FLOOD INSU	JRANCE	- CITY OF HOLLY	WOOD				
Due 12/31/17		, , , , , , , , , , , , , , , , , , , ,					
Policy#	\$	Property Address	Description	Building	Contents	Ded/Building	Ded/Contents
87029205662016	\$3,063.00	1621 N 14th Ave.	RAS Pump	500,000		1,250	
87029205722016	\$3,063.00	1621 N 14th Ave.	RAS Pump #3	500,000	0	1,250	0
87029205692016	\$3,063.00	1621 N 14th Ave.	RAS Pump #4	500,000	Ō	1,250	0
87029205642016	\$2,916.00	1621 N 14th Ave.	Refuse Storage	450,000	0	1,250	0
87029205652016	\$5,888.00	1621 N 14th Ave.	Refuse Water Control	500,000	282,000	1,250	0
87029205632016	\$3,063.00	1621 N 14th Ave,	Sludge Building	500,000	0	1,250	0
87029205622016	\$1,133.00	1621 N 14th Ave.	Truck Scale	80,000	0	1,000	0
87029206012016	\$2,086.00	2207 Raleigh St.	HPD Network	350,000	50,000	1,250	1,250
87029206062016	\$2,373.00	2310 N 23rd Ave.	Boggs Field	500,000	50,000	1,250	1,250
87029205962016	\$2,373.00	6197 Taft St.	West Annex Park	500,000	50,000	1,250	1,250
	\$29,021.00						

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

1621 N 14TH AVE RAS PUMP HOLLYWOOD, FL 33020-0000

CITY OF HOLLYWOOD

BUILDING DESCRIPTION: RAS PUMP

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1. Option 1 includes a 10% increase in	COVERAGE BUILDING \$500,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$0	CONTENTS \$0	1 \$3,063.00
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$500,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$0	PREMIUM OPTIONS 2 \$3,063.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by	CHECK, please detach	and return bottor	n remittance portion wit	h vour pavment i	n the enclosed envelope.
Print Date:	11/08/2017		n remittance portion wit	g i grigi i kiri.	

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

PLEASE DO NOT STAPLE

08172-00015-000-00001

HOLLYWOOD, FL 33022-9045

POLICY NUMBER

87029205662016

RENEWAL EFFECTIVE DATE:

Payment must be received by the due date to retain the Policy Effective Date

PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

\$3,063

(See reverse side for credit card payment option.)

CHECK PAYMENT COUPON ONLY

\$3.063 Make check payable to:

HARTFORD FIRE INSURANCE COMPANY

PRODUCER

Machilandeleededleendaallaallaallaadaallaallalaatta

HARTFORD FIRE INSURANCE COMPANY Please see the enclosed notice for important information

> PO Box 731178 Dallas, TX 75373-1178

about your policy renewal,

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

1621 N 14TH AVE RAS PUMP #3 HOLLYWOOD, FL 33020-0000

CITY OF HOLLYWOOD

RAS PUMP #3

BUILDING DESCRIPTION: If you are no longer responsible for the payment of the premium on this policy please notify your agent.

	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
Option 1 includes a 10% increase in the amount of building coverage and	BUILDING \$500,000	BUILDING \$1,250	
a 5% increase in the amount of contents coverage.	CONTENTS \$0	CONTENTS \$0	1 \$3,063.00
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$500,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$0	PREMIUM OPTIONS 2 \$3,063.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes,

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. Print Date: 11/08/2017

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

PLEASE DO NOT STAPLE

PRODUCER

08172-00015-000-00001

HOLLYWOOD, FL 33022-9045

POLICY NUMBER

87029205722016

RENEWAL EFFECTIVE DATE:

12/31/2017

Payment must be received by the due date to retain the Policy Effective Date

PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

\$3,063

\$3,063

(See reverse side for credit card payment option.)

Make check payable to:

HARTFORD FIRE INSURANCE COMPANY

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HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

Please see the enclosed notice for important information about your policy renewal.

