



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2025

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 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400  Naico	<b>CONTACT NAME:</b> Marsh   U.S. Operations. <b>PHONE (A/C, No, Ext):</b> 866-966-4664 <b>E-MAIL ADDRESS:</b> Minneapolis.CertRequest@marsh.com	<b>FAX (A/C, No):</b> 212-948-5382	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Ecolab Inc. Naico Company LLC 1 Ecolab Place St. Paul, MN 55102	<b>INSURER A :</b> National Union Fire Ins Co Pittsburgh PA		19445
	<b>INSURER B :</b> American International Group UK Limited		1120187
	<b>INSURER C :</b> AllU Insurance Company		19399
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-008552301-23      **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	Y	Y	018017431	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 2,000,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			018017433 (Products)	12/01/2025	12/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 0
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 15,000,000
							EACH OCC-PRODUCTS \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>	Y	Y	018017429 (AOS)	12/01/2025	12/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
C	<input checked="" type="checkbox"/> ANY AUTO			017737354 (MA)	12/01/2025	12/01/2026	BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	Y	62785848	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Y	018017429 (AOS)	12/01/2025	12/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N		(incl Stop Gap ND, WA, WY)			E.L. EACH ACCIDENT \$ 2,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	WC018017438 (WI)	12/01/2025	12/01/2026	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	OH XS Workers Compensation & Employers Liability			XWC018017439 (OH)	12/01/2025	12/01/2026	LIMIT SEE ABOVE
				Limits apply excess of \$1M SIR			

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

The Certificate Holder and any other persons or organizations are included as additional insured on the auto liability, general / product liability and umbrella liability policies, where required by written contract executed prior to loss. Refer to the attached page "Additional Remarks Schedule" for the applicable additional insured, insurance as primary, waiver of subrogation, notice of cancellation and other endorsements that may apply, where required by written contract. All endorsements are issued on a blanket basis without having to specifically name individual customers or others on an endorsement.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood 3441 Hollywood Blvd. Hollywood, FL 33021	<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.</b>
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Marsh USA LLC</i>

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA LLC		<b>NAMED INSURED</b> Ecolab Inc. Nalco Company LLC 1 Ecolab Place St. Paul, MN 55102	
<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**

Ecolab Inc.  
December 1, 2025-2026

Certificate Description of Operations Language

Named Insured: coverage under the policies shown above apply to Ecolab Inc., its subsidiaries, and business units including but not limited to the following:

- |   |   |
|---|---|
| Ecolab Inc.<br>1 Ecolab Place<br>St. Paul, MN 55102 | Nalco Company LLC<br>1601 West Diehl Road<br>Naperville, IL 60563 |
| Bioquell Inc.                                       | Abednego Environmental Services, LLC                              |
| Chemstar  | Cascade Water   |
| Ecolab Production LLC                               | ChemStaff   |
| Ecolab USA  | Foltec, LLC   |
| Ecolab U.S. 2 Inc.                                  | Nalco Holding Company   |
| EcoSure   | Nalco Industrial Outsourcing                                      |
| Ecovation, Inc.                                     | Nalco Production LLC  |
| Food Protection Services LLC                        | Nalco U.S. 1 LLC  |
| Food Safety Specialists, Inc.                       | Nalco U.S. 2 LLC  |
| FPS Region 3 LLC                                    | Nalco Water Nalco Water Pretreatment Solutions, LLC               |
| Kay Chemical  | Barclay Water Management, Inc.                                    |
| Lobster Ink US, Inc                                 |   |
| Pest Elimination                                    |   |
| Pest Management Services, Inc.                      |   |
| Research Fumigation Co., LLC                        |   |
| Royal Pest Solutions, Inc.                          |   |
| Swisher   |   |
| Puroilite LLC                                       |   |

Additional Insured: Where required by written contract executed prior to loss, the certificate holder and any person or organization are included as additional insured on the auto liability, general liability and umbrella liability policies. The following endorsements are attached to the policies shown above:

