

Telephone: [954-967-4455](tel:954-967-4455) ext.5641

www.HollywoodFL.org



Banner



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