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

1621 N 14TH AVE RAS PUMP #4 HOLLYWOOD, FL 33020-0000

CITY OF HOLLYWOOD

BUILDING DESCRIPTION:

RAS PUMP #4

If you are no longer responsible for the payment of the premium on this policy please notify your agent,

1. Option 1 includes a 10% increase in	COVERAGE BUILDING \$500,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$0	CONTENTS \$0	1 \$3,063.00
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$500,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$0	PREMIUM OPTIONS 2 \$3,063.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. int Date: 11/08/2017Print Date:

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

HOLLYWOOD, FL 33022-9045

08172-00015-000-00001

POLICY NUMBER

PRODUCER

87029205692016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE:

PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

\$3,063

(See reverse side for credit card payment option.)

\$3,063 Make check payable to:

HARTFORD FIRE INSURANCE COMPANY

Please see the enclosed notice for important information about your policy renewal.

CHECK PAYMENT COUPON ONLY

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

87029205642016

Hartford Insurance Company of the Midwest FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE;

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR I GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MLAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

CITY OF HOLLYWOOD

1621 N 14TH AVE REFUSE STORAGE ${\tt HOLLYWOOD, FL\,33020-0000}$

BUILDING DESCRIPTION: REFUSE STORAGE

If you are no longer responsible for the payment of the premium on this policy please notify your agent,

I. Option 1 includes a 10% increase in	COVERAGE BUILDING \$495,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$0	CONTENTS \$0	1 \$3,047.00
2. Option 2 is the amount of Insurance coverage currently in force.	COVERAGE BUILDING \$450,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$0	PREMIUM OPTIONS 2 \$2,916.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the euclosed envelope. int Date: 11/08/2017Print Date:

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

PLEASE DO NOT STAPLE

PRODUCER

08172-00015-000-00001

HOLLYWOOD, FL 33022-9045

POLICY NUMBER

87029205642016

RENEWAL EFFECTIVE DATE: PAYMENT DUE BY:

12/31/2017

Payment must be received by the due date to retain the Policy Effective Date

12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

\$3,047

П \$2,916

(See reverse side for credit card payment option.)

Make check pavable to:

HARTFORD FIRE INSURANCE COMPANY

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HARTFORD FIRE INSURANCE COMPANY Please see the enclosed notice for important information about your policy renewal.

PO Box 731178 Dallas, TX 75373-1178

87029205652016

Hartford Insurance Company of the Midwest FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

CITY OF HOLLYWOOD

LOCATION OF INSURED PROPERTY 1621 N 14TH AVE REFUSE WATER CONTROL HOLLYWOOD, FL 33020-0000

BUILDING DESCRIPTION:

REFUSE WATER CONTROL

If you are no longer responsible for the payment of the premium on this policy please notify your agent,

Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	COVERAGE BUILDING \$500,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENUS \$0	PREMIUM OPTIONS 1 \$3,063.00
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$500,000 CONTENTS \$ 232,000	DEDUCTIBLE BUILDING \$1,250 CONTENTS	PREMIUM OPTIONS 2 \$3,053.00 4 5, 888

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope.

Print Date:

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

HOLLYWOOD, FL 33022-9045

PRODUCER.

08172-00015-000-00001

POLICY NUMBER

87029205652016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: PAYMENT DUE BY:

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

HARTFORD FIRE INSURANCE COMPANY

Please see the enclosed notice for important information about your policy renewal.

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MLAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

1621 N 14TH AVE SLUDGE BLDG

HOLLYWOOD, FL 33020-0000

CITY OF HOLLYWOOD BUILDING DESCRIPTION:

SLUDGE BLDG

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1. Option 1 includes a 10% increase in	COVERAGE BUILDING \$500,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$0	CONTENTS \$0	1 \$3,063.00
2. Option 2 is the amount of insurance coverage currently in force,	COVERAGE BUILDING \$500,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$0	PREMIUM OPTIONS 2 \$3,063.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by	CHECK, please	detach and return	ı bottom remittance	portion with your	r payment in the en	closed envelope.
Print Date:	11/08/2017			<u>.</u>		-

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

HOLLYWOOD, FL 33022-9045

PLEASE DO NOT STAPLE

PRODUCER

08172-00015-000-00001

POLICY NUMBER

87029205632016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

\$3,063

\$3,063

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Make check payable to:

HARTFÓRD FIRE INSURANCE COMPANY

Haddhalldalalladhalladhallalladh

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

Please see the enclosed notice for important information about your policy renewal.

