KGODWIN

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

3/29/2019

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).

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|---|---|----------|--|--|--|--|
| PRODUCER | CONTACT NAME: | | | | | |
| Ames & Gough 8300 Greensboro Drive | PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 8 | 327-2279 | | | | |
| Suite 980 | E-MAIL ADDRESS: admin@amesgough.com | | | | | |
| McLean, VA 22102 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| | INSURER A : Hartford Fire Insurance Company A+ (XV) | 19682 | | | | |
| INSURED | INSURER B : Hartford Casualty Insurance Company A+ (XV) | 29424 | | | | |
| HAZEN AND SAWYER | INSURER C: Twin City Fire Insurance Company | 29459 | | | | |
| 498 Seventh Avenue | INSURER D : Continental Casualty Company (CNA) A, XV | 20443 | | | | |
| New York, NY 10018 | 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.

| | ACEOSIONS AND CONDITIONS OF SUCH | | | | | | | |
|-------------|---|--------|--------------------------------|----------------------------|----------------------------|--|----|-----------|
| INSR LTR | TYPE OF INSURANCE | ADDL S | VVD POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | 42UUNBH8062 | 3/29/2019 | 3/29/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY X PRO- | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | \$ | |
| В | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO SCHEDULED | | 42UENBH7997 | 3/29/2019 | 3/29/2020 | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | Comp./Coll. Ded | \$ | 1,000 |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | \$ | |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH- | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | 42WBAD0SYE 3/29/2019 3/29/2020 | | 3/29/2020 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| D | Professional Liab | | AEH008231489 | 3/29/2019 | 3/29/2020 | Per Claim/Agg | | 1,000,000 |
| | | | | | | | | |
| | | | | | | | | |
| — | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Hollywood is included as additional insured where required by written contract with respect to general liability.

| CERTIFICATE HOLDER | CANCELLATION | | | |
|---|--|--|--|--|
| City of Hollywood PO Box 229045 Hollywood, FL 33022 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| 11011944000, 1 2 33022 | AUTHORIZED REPRESENTATIVE | | | |
| | Dan-Kruse | | | |