



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**03/22/2018**

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> Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (703) 827-2277 <b>FAX</b> (A/C, No): (703) 827-2279 <b>E-MAIL ADDRESS:</b> admin@amesgough.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Hazen and Sawyer 498 Seventh Avenue New York, NY 10018		<b>INSURER A:</b> Continental Casualty Company (CNA) A, XV      20443
		<b>INSURER B:</b>
		<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>
		<b>INSURER F:</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	
							PER STATUTE	OTHR
	<b>COMMERCIAL GENERAL LIABILITY</b>							
<input type="checkbox"/>	CLAIMS-MADE						EACH OCCURRENCE	\$
<input type="checkbox"/>	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
<input type="checkbox"/>							MED EXP (Any one person)	\$
<input type="checkbox"/>							PERSONAL & ADV INJURY	\$
<input type="checkbox"/>							GENERAL AGGREGATE	\$
<input type="checkbox"/>							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
<input type="checkbox"/>	POLICY							\$
<input type="checkbox"/>	PROJECT							\$
<input type="checkbox"/>	LOC							\$
<input type="checkbox"/>	OTHER:							\$
	<b>AUTOMOBILE LIABILITY</b>							
<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
<input type="checkbox"/>	HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	OCCUR							\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	CLAIMS-MADE							\$
<input type="checkbox"/>	DED							\$
<input type="checkbox"/>	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT	\$
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
<input type="checkbox"/>							E.L. DISEASE - POLICY LIMIT	\$
<b>A</b>	<b>Professional Liab.</b>			<b>AEH008231489</b>	<b>03/29/2018</b>	<b>03/29/2019</b>	<b>Per Claim/Aggregate</b>	<b>2,000,000</b>

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

\*\*Deductible: \$150,000

RE: General Consultant SVS. for WWS RLI No. 20060911-0-EED-1

Digitally signed by COLLEEN A. POUNALL  
DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM, ou=Users, cn=COLLEEN A. POUNALL  
Date: 2018.04.03 15:53:34 -0400

<b>CERTIFICATE HOLDER</b> Broward County Board of County Commissioners 115 S. Andrews Avenue Suite 210 Fort Lauderdale, FL 33301	<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. <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2018

**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, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.certs@Marsh.com Fax: (212) 948-0500	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL ADDRESS: _____																					
<b>INSURED</b> HAZEN AND SAWYER 498 SEVENTH AVENUE NEW YORK, NY 10018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A : Hartford Fire Insurance Company</td> <td colspan="2" style="text-align: center;">19682</td> </tr> <tr> <td>INSURER B : Hartford Casualty Insurance Company</td> <td colspan="2" style="text-align: center;">29424</td> </tr> <tr> <td>INSURER C : Twin City Fire Insurance Company</td> <td colspan="2" style="text-align: center;">29459</td> </tr> <tr> <td>INSURER D : N/A</td> <td colspan="2" style="text-align: center;">N/A</td> </tr> <tr> <td>INSURER E :</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F :</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Hartford Fire Insurance Company	19682		INSURER B : Hartford Casualty Insurance Company	29424		INSURER C : Twin City Fire Insurance Company	29459		INSURER D : N/A	N/A		INSURER E :			INSURER F :		
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**COVERAGES      CERTIFICATE NUMBER: NYC-009921321-37      REVISION NUMBER: 8**

**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.**

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B A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		10UENUU0960 (AOS) 10UENAN2667 (MA)	03/29/2018 03/29/2018	03/29/2019 03/29/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Comp./Coll. Deductible</td><td style="text-align: right;">\$ 1,000</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Comp./Coll. Deductible	\$ 1,000										
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	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)**  
 RE: CONTRACT: RLI #20060911-0-EED-1 GENERAL CONSULTANT SERVICES FOR WATER AND WASTEWATER SERVICES (WWS).  
 BROWARD COUNTY AND THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS IS HEREBY INCLUDED AS ADDITIONAL INSURED.

Digitally signed by COLLEEN A. POUNALL  
 DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM, ou=Users, cn=COLLEEN A. POUNALL  
 Date: 2018.04.03 15:53:05 -0400

*Colonnell*

<b>CERTIFICATE HOLDER</b> BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS 115 S. ANDREWS AVE, SUITE 210 FORT LAUDERDALE, FL 33301	<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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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