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

1621 N 14TH AVE TRUCK SCALE HOLLYWOOD, FL 33020-0000

CITY OF HOLLYWOOD BUILDING DESCRIPTION:

TRUCK SCALE

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

COVERAGE BUILDING 1. Option 1 includes a 10% increase in \$88,000	DEDUCTIBLE BUILDING \$1,000	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage. CONTENTS \$0	CONTENTS \$0	1 \$1,215.00
2. Option 2 is the amount of insurance coverage currently in force. COVERAGE BUILDING \$80,000 CONTENTS \$0	DEDUCTIBLE BUILDING \$1,000 CONTENTS \$0	PREMIUM OPTIONS 2 \$1,133.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. Print Date: 11/08/2017

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER

08172-00015-000-00001

POLICY NUMBER

87029205622016

RENEWAL EFFECTIVE DATE:

12/31/2017

Payment must be received by the due date to retain the Policy Effective Date

PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

\$1,215

\$1,133

Make check payable to:

HARTFORD FIRE INSURANCE COMPANY

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Please see the enclosed notice for important information about your policy renewal.

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

87029206012016

Preferred Risk

Hartford Insurance Company of the Midwest FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

LOCATION OF INSURED PROPERTY

2207 RALEIGH ST

HOLLYWOOD, FL 33020-1631

CITY OF HOLLYWOOD

HPD NETWORK CTR

BUILDING DESCRIPTION: If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1,	Option 1 includes a 10% increase in	COVERAGE BUILDING \$400,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
	the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$100,000	CONTENTS \$1,250	1 \$2,367.00
2.	Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$350,000 CONTENTS \$50,000	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$1,250	PREMIUM OPTIONS 2 \$2,086.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. Print Date:

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

HOLLYWOOD, FL 33022-9045

PRODUCER.

08172-00015-000-00001

POLICY NUMBER

87029206012016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

\$2,086

Make check payable to:

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HARTFORD FIRE INSURANCE COMPANY

\$2,367

Please see the enclosed notice for important information about your policy renewal.

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

87029206062016

Preferred Risk

Hartford Insurance Company of the Midwest FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

CITY OF HOLLYWOOD

LOCATION OF INSURED PROPERTY

2310 N 23RD AVE

HOLLYWOOD, FL 33020-2010

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

	COVERAGE BUILDING	DEDUCTIBLE BUILDING	PREMIUM OPTIONS
Option 1 includes a 10% increase in the amount of building coverage and	\$500,000	\$1,250	
a 5% increase in the amount of contents coverage.	CONTENTS \$100,000	CONTENTS \$1,250	1 \$2,567.00
2. Option 2 is the amount of insurance	COVERAGE BUILDING	DEDUCTIBLE BUILDING	PREMIUM OPTIONS
coverage currently in force.	\$500,000	\$1,250	2 \$2,373.00
	CONTENTS \$50,000	CONTENTS \$1,250	A CONTRACTOR OF SECURITION SOUTHWARE SECURITION AND SECURITIONS ASSESSMENT
			1

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. int Date: 11/08/2017Print Date:

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

HOLLYWOOD, FL 33022-9045

PLEASE DO NOT STAPLE

PRODUCER

08172-00015-000-00001

POLICY NUMBER

87029206062016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE:

12/31/2017

PAYMENT DUE BY:

12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)

\$2,567

\$2,373

Make check payable to:

HARTFORD FIRE INSURANCE COMPANY

Heddaddadaladadladladddaladadla

Please see the enclosed notice for important information about your policy renewal.

