Client#: 1053638 CESCON

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/04/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT NAME:					
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No):					
2502 N Rocky Point Drive	E-MAIL					
Suite 400	ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
Tampa, FL 33607	INSURER A: Travelers Property Cas. Co. of America	25674				
INSURED	INSURER B : Phoenix Insurance Company	25623				
CES Consultants, Inc.	INSURER C: XL Specialty Insurance Company	37885				
880 Southwest 145th Avenue, Suite 106	INSURER D:					
Pembroke Pines, FL 33027	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.

	SCIONS AND CONDITIONS OF SOCIE					POLICY FYP		
	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Χ	COMMERCIAL GENERAL LIABILITY	X	X	6609D349718	12/06/2021	12/06/2022	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
GEN							GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY	X	X	BA2R165655	12/06/2021	12/06/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
X	UMBRELLA LIAB X OCCUR	X	X	CUP4K364717	12/06/2021	12/06/2022	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000							\$
	EMPLOYEDELLIADULTY		X	UB0P573198	12/06/2021	12/06/2022	X PER OTH-	
ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$1,000,000
(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Pro	ofessional			DPR9986807	12/06/2021	12/06/2022	\$5,000,000 per claim	1
Lia	bility						\$5,000,000 annl agg	r.
	AUT X X X X WOI ANY OFF (Mail If ye DES)	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR PRODUCT AUTOS ONLY Y NA NY PROPRIET OR PRODUCT AUTOS ONLY Y NA NO CCUR CLAIMS-MADE Y NO CCUR CLAIMS-MADE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DECTOR OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODIECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODICY OTHER: AUTOMOBILE LIABILITY X X BA2R165655 X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional ADDL SUBR WVD PADLICY NUMBER AX X G609D349718 BA2R165655 X X X BA2R165655 X X X CUP4K364717 X X UB0P573198	TYPE OF INSURANCE INSER WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X X 6609D349718 12/06/2021 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-OTHER: AUTOMOBILE LIABILITY X X BA2R165655 12/06/2021 X ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional DPR9986807 12/06/2021	TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X X 6609D349718 12/06/2021 12/06/2022 12/06/2021 12/06/2022 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X X BA2R165655 12/06/2021 12/06/2022 X ANY AUTO OWNED AUTOS ONLY X CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) It yes, describe under DESCRIPTION OF OPERATIONS below Professional DPR9986807 12/06/2021 12/06/2021 12/06/2021 12/06/2022 12/06/2021 12/06/2021	TYPE OF INSURANCE ADDL SUBR (MM/DDY/YY) X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X BA2R165655 12/06/2021 12/06/2021 12/06/2022 EXCHOCCURRENCE PREMISSE (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) WORLD SCHEDULED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB LOC VONNED AUTOS ONLY X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYEE' LIABILITY X UBOP573198 12/06/2021 12/06/2021 12/06/2022 12/06/2022 E. EACH OCCURRENCE AGGREGATE LIMIT E. L. ISEASE - FA EMPLOYEE E.L. DISEASE - FA EMPLOYEE E.L. DISEASE - FOLICY LIMIT E.L. DISEASE - FOLICY LIMIT

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

Professional Liability coverage is written on a claims-made basis.

RE: City of Hollywood Surtax Project - CEI Services: Liberty Street BC-HYLWD-FY2020-00003

The general Liability, automobile liability and umbrella policies include an automatic additional insured endorsement that provides additional insured status to the City of Hollywood and Broward County only when there is a written contract that requires such status and only with regard to work performed on behalf of (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
City of Hollywood 2600 Hollywood Blvd. 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			
	5: M Canl			

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DESCRIPTIONS (Continued from Page 1)
the named insured including completed and ongoing operations on per project basis, coverage is primary and non contributory. Waiver of subrogation in favor of the additional insured applies to all policies listed above as required by written contract. Thirty (30) days prior written notice of cancellation except 10 days for non payment of premium will be given on all policies listed above.