



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/02/2025

**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. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102671311-SB--25-26      882      AI/GT	<b>CONTACT NAME:</b> Sunbelt Rental's Contract Team <b>PHONE (A/C, No, Ext):</b> 800-508-4762 <b>FAX (A/C, No):</b> 803-578-6050 <b>E-MAIL ADDRESS:</b> ContractTeam@sunbeltrentals.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> SUNBELT RENTALS, INC. 1799 INNOVATION POINT FORT MILL, SC 29715	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> ACE American Insurance Company</td> <td style="width: 20%; text-align: center;">22667</td> </tr> <tr> <td><b>INSURER B:</b> Travelers Property Casualty Company Of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td><b>INSURER C:</b> Charter Oak Fire Insurance Company</td> <td style="text-align: center;">25615</td> </tr> <tr> <td><b>INSURER D:</b> Travelers Indemnity Company</td> <td style="text-align: center;">25658</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> ACE American Insurance Company	22667	<b>INSURER B:</b> Travelers Property Casualty Company Of America	25674	<b>INSURER C:</b> Charter Oak Fire Insurance Company	25615	<b>INSURER D:</b> Travelers Indemnity Company	25658	<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES      CERTIFICATE NUMBER:** ATL-006078131-02      **REVISION NUMBER:** 4

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		OGLG24876561  \$5,000,000 - Self Insured Retention	09/30/2025	09/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)    \$    2,000,000 MED EXP (Any one person)    \$    SELF-INSURED PERSONAL & ADV INJURY    \$    2,000,000 GENERAL AGGREGATE    \$    2,000,000 PRODUCTS - COMP/OP AGG    \$    2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	<input checked="" type="checkbox"/> <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 <input type="checkbox"/> AUTOS ONLY	Y		TC2J-CAP-9531B41A-TIL-25 Owned Vehicles	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident)    \$    2,000,000 BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$
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 <input type="checkbox"/> AUTOS ONLY			TC2J-CAP-9531B421-TIL-25 Rented Vehicles	09/30/2025	09/30/2026	PROPERTY DAMAGE (Per accident)    \$ Self Insured for Phy Dmg    \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE    \$ AGGREGATE    \$ \$
C	<input checked="" type="checkbox"/> <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	UB-3N334032-25-51-K (AOS) UB-3N320629-25-51-R (AZ,MA,WI)	09/30/2025	09/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT    \$    1,000,000 E.L. DISEASE - EA EMPLOYEE    \$    1,000,000 E.L. DISEASE - POLICY LIMIT    \$    1,000,000
D							

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: All Rental Contracts.  
 The City of Hollywood is listed as Additional Insured with respect to General Liability and Auto Liability, but only to the extent attributable to the Named Insured's sole negligence, as agreed to by written contract or written agreement.  
 Waiver of Subrogation is included on the policies but only to the extent attributable to the Named Insured's negligence, as agreed to by written contract or written agreement.

<b>CERTIFICATE HOLDER</b> CITY OF HOLLYWOOD Attn: Department of Public Utilities 1715 n 21 Avenue HOLLYWOOD, FL 33020	<b>CANCELLATION</b> 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  <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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POLICY NUMBER:TC2J-CAP-9531B41A-TIL-25

COMMERCIAL AUTO  
ISSUE DATE 09-30-25

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION WHOM YOU HAVE AGREED IN WRITING TO ADD AS AN ADDITIONAL INSURED, BUT ONLY TO COVERAGE AND MINIMUM LIMITS OF INSURANCE REQUIRED BY THE WRITTEN AGREEMENT, AND IN NO EVENT TO EXCEED EITHER THE SCOPE OF COVERAGE OR THE LIMITS OF INSURANCE PROVIDED IN THIS POLICY.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Cov-

ered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

POLICY NUMBER:TC2J-CAP-9531B421-TIL-25

COMMERCIAL AUTO  
ISSUE DATE: 09-30-25

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

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BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

**ANY PERSON OR ORGANIZATION WHOM YOU HAVE  
AGREED IN WRITING TO ADD AS AN  
ADDITIONAL INSURED, BUT ONLY TO COVERAGE  
AND MINIMUM LIMITS OF INSURANCE REQUIRED  
BY THE WRITTEN AGREEMENT, AND IN NO  
EVENT TO EXCEED EITHER THE SCOPE OF  
COVERAGE OR THE LIMITS OF INSURANCE  
PROVIDED IN THIS POLICY.**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Cov-

ered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

**ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT**

<b>Named Insured</b> Sunbelt Rentals, Inc.			<b>Endorsement Number</b> 5
<b>Policy Symbol</b> OGL	<b>Policy Number</b> G24876561	<b>Policy Period</b> 9/30/25 to 9/30/26	<b>Effective Date of Endorsement</b>
<b>Issued By (Name of Insurance Company)</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The following is added to Section II.2 – Who Is An Insured:

- e. Any person or organization that you are required to include as an additional insured under this policy because of a written contract that:
  - 1) Is in effect during this policy period; and
  - 2) Was executed prior to the “occurrence” of the “bodily injury” or “property damage”; and
  - 3) Qualifies as an “insured contract” as defined in this policy.

Any such person or organization is an additional insured only for “bodily injury” and “property damage” resulting from:

- a. “your work” that you do for that additional insured pursuant to such contract; or
- b. “your product” distributed or sold to that additional insured pursuant to such contract; and

such person is only an additional insured for “occurrences” taking place during the period of time required by such contract or until the end of the policy period, whichever is sooner.

However:

- i) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- ii) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

In the event that the Limits of Insurance provided by this policy exceed the Limits of Insurance required by the written contract:

- x. The insurance provided by this endorsement shall be limited to the Limits of Insurance required by the written contract; and
- y. This endorsement shall not increase the Limits of Insurance stated in the Declarations under Item 3. Limits of Insurance pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless the written contract specifically requires that this insurance apply on a primary or non-contributory basis.

In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any "occurrence" which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions.

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Authorized Representative

**From:** [Maria Rodriguez](#)  
**To:** [Maria Gonzalez](#)  
**Subject:** FW: [EXT]Re: City of Hollywood Request for Updated Certificate of Insurance Sunbelt Rentals  
**Date:** Tuesday, October 7, 2025 5:30:45 PM  
**Attachments:** [image001.png](#)  
[Outlook-tnftbtyr.png](#)  
[image002.png](#)  
[cert\\_ATL\\_CITY OF HOLLYWOOD\\_6078131\\_2.pdf](#)

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**Maria Rodriguez**

Building Coordinator  
Development Services | Building  
**Development Services Hub - Second Floor Library**  
City Hall Circle  
2600 Hollywood Blvd  
Hollywood, FL 33020

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**Email:** [mrodriguez2@HollywoodFL.org](mailto:mrodriguez2@HollywoodFL.org)  
**Telephone:** [754-329-0572](tel:754-329-0572)

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[www.HollywoodFL.org](http://www.HollywoodFL.org)



Banner



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:** Certificate of Insurance <COI@hollywoodfl.org>  
**Sent:** Tuesday, October 7, 2025 3:37 PM  
**To:** Maria Rodriguez <mrodriguez2@HollywoodFL.org>; Certificate of Insurance <COI@hollywoodfl.org>  
**Subject:** FW: [EXT]Re: City of Hollywood Request for Updated Certificate of Insurance Sunbelt Rentals

Acceptable

Certificate of Insurance