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178

87029205962016

Preferred Risk

Hartford Insurance Company of the Midwest FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE:

12/31/2017

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME& MAILING ADDRESS

CITY OF HOLLYWOOD PO BOX 229045 HOLLYWOOD, FL 33022-9045 PRODUCER#:-08172-00015-000-00001 ARTHUR J GALLAGHER & COMPANY 8333 NW 53RD ST STE 600 MIAMI, FL 33166-4789 (305)592-6080

INSURED NAME

CITY OF HOLLYWOOD

LOCATION OF INSURED PROPERTY

6197 TAFT ST

HOLLYWOOD, FL 33024-6038

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1. Option 1 includes a 10% increase in	COVERAGE BUILDING \$500,000	DEDUCTIBLE BUILDING \$1,250	PREMIUM OPTIONS
the amount of building coverage and a 5% increase in the amount of contents coverage.	CONTENTS \$100,000	CONTENTS \$1,250	1 \$2,567.00
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE BUILDING \$500,000 CONTENTS \$50,000	DEDUCTIBLE BUILDING \$1,250 CONTENTS \$1,250	PREMIUM OPTIONS 2 \$2,373.00

Primary Residence: N

Please contact your insurance representative with any questions or policy changes.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope. Print Date:

INSURED NAME & MAILING ADDRESS CITY OF HOLLYWOOD PO BOX 229045

PLEASE DO NOT STAPLE

08172-00015-000-00001 **PRODUCER**

HOLLYWOOD, FL 33022-9045

POLICY NUMBER

87029205962016

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: PAYMENT DUE BY:

12/31/2017 12/31/2017

SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

\$2,567

\$2,373

(See reverse side for credit card payment option.)

Make check payable to: HARTFORD FIRE INSURANCE COMPANY

Read de Control of the Albert Control of the Contro

Please see the enclosed notice for important information about your policy renewal.

HARTFORD FIRE INSURANCE COMPANY

PO Box 731178 Dallas, TX 75373-1178 November 22, 2017

Mr. Horace McLarty City of Hollywood PO Box 229045 Hollywood, FL 33022

Re:

Renewal of Flood Policies

Policy No.: See Attached Flood Schedule Expiration Date: December 31, 2017

Dear Mr. McLarty,

The above referenced Flood Policies will expire on December 31, 2017. We have attached a copy of your renewal notices/invoices from Hartford Ins. Co. of the Midwest. Included in the premium is our commission of 15% that compensates us for the placement and servicing of your insurance program.

<u>Please return a copy of the invoice along with your check to Hartford Fire Ins. Co. in accordance with the billing options provided in the renewal quotation.</u>

Once coverage is bound, you may only cancel coverage in accordance with the applicable rules and regulations of NFIP. Minimum premium varies based on the flood zone, pre or post firm eligibility and will include all non-refundable NFIP fees and surcharges.

Gallagher is responsible for the placement of the Scheduled Flood policies in this quote letter. It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Any entity not named in this proposal, may not be an insured entity. This may include partnerships and joint ventures.

We are not aware of any changes in your exposure to loss, nor are we aware of any changes in your business operations that would necessitate additional coverage options. Please notify us immediately if you are planning any new business operations.

Claims handling instructions are provided for your convenience. Please review the following page and advise should you have any questions.

Please take a few moments to review your flood insurance schedule and should you find any corrections are needed, or if you have any questions, please contact me. I look forward to working with you in the coming year.

Best Regards,

Tara Morrone

Client Service Manager

Enclosures

CLAIMS HANDLING INSTRUCTIONS

When do you report a claim?	Claims are to be reported IMMEDIATELY
Where do you report a claim?	Directly to: Hartford Fire/Midwest Ins. Co.
How do you report a claim?	Phone – 1-800-759-8656 Fax – 1-866-528-3252 E-Mail: claims@floodpro.net Mailing Address PO Box 2057 Kalispell, MT 59903
If you experience any difficulty in reporting claims directly to carrier:	Phone, fax or email to Arthur J. Gallagher RMS, Inc. Phone – 561-995-6706 Fax – 561-995-6708 Email – Kathy_Hill@ajg.com

CARRIER RATINGS AND ADMITTED STATUS

Proposed Carriers	A.M. Best's Rating	Admitted/Non-Admitted		
Hartford Fire Ins. Co. of the Midwest	A+XV	Admitted		

If the above indicates coverage is placed with a Non-Admitted Carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in that state.

