160947 Lighthouse Utility Consulting, Inc.

Certificate of Insurance

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ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 1/30/2018			
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					CONTACT NAME:					
<b>Sinsureon</b> Insureon (BIN Insurance Holdings LLC.) 30 N. LaSalle, 25th Floor Chicago III 60502					PHONE (A/C, No, Ext):  800-688-1984  FAX (A/C, No):  (877)  826-9067    E-MAIL ADDRESS:					
Chicago, IL 60602				ADDILL		URER(S) AFFOR			NAIC #	
					INSURER A : HISCOX					
INSURED					INSURER B :					
Lighthouse Utility Consulting, Inc.					INSURER C :					
5224 W STATE ROAD 46 suite 107					INSURER D :					
sanford, FL 32771					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 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 INSURANCE		DDL SU			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
COMMERCIAL GENERAL LIABI	.ITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 100,00		
							MED EXP (Any one person)	\$ 5,000	1	
A	Y	'es Ye	UDC-1698783-CGL-17		2/1/2018	2/1/2019	PERSONAL & ADV INJURY	\$ 1,000		
GEN'L AGGREGATE LIMIT APPLIES F	ER:						GENERAL AGGREGATE	\$ 2,000		
POLICY PRO-	bc						PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
OTHER:								\$		
							COMBINED SINGLE LIMIT (Ea accident)	\$		
							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDU AUTOS AUTOS NON-OV							BODILY INJURY (Per accident	-		
HIRED AUTOS AUTOS	INCO						PROPERTY DAMAGE (Per accident)	\$		
							EACH OCCURRENCE	\$		
	IMS-MADE						AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTI		/ A					E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		/ 4					E.L. DISEASE - EA EMPLOYE	E \$		
If yes, describe under DESCRIPTION OF OPERATIONS below	,						E.L. DISEASE - POLICY LIMIT	\$		
A Professional Liability (Errors and Omissi	ons)		UDC-1894757-EO-18		2/1/2018	2/1/2019		\$2,000,0	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.										
					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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