- General Liability (Premises/Ongoing Operations) and General Liability (Products/Completed Operations)
- Additional Insured-Vendors CG 20 15
- Additional Insured-Primary Insurance 74434 (Premises/Ongoing Operations); 94955 (Products/Completed Operations)
- General Liability (Premises/Ongoing Operations)
- Additional Insured-Owners, Lessees or Contractors - Scheduled Person or Organization CG 20 10
- Additional Insured-Managers or Lessors of Premises CG 20 11
- Additional Insured-State of Governmental Agency or Subdivision or Political Subdivision-Permits or Authorizations CG 20 12
- Additional Insured-Designated Person or Organization CG 20 26
- Additional Insured-Lessor of Leased Equipment Automatic Coverage CG 20 34
- Additional Insured-Owners, Lessees or Contractors-Automatic Status When Requirement in Construction Agreement with You CG 20 33
- Additional Insured-Owners, Lessees or Contractors-Automatic Status for Other Parties When Required in Written Construction Agreement CG 20 38
- General Liability (Products/Completed Operations)
- Additional Insured-Where Required Under Contract or Agreement 94954
- Additional Insured-Owners, Lessees or Contractors-Completed Operations CG 20 37
- Automobile Liability
- Additional Insured-Where Required Under Contract or Agreement 87950
- Lessor-Additional Insured and Loss Payee CA 20 01
- Insurance Primary as to Certain Additional Insureds 74445
- Waiver of Subrogation: Where required by written contract executed prior to loss, waiver of subrogation is granted on the auto liability, general liability, workers' compensation, and umbrella



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA LLC		NAMED INSURED Ecolab Inc. Nalco Company LLC 1 Ecolab Place St. Paul, MN 55102	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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

liability policies. The following endorsements are attached to the policies shown above:  
 General Liability (Premises/Ongoing Operations) and General Liability (Products/Completed Operations): Waiver of Transfer of Rights of Recovery Against Others to Us CG 24 04  
 Automobile Liability: Waiver of Transfer of Rights of Recovery Against Others to Us 62897  
 Workers' Compensation & Employers Liability: Waiver of Our Right to Recover from Others WC 04 03 61  
 Notice of Cancellation: The following endorsements are attached to the policies shown above:  
 General Liability (Premises/Ongoing Operations), General Liability (Products/Completed Operations) and Automobile Liability: Limited Advice of Cancellation to Scheduled Entities 108538  
 Workers' Compensation & Employers Liability: Limited Advice of Cancellation Provided Via Email to Entities Other Than the Named Insured  
 Pesticide or Herbicide Applicator Coverage is attached to the general liability (premises) liability policy shown above  
 Blended Pollution Endorsement is attached to the general liability (premises) policy shown above  
 Waiver of Governmental Immunity Endorsement CG 24 14 is attached to the general liability (premises) policy shown above  
 Alternate Employer Endorsement WC 00 03 01, WC 00 03 01 A are attached to the workers' compensation policies shown above  
  
 Longshore and Harbor Workers' Compensation Act Coverage Endorsement WC 00 01 06 A is attached to the workers' compensation policies shown above  
 Maritime Coverage Endorsement WC 00 02 01 B (Jones Act) is attached to the workers' compensation policies shown above.  
 Outer Continental Shelf Lands Act Coverage Endorsement WC 00 01 09 C is attached to the workers' compensation policies shown above.  
 Commercial General Liability policy includes ISO standard Separation of Insureds clause.  
 Umbrella policy territory is WORLDWIDE. Coverage applies excess of retained amounts. This retained limit can be satisfied either through insurance or paid by Ecolab.  
 Limits shown are in US Dollars (USD)  
 The insurance evidenced herein and in the referenced policies is not intended to provide coverage beyond that required by written contract, beyond the Named Insured's indemnification obligations or at law.