The above A.M. Best Rating was verified on the date the proposal document was created.

Guide to Best Ratings Rating Levels and Categories

		rading Ecrois and Jacogones						
Level	Category		Level	Category	Level			Category
A++, A+	Superior		B, B	Fair	D			Poor
A, A	Excellent	C++, C+ Marginal		E	E Under Regulatory Supervision			
B++, B+	B++, B+Good		C, C	Weak	F		Ì	In Liquidation
					S			Suspended
				Financial Size Categ	ories			
		(ln \$0	000 of Reported	Policyholders' Surplus Plus	us Conditiona	Reserve	Funds])
FSCI		Up t	io 1,000	FSC IX	2	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	5	000,000	to	750,000
F\$C III	2,000	to	5,000	FSC XI	7	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,0	000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,2	250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,5	500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,0	000,000	or m	ore
FSC VIII	100.000	to	250.000					

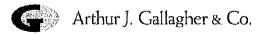
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GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS

A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.

inomed:	RAFIC	e and busi	ness prom	θ.					
Best's	3 Fi	nancial	Strengt	h Ratin	38				
	Ηŧ	iting	Descriptor		Definition				
Secure	Α·	+, A+	A+ Superior		Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.				
	A,	Α	A- Excellent		Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.				
	84	+, B+	-, B+ Good		Assigned to companies that have, in our opinion, a good ability to meet their ongoing insurance obliga- tions.				
Vuinerable	8,	В-	Fair		Assigned to companies that have, in our opinion, a fair ability to meet their ongoing insurance obliga- tions. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.				
	C+	-+, C+	C+ Marginal		Assigned to companies that have, in our opinion, a marginal ability to meet their ongoing insurance obli- gations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.				
	C,	, C- Weak			Assigned to companies that have, in our opinion, a weak ability to meet their ongoing insurance obliga- tions. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.				
	۵		Poor		Assigned to companies that have, in our opinion, a poor ability to meet their ongoing insurance obliga- tions. Financial strength is extremely vulnerable to adverse changes in underwriting and economic con- ditions.				
	E	Under Regul Super		atory	Assigned to companies (and possibly their subsidiaries/affiliates) placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal, ongoing insurance operations.				
	F	In Liquida		uidation	Assigned to companies placed in liquidation by a court of law or by a forced liquidation.				
	s		Suspended		Assigned to rated companies when sudden and significant events impact operations and rating implica- tions cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory require- ments.				
Ratin	g N	lodifiers							
Modifi	Modifier Descriptor Defir		Defin	ition					
ų					ates the rating may change in the near term, typically within six months. Generally is event driven, with we, negative or developing implications.				
pd	of referency.				stes rating assigned to insurer that chose not to participate in A.M. Best's interactive rating process. onlinued in 2010)				
\$	Syndicate Indicates rating assigned to a Lloyd's syndicate.								
Ratin	g C	Outlooks							
indicat	93 p	otential dire	ction of a	Best's Fin	ancial Strength Rating over an intermediate term, generally defined as 12 to 36 months.				
Positív	а	Indicates possible rating upgrade due to favorable financial/market trends relative to the current rating level.							
Negativ	/0	Indicates possible rating downgrade due to unfavorable financial/market trends relative to the current rating level.							
Stable		Indicates low likelihood of a rating change due to stable financial/market trends.							
Unde	r R	eview In	nplication	วทร					
Indicate	es ti	e potential	direction d	of a Best's	Financial Strength Rating that is in Under Review status based on Information currently available.				
	*****	~~~~~~~							

Indicates the potential direction of a Best's Financial Strength Rating that is in Under Review status based on information currently available.

