

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/01/2020

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).

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PRODUCER Aon Risk Services Central, Inc		CONTACT NAME:				
Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	•	PHONE (A/C, No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-36	3-0105	
		E-MAIL ADDRESS:				
			INSURER(S) AFFORDIN	NAIC#		
INSURED		INSURER A:	Liberty Mutual Fir	23035		
Andritz Separation Inc. 1010 Commercial Blvd., South Arlington TX 76001 USA		INSURER B:	Liberty Insurance	42404		
		INSURER C:				
		INSURER D:				
		INSURER E:	·			
		INSURER F:				
COVEDACEC	CEDTIFICATE MILMORD, 57000107470	30	DEM	NON NUMBER.		

COVERAGES		CENTIFICATE NOMBER: 37	70001974709		KEAISION NOMBEH:			
TH	IS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED	BELOW HAVE BEEN	ISSUED TO THE INS	URED NAMED ABO	VE FOR THE POLICY		
INIT	NOATED MOTWITHSTANDING A	NV DECITIOEMENT TEDM OD C	CAIDITION OF ANY C	CONTRACT OR OTHER	ED DOCUMENT WIT	ILL DECDEOT TO MAIL		

PERIOD CH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

	(CLUSIONS AND CONDITIONS OF SUCH					HIIIII SIIO	wn are as requested
INSR	TYPE OF INSURANCE	ADDL SUBP INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	X COMMERCIAL GENERAL LIABILITY		TB2651004304100	06/01/2020	06/01/2021	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR	l i				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$5,000
1						PERSONAL & ADV INJURY	\$2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$10,000,000
l	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						
A	AUTOMOBILE LIABILITY		AS2-651-004304-030	06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
$ldsymbol{le}}}}}}$							
l	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE	1 1				AGGREGATE	
	DED RETENTION	1					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WA765D004304130	06/01/2020	06/01/2021	X PER STATUTE OTH-	
Ь	ANY PROPRIETOR / PARTNER / EXECUTIVE ()	1 1	(AOS) WC7651004304140	06/01/2020	06/01/2021	E.L. EACH ACCIDENT	\$1,000,000
٦	(Mandalory in NH)	N/A	(WI)	00,01,2020	00/01/2021	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			,		E.L. DISEASE-POLICY LIMIT	\$1,000,000
DEG	CHIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD:	01 Additional Parranka Cabadula	may be attached if more	anaas la regules	41)	

RE: Quote No: 20430803, Project Name: City of Hollywood. Certificate Holder is added as an Additional Insured with respect to the General Liability and Automobile Liability policies, if required by written contract with Certificate Holder and subject to the policy terms, conditions and exclusions.

CERTIFICATE HOLD	≐H
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc

City of Hollywood 2600 Hollywood Blvd. Hollywood FL 33020 USA

Robert Lowery

From:

Horace McLarty

Sent:

Monday, April 27, 2020 4:31 PM

To: Cc: Coy Mathis

CG

Robert Lowery

Subject:

FW: Andritz Insurance

Attachments:

Andritz Insurance.pdf

Approved

Replacing and repairing equipment for the Wastewater Plant

Horace McLarty

Accountant, Human Resources/Risk Management



Office: (954) 921-3292 Fax: (954) 921-3678

Email: hmclarty@hollywoodfl.org

From: Coy Mathis

Sent: Monday, April 27, 2020 2:50 PM

To: Horace McLarty < HMCLARTY@hollywoodfl.org>
Cc: Robert Lowery < RLOWERY@hollywoodfl.org>

Subject: Andritz Insurance

Horace,

Andritz Separation Inc. is going to perform more work for us at the Belt Filter Press site at the WWTP. Please review and approve the attached COI. Thank you.

Coy