

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/26/2017

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

	e terms and conditions of the ertificate holder in lieu of such					ndorse	ment. A stat	ement on thi	is certificate does not co	nfer ri	ghts to the	
PRODUCER						CONTACT NAME:						
Insured			eon (BIN Insurance Holdings LLC.) Central Expy. South, Suite 250				PHONE				826-9067	
							E-MAIL				220 000.	
Allen, T			X 75	5013		ADDRESS:					NAIC #	
						INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox					10200	
INSURED					INSURER B:					10200		
Lighthouse Utility Consulting, Inc.					INSURER C:							
, Inc.					INSURER D:							
Sanford, FL 32771						INSURER E :						
						INSURER F:						
COVERAGES CER				CΔTF	NUMBER:	REVISION NUMBER:						
						/F BFF	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
IN	DICATED. NOTWITHSTANDING	ANY REC	QUIR	REMEN	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	T TO \	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OF								HEREIN IS SUBJECT TO	ALL T	HE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH I			ADDL SUBR			POLICY EFF POLICY EXP						
LTR	TYPE OF INSURANCE		NSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	\$ 1,000	000	
	CLAIMS-MADE COCCUR			Yes					DAMAGE TO RENTED	\$ 100,0		
Α									5.00			
			Yes		UDC-1698783-CGL-17		2/1/2017	2/1/2018	1,000			
					000-1000/00-002-1/			2, 1,2010	2,000			
	GEN'L AGGREGATE LIMIT APPLIES PE POLICY PRO- JECT LOG									\$ 2,000		
		ا ا								\$ 2,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	OTHER: AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$ \$		
									(Ea accident)	\$ \$		
	ANY AUTO ALL OWNED SCHEDUL	.ED							` ' '	\$ \$		
	AUTOS AUTOS NON-OWN	NED							PROPERTY DAMAGE	<del>Ψ</del> \$		
	HIRED AUTOS AUTOS								(Per accident)	<del>Ψ</del> \$		
	UMBRELLA LIAB OCCU									-		
	EVOSOO LIAD									\$		
	CLAIIV	IS-MADE								\$		
	DED RETENTION \$ WORKERS COMPENSATION								PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N								•		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If ves, describe under			N/A							\$		
									E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below  A Professional Liability (Errors and Omissions)									•	\$		
A 1 Tolessional Elability (Entits and Officiality)					UDC-1894757-EO-17		2/1/2017	2/1/2018		\$2,000,0	000 / \$2,000,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS	S / VEHICLE	S (A	CORD	) 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is require	ed)			
	of Hollywood is included as an a		•						,	ar with	regard to the	
	eral liability, automobile liability a											
the	issuing insurer will endeavor to r	nail 30 d	ays	writte	en notice (10 days notice if	due to	non-payment					
shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.												
CERTIFICATE HOLDER							CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	City of Hollywood						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
2600 Hollywood Blvd						ACCORDANCE WITH THE POLICY PROVISIONS.						
Hollywood, FL 33020						AUTHORIZED REPRESENTATIVE						
						Jours Cocker						