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 12/01/2025 forms a part of

Policy No. 018-01-7429 issued to ECOLAB INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

**ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT**

*This endorsement modifies insurance provided under the following:*

**BUSINESS AUTO COVERAGE FORM**

**SCHEDULE**

**ADDITIONAL INSURED:**

**ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON OR ORGANIZATION'S LIABILITY ARISING OUT OF THE USE OF A COVERED AUTO**

**I. SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who is Insured, is amended to add:**

**d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:**

- (1) The coverage and/or limits of this policy, or**
- (2) The coverage and/or limits required by said contract or agreement.**



**AUTHORIZED REPRESENTATIVE**

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M. 12/01/2025 forms a part of

Policy No. 018-01-7429 issued to ECOLAB INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

**LIMITED ADVICE OF CANCELLATION TO SCHEDULED ENTITIES**

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**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION**

**E-MAIL OR U.S. POSTAL SERVICE ADDRESS**

**AS REQUIRED BY WRITTEN CONTRACT**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:
  - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
  - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 30 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. **First Named Insured** means the Named Insured shown on the Declarations Page of this policy.
2. **Insurer** means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.

  
\_\_\_\_\_  
Authorized Representative

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 12/01/2025  
forms a part of Policy No. 018-01-7429  
issued to ECOLAB INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

**INSURANCE PRIMARY AS TO CERTAIN ADDITIONAL INSURED**

*This endorsement modifies insurance provided under the following:*

**BUSINESS AUTO COVERAGE FORM**

**Section IV - Business Auto Conditions, B., General Conditions, 5., Other Insurance, c.,** is amended by the addition of the following sentence:

The insurance afforded under this policy to an additional insured will apply as primary insurance for such additional insured where so required under an agreement executed prior to the date of accident. We will not ask any insurer that has issued other insurance to such additional insured to contribute to the settlement of loss arising out of such accident.

All other terms and conditions remain unchanged.

**COVERAGE FOR ADDITIONAL INSURED ON PRIMARY AND/OR NONCONTRIBUTORY BASIS WHERE  
REQUIRED BY AGREEMENT EXECUTED PRIOR TO LOSS**



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**Authorized Representative or  
Countersignature (in States Where  
Applicable)**

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 12/01/2025

forms a part of Policy No. 018-01-7429

issued to ECOLAB INC.

by **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

*This endorsement modifies insurance provided under the following:*

**BUSINESS AUTO COVERAGE FORM**

**Section IV - Business Auto Conditions, A - Loss Conditions, 5. - Transfer of Rights of Recovery Against Others to Us, is amended to add:**

However, we will waive any right of recover we have against any person or organization with whom you have entered into a contract or agreement because of payments we make under this Coverage Form arising out of an "accident" or "loss" if:

- (1) The "accident" or "loss" is due to operations undertaken in accordance with the contract existing between you and such person or organization; and
- (2) The contract or agreement was entered into prior to any "accident" or "loss".

No waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.



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**AUTHORIZED REPRESENTATIVE**

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

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
<p><b>ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO; PER THE CONTRACT OR AGREEMENT</b></p>	<p><b>PER THE CONTRACT OR AGREEMENT</b></p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

**A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".**

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and**
- 2. 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.**

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or**
  - 2. Available under the applicable limits of insurance;**
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M. 12/01/2025 forms a part of

Policy No. CA 18017433 issued to ECOLAB INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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

**LIMITED ADVICE OF CANCELLATION TO SCHEDULED ENTITIES**

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**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION**

**E-MAIL OR U.S. POSTAL SERVICE ADDRESS**

**AS REQUIRED BY WRITTEN CONTRACT**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:
  - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
  - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 30 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. **First Named Insured** means the Named Insured shown on the Declarations Page of this policy.
2. **Insurer** means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



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Authorized Representative

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 12/01/2025 forms a part of

policy No. 018-01-7433 issued to ECOLAB INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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

**ADDITIONAL INSURED - PRIMARY INSURANCE**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

**Section IV - Products/Completed Operations Liability Conditions, 4. - Other Insurance, a. Primary Insurance, is amended by the addition of the following:**

**However, coverage under this policy afforded to an additional insured will apply as primary insurance where required by contract, and any other insurance issued to such additional insured shall apply as excess and noncontributory insurance.**



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**Authorized Representative or  
Countersignature (in States Where  
Applicable)**

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

### SCHEDULE

<b>Name Of Person(s) Or Organization(s):</b>
<b>ANY PERSON OR ORGANIZATION REQUIRING A WAIVER OF TRANSFER OF RIGHTS OF RECOVERY PURSUANT TO THE TERMS OF ANY CONTRACT OR AGREEMENT YOU ENTER INTO</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

