



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2022

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><br>Willis Towers Watson Northeast, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | <b>CONTACT NAME:</b> Willis Towers Watson Certificate Center<br><b>PHONE (A/C No. Ext):</b> 1-877-945-7378<br><b>FAX (A/C, No):</b> 1-888-467-2378<br><b>E-MAIL ADDRESS:</b> certificates@willis.com |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Tarkett USA Inc.<br>1001 Yamaska Street East<br>Attn: Legal Department<br>Farnham, QC J2N 1J7 CAN              | <b>INSURER A:</b> XL Insurance America Inc <span style="float:right">NAIC # 24554</span>   |  |
|  | <b>INSURER B:</b> Travelers Property Casualty Company of Ame <span style="float:right">25674</span>  |  |
|  | <b>INSURER C:</b> Travelers Indemnity Company of America <span style="float:right">25666</span>  |  |
|  | <b>INSURER D:</b> The Charter Oak Fire Insurance Company <span style="float:right">25615</span>  |  |
|  | <b>INSURER E:</b>  |  |
|  | <b>INSURER F:</b>  |  |

**COVERAGES** **CERTIFICATE NUMBER:** W26451845 **REVISION NUMBER:**

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.

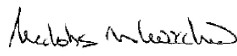
| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER           | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-------------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | US00010327LI22A         | 05/01/2022              | 05/01/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | TC2JCAP-823K312A-TIL-22 | 05/01/2022              | 05/01/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                         |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       |          | UB-8P793534-22-51-K     | 05/01/2022              | 05/01/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                 |
| D        | <b>Workers Compensation &amp; Employer's Liability</b><br>Work Comp - Per Statute  |           |          | UB-8P760619-22-51-R     | 05/01/2022              | 05/01/2023              | E.L. Each Accident \$1,000,000<br>E.L. Disease-Pol Lmt \$1,000,000<br>E.L. Disease-Each Emp \$1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 10/18/2022 WITH ID: W26322948.

Re: CRM number & Project Name: 819781 - Coral High School Library

WC Policies:  
Policy # UB-8P793534-22-51-K - covers all other states.

**CERTIFICATE HOLDER** **CANCELLATION**

|  |  |
|--|--|
| The School Board of Monroe County Florida<br>241 Trumbo Road<br>Key West, FL 33040 | 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<br>  |



**ADDITIONAL REMARKS SCHEDULE**

|   |  |   |  |
|---|--|---|--|
| <b>AGENCY</b><br>Willis Towers Watson Northeast, Inc. |  | <b>NAMED INSURED</b><br>Tarkett USA Inc.<br>1001 Yamaska Street East<br>Attn: Legal Department<br>Farnham, QC J2N 1J7 CAN |  |
| <b>POLICY NUMBER</b><br>See Page 1                    |  | <b>NAIC CODE</b><br>See Page 1  |  |
| <b>CARRIER</b><br>See Page 1                          |  | <b>EFFECTIVE DATE:</b> See Page 1   |  |

**ADDITIONAL REMARKS**

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

Policy # UB-8P760619-22-51-R - covers AZ, MA, OR, WI only.

The School Board of Monroe County Florida is included as Additional Insured on the General Liability policy, as respects to the liability arising out of ongoing and completed operations performed on the project specified in the construction contract for the period of time required within the contract.