160947 Lighthouse Utility Consulting

Certificate of Insurance

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ACC	DRD [®]	CI	ER	RTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 2/15/2016	
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 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				,(0)	•		CONTACT NAME:					
BIN Insurance Holdings, LLC 1301 Central Expy. South, Suite 115 Allen, TX 75013						PHONE FAX (A/C, No. Ext): 800-655-1714 FAX (A/C, No): (877) 826-9067 E-MAIL ADDRESS:						
											NAIC #	
INSURED						INSURER B :					10200	
Lighthouse Utility Consulting						INSURER C :						
, Inc. Sanford, FL 32771						INSURER D :						
INSURER F: INSURER F: COVERAGES CERTIFICATE 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 INS	SURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	птя		
	CLAIMS-MADE CCUR								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	D RENTED 100.000		
									MED EXP (Any one person)	\$ 5,000		
A			Yes	Yes	UDC-1698783-CGL-16	2/12/2016	2/12/2017	PERSONAL & ADV INJURY	x \$ 1,000,000 \$ 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	2 000		
									PRODUCTS - COMP/OP AGO	\$ \$ 2,000 \$,000	
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
									BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED								BODILY INJURY (Per acciden	, ,		
	HIRED AUTOS	AUTOS							PROPERTY DAMAGE (Per accident)	\$		
U	JMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
E	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$										\$		
AND E	ERS COMPENSATI	ITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N / A						E.L. EACH ACCIDENT	\$ ¢		
									E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMI			
					UDC-1538336-EO-16		2/2/2016	2/2/2017			000 / \$2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Hollywood is included as an additional insured with regard to the general liability. Waiver of subrogation in favor of the certificate holder with regard to the general liability, automobile liability and workers compensation coverage. Should any of the above described policies be cancelled before the expiration date, the issuing insurer will endeavor to mail 30 days written notice (10 days notice if due to non-payment) to the certificate holder named below, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.												
CERTIFICATE HOLDER							CANCELLATION					
City of Hollywood 2600 Hollywood Blvd Hollywood, FL 33020						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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