



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/21/2024

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 LOUIS MORRISON LOUIS MORRISON C & C CONSULTANTS PO BOX 701340 SAINT CLOUD, FL 34770-1340	CONTACT NAME: LOU MORRISON PHONE (A/C, No, Ext): 888-494-9844 FAX (A/C, No): 407-809-5283	
	E-MAIL ADDRESS: HALMORRISON@HOTMAIL.COM	
INSURED WATER TREATMENT & CONTROLS TECHNOLOGY INC 9900A NORTH PALAFOX STREET PENSACOLA, FL 32534	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : CRUM & FORSTER SPECIALTY INS. CO.	44520
	INSURER B : OWNERS INSURANCE COMPANY	32700
	INSURER C :	
	INSURER D :	
	INSURER E :	

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		EPK-146877	3/1/24	3/1/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		51-094773-01	3/1/24	3/1/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			EFX-124729	3/1/24	3/1/25	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 AUTO SUBLIMIT \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> ERRORS & OMISSIONS LIABILITY			EPK-146877	3/1/24	3/1/25	\$1,000,000 LIMIT \$2,000,000 AGG \$1,000,000 LIMIT \$2,000,000 AGG

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

CITY OF HOLLYWOOD IS LISTED AS AN ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY AND AUTO LIABILITY AS RESPECTS TO WORK PERFORMED BY THE INSURED.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF HOLLYWOOD P.O. BOX 229045 HOLLYWOOD, FL 33022	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](#)
Cc: [Joel Blanco](#); [Steven Urich](#); [Amanda Brilliant](#)
Subject: FW: Water Treatment & Controls COI for Review/Approval
Date: Tuesday, November 12, 2024 11:15:40 AM
Attachments: [Hollywoodwkmins.pdf](#)
[image001.png](#)
[hollywoodins.pdf](#)

Acceptable

From: Daniela Behm <DBEHM@hollywoodfl.org>
Sent: Tuesday, November 12, 2024 7:19 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Joel Blanco <JBLANCO@hollywoodfl.org>; Steven Urich <surich@HollywoodFL.org>; Amanda Brilliant <abrillant@HollywoodFL.org>
Subject: Water Treatment & Controls COI for Review/Approval

Good morning,

Please find attached for your review and approval COI for Water Treatment and Controls Technology. Vendor provides maintenance to chlorine equipment and delivery system in the WWTP.

Thank you,

Daniela "Dani" Behm
Administrative Assistant I
Public Utilities Administration
Phone: 954-967-4455 Ext: 5641

