



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2020

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 Marsh USA, Inc. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 Attn: dallas.certs@marsh.com/(866) 966-4664 CN102388372-AII-GAWXP-20-21	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:
No	INSURER(S) AFFORDING COVERAGE INSURER A : ACE American Insurance Company INSURER B : N/A INSURER C : N/A INSURER D : N/A INSURER E : N/A INSURER F :
INSURED Lhoist North America, Inc. PO Box 985004 Ft. Worth, TX 76185	NAIC # 22667 N/A N/A N/A N/A

COVERAGES **CERTIFICATE NUMBER:** HOU-003030176-28 **REVISION NUMBER:** 9

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G71452839	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25309674	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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 <input checked="" type="checkbox"/> N	N / A	WLR C67457377 (AOS)	10/01/2020	10/01/2021	<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)
Where required by written contract, City of Hollywood is an Additional Insured (except on Workers' Comp) as respects operations of the Named Insured.

CERTIFICATE HOLDER

City of Hollywood
3441 Hollywood Blvd.
Hollywood, FL 33020

CANCELLATION

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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED Lhoist North America, Inc. PO Box 985004 Ft. Worth, TX 76185
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds:

Lhoist North America, Inc. / KDM Holdings, Inc. and all owned subsidiaries

From: [Horace McLarty](#)
To: [Luis Montoya](#)
Cc: [Jorge Marin](#)
Subject: FW: [EXT]RE: COI - Hollywood, FL
Date: Wednesday, October 7, 2020 11:48:24 AM
Attachments: [City of Hollywood.pdf](#)
[image003.png](#)

The COI is sufficient.

Question, is this considered a pollutant? Meaning if it were to spill is this something we could get fined for? Then Pollution liability might be needed.

Horace McLarty

Accountant, Human Resources/Risk Management



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

From: Luis Montoya
Sent: Wednesday, October 07, 2020 11:34 AM
To: Horace McLarty <HMCLARTY@hollywoodfl.org>
Cc: Jorge Marin <JOMARIN@hollywoodfl.org>
Subject: FW: [EXT]RE: COI - Hollywood, FL

Horace,

Please advise if attached COI is sufficient. They supply and deliver lime to the plant.

Thank you,

Luis Montoya

Public Utilities Manager – Water Treatment Plant



City of Hollywood
Department of Public Utilities
3441 Hollywood Blvd.
Hollywood, Florida 33021

Phone: 954-967-4230 Ext. 5405

Fax: 954-967-4232

lmontoya@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

From: HARPER Kim [<mailto:kim.harper@lhoist.com>]

Sent: Wednesday, October 07, 2020 10:59 AM

To: Luis Montoya <LMONTOYA@hollywoodfl.org>

Cc: HART Elizabeth <elizabeth.hart@lhoist.com>

Subject: [EXT]RE: COI - Hollywood, FL

Good Morning,

Please see attached renewal certificate of insurance for Lhoist North America, Inc.

Thanks,

Kim Harper

Travel & Entertainment Specialist

Lhoist North America

5600 Clearfork Main Street, Suite 300

Fort Worth, TX 76109

Direct: (817) 806-1612

Fax: (817) 732-6069

kim.harper@lhoist.com

Upcoming Vacation/Absence Alerts:

From: HART Elizabeth <elizabeth.hart@lhoist.com>

Sent: Tuesday, October 6, 2020 10:27 AM

To: HARPER Kim <kim.harper@lhoist.com>

Subject: COI - Hollywood, FL

Good morning, Kim.

Will you please forward a current COI to Luis with Hollywood (lmontoya@hollywoodfl.org)?

Thank you,

Elizabeth A. Hart, Sales Coordinator

Lhoist North America

1479 Town Center Drive, Ste. 229

Lakeland, FL 33803

863-698-8769

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