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

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
<b>ANY PERSON OR ORGANIZATION CONTRACTUALLY REQUIRING STATUS AS AN ADDITIONAL INSURED FOR ONGOING OPERATIONS YOU PERFORM FOR THEM.</b>	<b>ALL AS REQUIRED BY CONTRACT.</b>

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

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. 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.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service,

maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**ENDORSEMENT**

**This endorsement, effective 12:01 A.M. 12/01/2025**

**forms a part of Policy No. 018-01-7431**

**issued to ECOLAB INC.**

**by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

**LIMITED ADVICE OF CANCELLATION TO SCHEDULED ENTITIES**

**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION**

**E-MAIL OR U.S. POSTAL SERVICE ADDRESS**

**AS REQUIRED BY WRITTEN CONTRACT**

**AS REQUIRED BY WRITTEN CONTRACT**

This policy is amended as follows:

In the event that the **Insurer** cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the **First Named Insured** is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the **Insurer**, either directly or through its broker of record, either:
  - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
  - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the **First Named Insured** confirms to the **Insurer**, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the **Insurer** will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the **First Named Insured** in writing to be correctly a part of the Schedule within 30 days after the **First Named Insured** confirms the accuracy of the Schedule above with the **Insurer**; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the **First Named Insured** confirms the accuracy of the Schedule above with the **Insurer**.

Proof of the **Insurer** emailing the Advice, using the information provided and subsequently confirmed by the **First Named Insured** in writing, will serve as proof that the **Insurer** has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. **First Named Insured** means the Named Insured shown on the Declarations Page of this policy.
2. **Insurer** means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



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Authorized Representative

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 12/01/2025

forms a part of Policy No. 018-01-7431

issued to ECOLAB INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

**ADDITIONAL INSURED - PRIMARY INSURANCE**

*This endorsement modifies insurance provided under the following:*

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**Section IV, Commercial General Liability Conditions, paragraph 4., Other Insurance, subparagraph a. Primary Insurance, is amended by the addition of the following:**

**However, coverage under this policy afforded to an additional insured will apply as primary insurance where required by contract, and any other insurance issued to such additional insured shall apply as excess and noncontributory insurance.**



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**Authorized Representative or  
Countersignature (in States Where  
Applicable)**

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

### SCHEDULE

<p><b>Name Of Person(s) Or Organization(s):</b>  <b>ANY PERSON OR ORGANIZATION REQUIRING A WAIVER OF TRANSFER OF RIGHTS OF RECOVERY PURSUANT TO THE TERMS OF ANY CONTRACT OR AGREEMENT YOU ENTER INTO WITH SUCH A PERSON OR ORGANIZATION</b></p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the Insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

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

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 12/01/2025 forms a part of Policy No. WC 018-01-7437

Issued to ECOLAB INC.

By A I U INSURANCE COMPANY

**LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL  
TO ENTITIES OTHER THAN THE NAMED INSURED  
(WORKERS' COMPENSATION ONLY)**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the Named Insured or, if applicable, any other employers named in Item 1 of the Information Page is under an existing contractual obligation to notify a certificate holder when this policy is canceled (hereinafter, the "Certificate Holder(s)") and the Named Insured has provided to the Insurer, either directly or through its broker of record, the email address of a contact at each such entity; and
3. the Insurer received this information after the Named Insured receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer,

the Insurer will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within 30 days after the Named Insured provides such information to the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the Named Insured provides such information to the Insurer.

Proof of the Insurer emailing the Advice, using the information provided by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following definitions apply to this endorsement:

1. **Named Insured** means the insured first named employer in Item 1 of the Information Page of this policy.
2. **Insurer** means the insurance company shown in the header on the Information Page of this policy.

All other terms, conditions and exclusions shall remain the same.



**AUTHORIZED REPRESENTATIVE**

**BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 12/01/2025 forms a part of Policy No. WC 018-01-7437

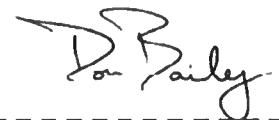
Issued to ECOLAB INC.

