



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2022

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

PRODUCER McGriff Insurance Services, Inc. 10100 Katy Freeway, #400 Houston, TX 77043	CONTACT NAME: Rachel Manis-Hyatt PHONE (A/C, No, Ext): 713-877-8975 E-MAIL ADDRESS: rmanis-hyatt@mcgriff.com FAX (A/C, No): 713-877-8974														
INSURED Cardinal Contractors, Inc. 4744 SR 64 E Bradenton, FL 34208	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :Property and Casualty Insurance Company of Hartford</td><td>34690</td></tr><tr><td>INSURER B :Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER C :Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER D :Axis Surplus Insurance Company</td><td>26620</td></tr><tr><td>INSURER E :AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td>INSURER F :HDI Specialty Insurance Company</td><td>16131</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Property and Casualty Insurance Company of Hartford	34690	INSURER B :Twin City Fire Insurance Company	29459	INSURER C :Hartford Fire Insurance Company	19682	INSURER D :Axis Surplus Insurance Company	26620	INSURER E :AIG Specialty Insurance Company	26883	INSURER F :HDI Specialty Insurance Company	16131
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COVERAGES

CERTIFICATE NUMBER:PQVJEPS6

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			61CSEQU3414	02/28/2022	02/28/2023	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>2,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>4,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>4,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	2,000,000	GENERAL AGGREGATE	\$	4,000,000	PRODUCTS - COMP/OP AGG	\$	4,000,000		\$	
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C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			61CSEQU3415	02/28/2022	02/28/2023	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td>Physical Damage Ded.</td><td>\$</td><td>250,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$		Physical Damage Ded.	\$	250,000						
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A	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N	N/A	61WNQU3411 61WBRQU3412 61XWEQU3413 \$500,000 Ded/SIR applies to all	02/28/2022	02/28/2023	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000									
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E	Contractor's Pollution Liability			CPO 1238582	02/28/2022	02/28/2024	<table border="1"><tr><td>Each Loss</td><td>\$</td><td>10,000,000</td></tr><tr><td>Aggregate</td><td>\$</td><td>10,000,000</td></tr><tr><td>Deductible</td><td>\$</td><td>500,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	Each Loss	\$	10,000,000	Aggregate	\$	10,000,000	Deductible	\$	500,000		\$										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Hollywood - Deep Injection Wells No. 3 and No. 4 Pump Station
In the event of cancellation by the insurance companies the policies have been endorsed to provide (30) days Notice of Cancellation (except for non-payment) to the Certificate Holder shown below. The City of Hollywood is included as Additional Insured as respects the General Liability, Auto Liability and Umbrella Liability policies. A Waiver of Subrogation is provided in favor of The City of Hollywood as respects the General Liability, Auto Liability, Umbrella Liability and Workers' Compensation policies. General Liability, Auto Liability and Umbrella Liability policies are Primary and Non-Contributory. All as required by written contract and subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

The City of Hollywood
2600 Hollywood Blvd.
Hollywood, FL 33022

CANCELLATION

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

R Michael Bredlove, Jr



EVIDENCE OF PROPERTY INSURANCE

4YN3B27C

DATE (MM/DD/YYYY)

03/14/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY McGriff Insurance Services, Inc. 10100 Katy Freeway, #400 Houston, TX 77043		PHONE (A/C, No, Ext): 713-877-8975	COMPANY Lloyd's of London Construction Consortium	
FAX (A/C, No): 713-877-8974	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Cardinal Contractors, Inc. 4744 SR 64 E Bradenton, FL 34208			LOAN NUMBER	POLICY NUMBER B0702GC301550q
			EFFECTIVE DATE 02/28/2022	EXPIRATION DATE 02/28/2023
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Deep Injection Wells No. 3 and No. 4 Pump Station

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☒ Builders Risk

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders' Risk - Contract Value	\$112,299,970	\$100,000
Named Windstorm including Tier 1 Wind Zones *Minimum \$250,000	\$50,000,000	5% of VROL*
Flood Zones including FEMA Zones A and V *Minimum \$250,000	\$50,000,000	5% of VROL*
Earthquake including Zone 1 *Minimum \$250,000 *Value of Risk at time of Loss	\$50,000,000	5% of VROL*

REMARKS (Including Special Conditions)

The Certificate Holder is included as Additional Named Insured, as their interests may appear, when required by written contract and subject to policy terms, conditions and exclusions.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS The City of Hollywood 2600 Hollywood Blvd. Hollywood, FL 33022	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE <i>R Michael Broadlove, Jr</i>			