Positive Indicates there is a reasonable likelihood the company's rating will be raised as a result of A.M. Best's analysis of a recent event.

Negative Indicates there is a reasonable likelihood the company's rating will be towered as a result of A.M. Best's analysis of a recent event.

Developing Indicates there is uncertainty as to the final rating outcome, but there is a reasonable likelihood the company's rating will charge as a result of A.M. Best's analysis of a recent event.

Not Rated Designation

NR: Assigned to companies that are not rated by A.M. Best.

Rating Disclosure

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The quotation(s) attached are an outline of certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations and/or conditions of the actual policy contract language. The insurance policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

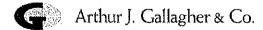
We will not be operating in a fiduciary capacity, but only as your broker, obtaining a variety of coverage terms and conditions to protect the risks of your enterprise. We will seek to bind those coverages based upon your authorization; however, we can make no warranties in respect to policy limits or coverage considerations of the carrier. Actual coverage is determined by policy language, so read all policies carefully. Contact us with questions on these or any other issues of concern.

The information contained in this proposal is based on the historical loss experience and exposures provided to Arthur J. Gallagher Risk Management Services, Inc. This proposal is not an actuarial study. Should you wish to have this proposal reviewed by an independent actuary, we will be pleased to provide you with a listing of actuaries for your use.

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One of the core values highlighted in The Gallagher Way states, "We are an Open Society," and our open society extends to the compensation Gallagher receives. In general, Gallagher may be compensated as follows:

- Gallagher Companies are primarily compensated from the usual and customary commissions or fees received
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 (collectively "insurance coverages") handled for a client's account, which may vary from company to company and
 insurance coverage to insurance coverage. As permitted by law, Gallagher companies occasionally receive both
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- 2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher Companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies. Contingent commissions provide for additional contingent compensation if underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company and/or through the intermediary, not on an individual policy basis. Some insurance markets, including Gallagher-owned intermediaries, have modified their commission schedule with Gallagher, resulting in an increase in some commission rates. These additional commissions, commonly referred to as "supplemental commissions" are known as of the effective date, but some insurance companies are paying this commission later and apart from when commission is normally paid at policy issuance. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. Note: Upon request, your Gallagher representative can provide more specific market information regarding contingent and supplemental commission related to your insurance coverage.
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- 7. Gallagher strives to find appropriate coverage at a competitive price for our customers. In order to achieve these goals, we gather and analyze data about our customers and their insurance coverage. This data and the resulting analytical tools help us better understand the current marketplace, more accurately predict future trends and offer tailored solutions to our customers. The data may also be provided to insurers pursuant to consulting service agreements from which we earn fees.

If you have specific questions about the compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third parties, please send an e-mail to Compensation_Complaints@ajg.com or send a letter to:

Compliance Officer Arthur J. Gallagher & Co. Two Pierce Place, 20th Floor Itasca, IL 60143

Horace McLarty

From:

Tara Morrone <Tara_Morrone@AJG.com>

Sent:

Wednesday, November 22, 2017 10:18 AM

To:

Horace McLarty

Subject:

City of Hollywood - December 17-18 flood

Attachments:

Dec. fld rnwl ltr.pdf; Dec 2017-2018 - Expiring Limit.xlsx; Dec 2017-2018 - Increased

Limit.xlsx; Dec fld rnwl notices.pdf

Good Morning Horace,

Attached please find your December flood renewal letter along with both your expiring and increased limit flood spreadsheets.

Also attached are your invoices for which one was manually revised per your instructions.

Should you have any questions as always, please contact our office.

Thank you and wish you a Happy Thanksgiving!

Tara

Tara Morrone Client Service Manager



Insurance | Risk Management | Consulting

office: 561-995-6706 | direct: 561-998-6793

Tara Morrone@ajg.com

www.ajg.com

2255 Glades Rd., Suite 200E, Boca Raton, FL 33431