By A I U INSURANCE COMPANY

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 2.00 % of the total estimated workers compensation premium for this policy.

Countersigned by \_\_\_\_\_



Authorized Representative



DATE: December 1, 2025  
TO: Ecolab Associates, Customers & Others  
SUBJECT: PROOF OF INSURANCE FOR ECOLAB INC.

Ecolab is a global, diversified, investment grade company with annual sales of \$16B to nearly three million customer locations in more than 170 countries globally, assets of \$23B, shareholder's equity of \$9B and a market capitalization over \$78B. Ecolab has comprehensive insurance coverage and the financial ability to retain significant risk which we do via high deductible insurance plans or self-insurance.

Ecolab insurance coverage applies to all Ecolab subsidiaries and business units. A summary of our standard coverage and limits is as follows:

**Business Automobile Liability**

\$ 5,000,000 combined single limit

**Commercial General Liability**

- \$ 2,000,000 each occurrence premises / ongoing operations
- \$ 5,000,000 general aggregate premises / ongoing operations
- \$ 5,000,000 each occurrence products / completed operations
- \$ 15,000,000 aggregate products / completed operations

**Umbrella / Excess Liability**

\$ 10,000,000 each occurrence

**Workers' Compensation and Employers' Liability**

- Statutory Workers' Compensation
- \$ 2,000,000 Employers Liability each accident, disease, employee

Proof of Ecolab coverage, via a Memorandum of Insurance (MOI), is also available seven days a week / 24 hours a day by accessing our brokers website listed below:

<http://www.marsh.com/moi?client=0894>

The MOI provides the same coverage information as a certificate of insurance and provides for others to be additional insured where required by written contract.

Ecolab's insurance coverage is comprehensive and designed to meet Ecolab's global coverage needs. Ecolab's coverage may not meet the specific insurance requests made by our customers or others.

Ecolab issues a standard Memorandum or Certificate of Insurance as our proof of insurance which contains our language in the Description of Operations and Additional Remarks Schedule. Ecolab does not use certificate or endorsement language provided by customers, landlords, management companies or others. Ecolab does not provide copies of our insurance policies.

Below are the most common requests where we may need to provide further clarification or request a variance or waiver from insurance requests by our customers and others.

1. Additional insured- Ecolab grants Additional Insured status through the use of blanket policy endorsements where required by written contract, rather than individually naming individual entities on customized certificates. As stated at the top of the certificate, the COI conveys no legal rights; therefore, naming an individual entity on the COI form does not provide any Additional Insured coverage status in and of itself. Instead, our blanket endorsements extend Additional Insured status to "any person or organization contractually requiring status as an additional insured for ongoing operations you [Ecolab / Nalco] perform for them". This means that as soon as both Ecolab and any external party have fully executed a signed contract, the legal status of the external party as an Additional Insured is immediately granted per written contract regardless of what appears on the COI.
2. Broad Form Property Damage is part of the Commercial General Liability coverage for real property under our care, custody or control. A separate endorsement is not necessary to evidence this coverage.
3. Contractual liability coverage is automatically part of the Commercial General Liability policy and does not need to be indicated on the certificate, nor is a separate endorsement necessary or provided.
4. Contractor Pollution Liability (CPL) / Environmental Pollution Liability / Pollution Legal Liability (PLL) coverage are not separate policies purchased by Ecolab. Pollution Coverage for Sudden and Accidental occurrences is provided as part of the Commercial General Liability and Umbrella coverages. Ecolab does not purchase a separate pollution liability policy. Ecolab does have "Time Element / Named Perils" pollution coverage for "Sudden & Accidental" incidents under the General Liability and Umbrella Liability coverage.
5. Crime insurance / Fidelity Bond for third parties is not purchased by Ecolab. Ecolab self-insures this crime / fidelity bond exposure.
6. Deductibles range from \$1M to \$5M depending on the coverage.
7. Follows form umbrella coverage is not part of the Ecolab umbrella coverage. The Ecolab umbrella coverage is on a retained limits basis and is as broad as the primary general liability and product liability coverage. The umbrella is excess of the primary auto liability, general liability, products liability, and employers' liability retained amounts.
8. Insurance coverage or insurance company selection. Ecolab retains sole discretion regarding the selection of insurance companies, coverage, limits, deductibles, forms, endorsements, etc. Ecolab coverage is provided by insurers with AM Best ratings of A or higher.

