

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	CONTACT LOU MORRISON	
LOUIS MORRISON	PHONE (A/C, No, Ext):888-494-9844 FAX (A/C, No): 407-80	9-5283
LOUIS MORRISON C & C CONSULTANTS	E-MAIL ADDRESS: HALMORRISON@HOTMAIL.COM	
PO BOX 701340	INSURER(S) AFFORDING COVERAGE	NAIC #
SAINT CLOUD, FL 34770-1340	INSURER A : CRUM & FORSTER SPECIALTY INS. CO.	44520
INSURED	INSURER B : OWNERS INSURANCE COMPANY	32700
WATER TREATMENT & CONTROLS TECHNOLOGY INC	INSURER C:	
9900A NORTH PALAFOX STREET	INSURER D:	
PENSACOLA, FL 32534	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP								
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	Х		EPK-146877	3/1/24	3/1/25	EACH OCCURRENCE	\$ 1,000,000	
' '	CLAIMS-MADE X OCCUR	, ,			0, 1, 2	0/ //20	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DECT LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
В	AUTOMOBILE LIABILITY	Х		51-094773-01	3/1/24	3/1/25	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
-	X ANY AUTO	, · ·		01 00 11 70 01	0/1/21	0/ 1/20	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
1								\$	
Α	UMBRELLA LIAB X OCCUR			EFX-124729	3/1/24	3/1/25	EACH OCCURRENCE	\$ 10,000,000	
	X EXCESS LIAB CLAIMS-MADE				5, 1, 2	0/1/20	AGGREGATE	\$ 10,000,000	
	DED X RETENTION \$0						AUTO SUBLIMIT	\$ 5,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IV/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	CONTRACTORS POLLUTION LIABILITY			EPK-146877	3/1/24	3/1/25	\$1,000,000 LIMIT	\$2,000,000 AGG	
^`	ERRORS & OMISSIONS LIABILITY				3, .,2 :	3, 1,20	\$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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
HOLLYWOOD, FL 33022	AUTHORIZED REPRESENTATIVE Law ornison				

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/07/2024

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.

	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject				- `	,		•				
	is certificate does not confer rights				ıch end	dorsement(s).	•				
	DUCER				CONTA NAME:	CT WTW Cert	ificate Cer	nter				
Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd					PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No):				1-888	-467-2378		
	Box 305191						cates@wtwcc	.com				
Nash	ville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURE	RA: Great	American Al	liance Insura	ance Com	pany	26832	
INSU					INSURE	R B :						
	r Treatment & Controls Technology, A N. Palafox St.	Inc	•		INSURER C:							
	acola, FL 32534				INSURER D:							
					INSURER E : INSURER F :							
CO	/ERAGES CER	TIFI	CATE	E NUMBER: W36178135	INSUKL	. К.Г.		REVISION NUM	MRFR:			
TH IN CE E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME FAIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOV DOCUMENT WITH D HEREIN IS SU	'E FOR TH	TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT	ED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occi		\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:							COMBINED SINGLE	= I IMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Po		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (POPERTY DAMA)		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	3E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
A	ANYPROPRIETOR/PARTNER/EXECUTIVE NO SFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	Y	WC E546162-05		10/31/2024	10/31/2025	E.L. EACH ACCIDE	NT	\$	1,000,000	
				WC E340102-03				E.L. DISEASE - EA I	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	1,000,000	
ı	RIPTION OF OPERATIONS/LOCATIONS/VEHIC ver of Subrogation applies in	•		•				•	ion, as	perm	itted by	
law	•											
1												
CFF	RTIFICATE HOLDER				CANO	ELLATION						
					SHO	OULD ANY OF TEXPIRATION	N DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.				
City of Hollywood					AUTHORIZED REPRESENTATIVE							
City of Hollywood P.O. Box 229045					()							
Hollywood, FL 33022-9045						N~ K_						

© 1988-2016 ACORD CORPORATION. All rights reserved.

From: <u>Certificate of Insurance</u>

To: <u>Daniela Behm; Certificate of Insurance</u>
Cc: <u>Joel Blanco; Steven Urich; Amanda Brillant</u>

Subject: FW: Water Treatment & Controls COI for Review/Approval

Date: Tuesday, November 12, 2024 11:15:40 AM

Hollywoodwkmins.pdf image001.png hollywoodins.pdf

Acceptable

Attachments:

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

Brillant <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

