Client#: 25320 KIMLHORN

## $ACORD_{in}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2022

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).

PRODUCER	CONTACT Jerry Noyola					
Greyling Ins. Brokerage/EPIC	PHONE (A/C, No, Ext): 770-220-7699 (A/C, No):					
3780 Mansell Road, Suite 370	E-MAIL ADDRESS: jerry.noyola@greyling.com					
Alpharetta, GA 30022	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: National Union Fire Ins. Co.	19445				
INSURED	INSURER B: Allied World Assurance Company (U.S.)	19489				
Kimley-Horn and Associates, Inc.	INSURER C: New Hampshire Ins. Co.	23841				
421 Fayetteville Street, Suite 600	INSURER D : Lloyds of London	085202				
Raleigh, NC 27601	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 22-23 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 INSURA	NCE	ADDL:	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL	LIABILITY			GL5268169	04/01/2022	04/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500.000
	X	Contractual Liab							MED EXP (Any one person)	\$25,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	'L AGGREGATE LIMIT APP	PLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							COMPINED ON OLE LIMIT	\$
Α	AUT	OMOBILE LIABILITY				CA4489663	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY A	CHEDULED UTOS						BODILY INJURY (Per accident)	\$
	X		ION-OWNED UTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X	OCCUR			03127930	04/01/2022	04/01/2023	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000		\$10,000							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY				WC015893685 (AOS)	04/01/2022	04/01/2023	X PER STATUTE OTH-	
С	ANY	PROPRIETOR/PARTNER/E CER/MEMBER EXCLUDED		N/A		WC015893686 (CA)	04/01/2022	04/01/2023	E.L. EACH ACCIDENT	\$1,000,000
	(Mar	datory in NH)	'' N	Ι, Α					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	i, describe under CRIPTION OF OPERATION	IS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Pro	fessional Liab				B0146LDUSA2204949	04/01/2022	04/01/2023	Per Claim \$2,000,00	0
									Aggregate \$2,000,00	00
DEC	DIDT	ION OF ORFRATIONS (1.0	OATIONO (VELLIO		0000	101 Additional Bamarka Sahadula may			!I\	

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

Re: RFQ - 4666-21-DCM; Professional Engineering Continuing Services for Traffic Engineering & Transportation

Planning RFQ-4666-21-DCM; Marwan Mufleh. The City of Hollywood, Florida, its employees and officials are

named as Additional Insureds with respects to General & Automobile Liability where required by written

contract. Waiver of Subrogation in favor of Additional Insured(s) where required by written contract &

allowed by law. Should any of the above described policies be cancelled by the issuing insurer before the

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood 2207 Raleigh Street Hollywood, FL 33022-0000	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
	DAH. Gling

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DESCRIPTIONS (Continued from Page 1)							
expiration date thereof, 30 days' written notice (except 10 days for nonpayment of premium) will be provided to the Certificate Holder.							

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

To: <u>Daniela Baquero-Meza</u>; <u>Certificate of Insurance</u>

Cc: <u>Stacy Myers</u>

**Subject:** RE: Kimley-Horn COI

Date:Monday, December 12, 2022 7:33:26 AMAttachments:rev.9-15-22 - KH COI City of Hollywood.pdf

## The COI is acceptable

From: Daniela Baquero-Meza <dbaquero-meza@hollywoodfl.org>

Sent: Thursday, December 8, 2022 9:45 AM

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

**Cc:** Stacy Myers <SMYERS@hollywoodfl.org>

**Subject:** Kimley-Horn COI

Good morning,

Please advise if the attached COI is acceptable.

Regards,

## Solange Baquero-Meza

Administrative Specialist Dev. Services | Engineering Division 2600 Hollywood Blvd. Hollywood, FL 33022-9045

Office: 954-921-3900 Ext. 6641