9. Longshore and Harbor Workers / Maritime / Jones Act / Outer Continental Shelf Act coverage is provided on the Workers' Compensation coverage by endorsement.
10. Medical payments coverage is not purchased by Ecolab as part of the Commercial General Liability; Ecolab is self-insured for this.
11. Notice of Cancellation language is as provided on the standard ACORD certificate form and is in accordance with our policy provisions; at least 30 days' notice is provided except 10 days for non-payment of premium. Notices of non-renewal, change, reduction in limits are not provided by Ecolab or our insurers.
12. Per Project or Specific Location limits are not provided under the Commercial General Liability coverage as Ecolab has aggregate limits on a "per policy" basis.
13. Commercial General Liability policy includes standard ISO Separation of Insureds clause.
14. Primary and Non-Contributory coverage is provided as part of the Commercial General Liability coverage by endorsement Additional Insured-Primary Insurance, where required by written contract.
15. Project names, property addresses, or contract numbers are not specifically indicated as our coverage is on a blanket basis and follows Ecolab wherever we are and is not customer, project, or location specific.
16. Professional Liability (errors and omissions) is not applicable as Ecolab's scope of work does not involve professional design or engineering. Our General or Product Liability insurance provides coverage when our service or products cause bodily injury or property damage.
17. Property insurance for owned or rented tools and equipment within our \$10M deductible is self-insured.
18. Umbrella Liability coverage is provided on a global (U.S., Canada, and rest of world) basis and evidenced on our certificates as required. Umbrella is excess of the primary general liability, products liability, auto liability, and employer's liability retained amounts. This retained limit can be satisfied either through insurance or paid by Ecolab.
19. Waiver of subrogation is provided on the auto liability, general liability, umbrella liability, and workers' compensation policies, where required by written contract executed prior to loss, unless prohibited by law.
20. XCU (Explosion, Collapse and Underground) coverage is part of the Commercial General Liability coverage and a separate endorsement is not necessary to evidence this coverage.

Should there be questions regarding Ecolab's insurance coverages, please send them to the email indicated below:

[riskmgmt@ecolab.com](mailto:riskmgmt@ecolab.com)

For service-related questions for Ecolab Pest Elimination, please contact Ecolab's Customer Service Center at the email address or phone number listed below:

Pest Elimination Customer Svc

[pest@ecolab.com](mailto:pest@ecolab.com)

800.325.1671

**From:** [Certificate of Insurance](#)  
**To:** [Certificate of Insurance](#); [Luis Montoya](#)  
**Cc:** [Jorge Marin](#); [Shanene Wright](#); [Daniela Behm](#)  
**Subject:** FW: Nalco Updated COI BPA PA600753 & BPA PA600653  
**Date:** Wednesday, November 19, 2025 9:34:20 AM  
**Attachments:** [EXTCity of Hollywood \(CHI-008552301\) Ins Ecolab Inc..msg](#)  
[cert CHI City of Hollywood 8552301\\_23.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:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Sent:** Wednesday, November 19, 2025 6:41 AM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>  
**Subject:** RE: Nalco Updated COI BPA PA600753 & BPA PA600653

Morning COI,

Yesterday evening, I received an email advising us to “disregard previously issued version of this certificate.”

Please refer to this version for your review and approval.

Thank you,

### Luis Montoya

Public Utilities Manager-Water Treatment Plant  
Public Utilities

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**Email:** [LMONTOYA@hollywoodfl.org](mailto:LMONTOYA@hollywoodfl.org)  
**Telephone:** [954-967-4230](tel:954-967-4230)

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**From:** Luis Montoya <LMONTOYA@hollywoodfl.org>  
**Sent:** Tuesday, November 18, 2025 2:12 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Jorge Marin <JOMARIN@hollywoodfl.org>; Shanene Wright <SRWRIGHT@hollywoodfl.org>;