



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2025

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).

<b>PRODUCER</b> MARSH USA, LLC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103 Attn: Hartford.certrequest@Marsh.com	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
CN102330498-STND-GAW-25-26	HUS	<b>INSURER A:</b> Liberty Mutual Fire Insurance Company 23035
<b>INSURED</b> HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000		<b>INSURER B:</b> LM Insurance Corporation 33600
		<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>
		<b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:**

NYC-010318645-26

**REVISION NUMBER:** 6

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:			TB2-611-004212-295	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-611-004212-255	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA5-61D-004212-215 (AOS) WC5-611-004212-355 (WI)	10/01/2025 10/01/2025	10/01/2026 10/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS/ARE INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood Public Utilities 2600 Hollywood Boulevard 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  <i>Marsh USA LLC</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA, LLC.		<b>NAMED INSURED</b> HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

- HUBBELL INCORPORATED (US SUBSIDIARY LIST)
- ACLARA INTERNATIONAL HOLDINGS INC
- ACLARA METERS LLC
- ACLARA SMART GRID SOLUTIONS LLC
- ACLARA TECHNOLOGIES LLC
- BURNDY AMERICAS INC.
- BURNDY LLC
- BURNDY TECHNOLOGY LLC
- CONNECTOR ASSEMBLY LTD
- CONNECTOR MANUFACTURING COMPANY
- EI ELECTRONICS LLC DBA ELECTRO INDUSTRIES/GAUGE TECH
- GAI-TRONICS CORPORATION
- GLEASON REEL CORPORATION
- HIPOTRONICS INC.
- HARVEY HUBBELL INCORPORATED
- HUBBELL CORPORATE HOLDINGS
- HUBBELL DISTRIBUTION, INC.
- HUBBELL GAS UTILITY SOLUTIONS, INC
- HUBBELL INCORPORATED (DELAWARE)
- HUBBELL INDUSTRIAL CONTROLS, INC.
- HUBBELL INTERNATIONAL, LLC
- HUBBELL LENOIR CITY, INC.
- HUBBELL MANUFACTURING OKC, INC.
- HUBBELL OPERATIONS LLC
- HUBBELL PLASTICS, INC.
- HUBBELL POWER SYSTEMS, INC.
- HUBBELL SWITCH HOLDING CO., INC.
- HUB REINSURANCE LTD.
- HUBS, INC.
- MERAMEC INSTRUMENT TRANSFORMER COMPANY
- NEWCO CONDENSER, INC.
- PCORE ELECTRIC COMPANY, INC.
- PCX HOLDING LLC
- STATE STREET CORP.
- NICOR, INC.

**From:** [Certificate of Insurance](#)  
**To:** [Certificate of Insurance](#); [Daniela Behm](#)  
**Cc:** [Antwane Bentley](#); [Allen Blyden](#); [Phyllis Shaw](#); [Bereslore Parrish](#)  
**Subject:** FW: Aclara Technologies COI review/approval  
**Date:** Tuesday, October 7, 2025 11:14:08 AM  
**Attachments:** [City of Hollywood\\_10318645\\_HUBBELL INCORPORATED.pdf](#)  
[PA601120 Aclara Technologies.pdf](#)

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Acceptable

**Certificate of Insurance**



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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**From:** Daniela Behm <DBEHM@hollywoodfl.org>  
**Sent:** Tuesday, September 30, 2025 3:00 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Antwane Bentley <ABENTLEY@hollywoodfl.org>; Allen Blyden <ABLYDEN@hollywoodfl.org>; Phyllis Shaw <PSHAW@hollywoodfl.org>; Bereslore Parrish <BPARRISH@hollywoodfl.org>  
**Subject:** Aclara Technologies COI review/approval

Good afternoon Risk,

Please find attached for your review/approval Aclara COI. Vendor provides single and dual port metering transmission units to Public Utilities. I have also attached BPA for reference. Please let me know if you need any additional information.

Thank you,

**Daniela Behm**

Utilities Administrative Procurement Coordinator  
Public Utilities

**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [DBEHM@hollywoodfl.org](mailto:DBEHM@hollywoodfl.org)  
**Telephone:** [954-967-4455](tel:954-967-4455) ext.5641

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