



CERTIFICATE OF LIABILITY INSURANCE

1/1/2021

DATE (MM/DD/YYYY)

12/27/2019

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).

| | | |
|--|--|---------------|
| PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): FAX (A/C, No): | |
| INSURED 1356795 Carmeuse Lime, Inc. and all subsidiaries 11 Stanwix Street, 21st Floor Pittsburgh PA 15222 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: State National Insurance Company, Inc. | 12831 |
| | INSURER B: National Union Fire Ins Co Pitts. PA | 19445 |
| | INSURER C: New Hampshire Insurance Company | 23841 |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES CARMU **CERTIFICATE NUMBER:** 12969145 **REVISION NUMBER:** XXXXXXXX

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---|----------------------------------|----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | N | N | RDN-10377-CGX | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | N | N | CA 7269760 (AOS) CA 7269761 (VA) | 1/1/2020 1/1/2020 | 1/1/2021 1/1/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | N | N | RDN-10378-UMX | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WC 021569755 (AOS) WC 021569756 (OH,WI, MA) WC 021569757 (IL,KY,NC,PA,VA, NJ) | 1/1/2020 1/1/2020 1/1/2020 | 1/1/2021 1/1/2021 1/1/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CITY OF HOLLYWOOD IS AN ADDITIONAL INSURED UNDER GENERAL LIABILITY, AUTO LIABILITY AND EXCESS/UMBRELLA LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION** See Attachment

12969145
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



CITY OF HOLLYWOOD
2600 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **12969145**.

- Email: STL-edelivery@lockton.com
- Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for providing e-Delivery email addresses for next year's renewal certificates ONLY. Your information will be input within 90 days.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

From: [Horace McLarty](#)
To: [Coy Mathis](#)
Cc: [Robert Lowery](#); [Sarah Scovill](#); [Jennifer Stabile](#)
Subject: FW: [EXT] Certificate of Insurance
Date: Thursday, October 1, 2020 9:05:36 AM
Attachments: [image004.png](#)
[Hollywood COI.pdf](#)

Approved

Horace McLarty

Accountant, Human Resources/Risk Management



Office: (954) 921-3292
Fax: (954) 921-3678
Email: hmclarty@hollywoodfl.org

From: Coy Mathis
Sent: Thursday, October 01, 2020 7:09 AM
To: Horace McLarty <HMCLARTY@hollywoodfl.org>
Cc: Robert Lowery <RLOWERY@hollywoodfl.org>; Sarah Scovill <SScovill@hollywoodfl.org>; Jennifer Stabile <JSTABILE@hollywoodfl.org>
Subject: FW: [EXT] Certificate of Insurance

Horace,

Please review and approve the attached COI from Carmeuse Inc. Carmeuse supplies and delivers the chemical high calcium granulated lime for our Biosolids Lime Stabilization Process. Thank you.

Coy

From: McElhinny Jeffrey [<mailto:jeff.mcelhinny@carmeuse.com>]
Sent: Wednesday, September 30, 2020 9:52 PM
To: Ross Justin <Justin.Ross@carmeuse.com>; Coy Mathis <CMATHIS@hollywoodfl.org>; Sales Inquiries <salesinquiries@carmeuse.com>; Meeks Forrest <Forrest.Meeks@carmeuse.com>
Cc: Robert Lowery <RLOWERY@hollywoodfl.org>; Sarah Scovill <SScovill@hollywoodfl.org>
Subject: RE: [EXT] Certificate of Insurance

Thanks Justin.

Good evening, please find the COI for calendar year 2020 attached. Additionally, if you follow the steps on page 2 you will get an updated 2021 cert as soon as it's issued.

Thank you!

Jeff McELHINNY

Inside Sales Representative

Tel: 412.995.2025 Mob: 412.419.9708

Sales Line : 866-780-0974

www.carmeuse.com

Please note that my email address has changed from
jeffrey.mcelhinny@carmeusena.com to jeff.mcelhinny@carmeuse.com

From: Ross Justin <Justin.Ross@carmeuse.com>
Sent: Wednesday, September 30, 2020 2:55 PM
To: Cory Mathis <cmathis@hollywoodfl.org>; Sales Inquiries <salesinquiries@carmeuse.com>;
Meeks Forrest <Forrest.Meeks@carmeuse.com>; McElhinny Jeffrey
<jeff.mcelhinny@carmeuse.com>
Cc: Robert Lowery <RLOWERY@hollywoodfl.org>; Sarah Scovill <SScovill@hollywoodfl.org>
Subject: RE: [EXT] Certificate of Insurance

Coy,

Good afternoon. Jeff McElhinny (copied) on our Inside Sales Team handles your account. He should be able to track this down for you. Thanks for reaching out.

Justin ROSS

Sales Representative

Mob: 412.298.3209

www.carmeuse.com

Please note that my email address has changed from
Justin.Ross@carmeusena.com to Justin.Ross@carmeuse.com

From: Coy Mathis <CMATHIS@hollywoodfl.org>
Sent: Wednesday, September 30, 2020 2:46 PM
To: Sales Inquiries <salesinquiries@carmeuse.com>; Meeks Forrest
<Forrest.Meeks@carmeuse.com>; Ross Justin <Justin.Ross@carmeuse.com>
Cc: Robert Lowery <RLOWERY@hollywoodfl.org>; Sarah Scovill <SScovill@hollywoodfl.org>
Subject: [EXT] Certificate of Insurance

Forest,

The City of Hollywood is piggyback contracting through the City of Tamarac the purchase of high calcium granular lime for use at our Facility. Please provide an updated Certificate of Insurance (COI) for us. I have provided a copy of a sample COI for Hollywood and our latest COI I have on file from you organization. Also, for your use is the contract and award document with the City of Tamarac. Thank you.

Coy

Coy Mathis

Public Utilities Manager

City of Hollywood

Public Utilities

1621 N 14th Ave

P.O. Box 229045

Hollywood, FL 33022-9045

Office: 954-921-3288

E-mail: CMATHIS@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

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