



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/17/2018

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><br>Aon Risk Services Northeast, Inc.<br>New York NY Office<br>One Liberty Plaza<br>165 Broadway, Suite 3201<br>New York NY 10006 USA | <b>CONTACT NAME:</b>                                    |                                       |
|  | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122             | <b>FAX (A/C. No.):</b> (800) 363-0105 |
|  | <b>E-MAIL ADDRESS:</b>                                  |                                       |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                    | <b>NAIC #</b>                         |
| <b>INSURED</b><br>Brightview Landscape Services, Inc.<br>Location #35210<br>4155 E Mowry Drive<br>Homestead FL 33033 USA                             | <b>INSURER A:</b> Illinois Union Insurance Company      | 27960                                 |
|  | <b>INSURER B:</b> American Guarantee & Liability Ins Co | 26247                                 |
|  | <b>INSURER C:</b> ACE American Insurance Company        | 22667                                 |
|  | <b>INSURER D:</b>                                       |                                       |
|  | <b>INSURER E:</b>                                       |                                       |
|  | <b>INSURER F:</b>                                       |                                       |

**COVERAGES****CERTIFICATE NUMBER:** 570073028907**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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS  |
|----------|--|-----------|----------|---|--------------------------|--------------------------|---|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y         |          | XSLG71075771<br>SIR applies per policy terms & conditions | 10/01/2018               | 10/01/2019               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000 |
| C        | <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   |           |          | SCA H09090538   | 10/01/2018               | 10/01/2019               | COMBINED SINGLE LIMIT (Ea accident) \$3,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |           |          | AUC508596814  | 10/01/2018               | 10/01/2019               | EACH OCCURRENCE \$3,000,000<br>AGGREGATE \$3,000,000  |
| 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<br>N  | N/A      | WLRC48583404<br>WC - AOS<br>SCFC48583428<br>WC - WI       | 10/01/2018<br>10/01/2018 | 10/01/2019<br>10/01/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$2,000,000<br>E.L. DISEASE-EA EMPLOYEE \$2,000,000<br>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)

The school board of Monroe County and Florida and The Monroe County School District are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Monroe County School Board<br>241 Trumbo Road<br>Key West FL 33040 USA | 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><br><i>Aon Risk Services Northeast, Inc.</i>  |

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

|   |                                |                                       |   |
|---|--------------------------------|---------------------------------------|---|
| Named Insured<br>BrightView Landscapes, LLC                             |                                |                                       | Endorsement Number                          |
| Policy Symbol<br>XSL  | Policy Number<br>G71075771 001 | Policy Period<br>10/01/18 to 10/01/19 | Effective Date of Endorsement<br>10/01/2018 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                                |                                       |   |

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:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

| Name Of Additional Insured Person(s)<br>Or Organization(s):  | Location And Description Of Completed Operations  |
|--|---|
| Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss. | All locations where you perform work for such additional insured pursuant to any such written contract. |
| 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" 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 And Retained Limit:**

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 shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

  
JOHN J. LURICA, President

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Authorized Representative

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

|   |                                |                                     |   |
|---|--------------------------------|-------------------------------------|---|
| Named Insured<br>BrightView Landscapes, LLC                             |                                |                                     | Endorsement Number                          |
| Policy Symbol<br>XSL  | Policy Number<br>G71075771 001 | Policy Period<br>10/1/18 to 10/1/19 | Effective Date of Endorsement<br>10/01/2018 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                                |                                     |   |

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:

#### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

##### SCHEDULE

**Name of Person or Organization:** Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

**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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

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 And Retained Limit:**

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 shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



JOHN J. LUPICA, President

Authorized Representative

## NAMED INSURED ENDORSEMENT

|   |                                |                                     |   |
|---|--------------------------------|-------------------------------------|---|
| Named Insured<br>BrightView Landscapes, LLC                             |                                |                                     | Endorsement Number                          |
| Policy Symbol<br>XSL  | Policy Number<br>G71075771 001 | Policy Period<br>10/1/18 to 10/1/19 | Effective Date of Endorsement<br>10/01/2018 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                                |                                     |   |

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 FORM  
EXCESS COMMERCIAL GENERAL LIABILITY POLICY**

It is agreed that the Named Insured is amended to read as follows:

BrightView Landscapes, LLC  
BrightView Landscapes Services, Inc.  
BrightView Tree Care Services, Inc.  
BrightView Golf Course Maintenance, Inc.  
BrightView Enterprise Solutions, LLC  
BrightView Companies, LLC  
BrightView Chargers, Inc.  
BrightView Landscape Services, Inc. dba Marina Landscape Maintenance  
BrightView Tree Care Services, Inc dba Urban Tree Care (formerly known as Urban Tree Care)  
BrightView Landscape Services, Inc. dba Girard Environmental Services (formerly known as -  
Girard Environmental Services  
J&S Lawnman, Inc.  
BrightView Acquisitions Holdings, Inc.

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Authorized Agent

## SCHEDULE OF NAMED INSURED

|   |                            |   |   |
|---|----------------------------|---|---|
| Named Insured<br>BrightView Landscapes, LLC                             |                            |   | Endorsement Number                          |
| Policy Symbol<br>SCA  | Policy Number<br>H09090538 | Policy Period<br>10/01/2018 to 10/01/2019 | Effective Date of Endorsement<br>10/01/2018 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                            |   |   |

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:**

#### **BUSINESS AUTO COVERAGE FORM MOTOR CARRIERS COVERAGE FORM AUTO DEALERS COVERAGE FORM**

The Named Insured shown in the Declarations is amended to read as follows:

BrightView Landscapes, LLC  
BrightView Landscape Services, Inc.  
BrightView Landscape Development, Inc.  
BrightView Tree Care Services, Inc.  
BrightView Golf Maintenance, Inc.  
BrightView Design Group  
BrightView Enterprise Solutions, LLC  
BrightView Companies, LLC  
BrightView Chargers, Inc.  
Western Landscape Construction  
William A. Guthridge and Son, Inc;  
BrightView Tree Care Services, Inc dba Urban Tree Care (formerly known as Urban Tree Care)  
BrightView Landscape Services, Inc dba Girard Environmental Services (formerly known as Girard Environmental Services)  
J&S Lawnman, Inc.; BrightView Acquisition Holding, Inc.

Named Insured includes First Named Insured; other entities to be covered as of inception and any organization other than a partnership or joint venture, and over which you currently maintain ownership or majority interest, provided there is no other similar insurance available to that organization; and any other organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, provided:

- a) There is no other similar insurance available to that organization; and
- b) you notify us of such acquisition not later than 60 days after the end of the policy period.

As respects newly acquired or formed organizations, coverage does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past joint venture that is not shown as a Named Insured on this schedule.

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Authorized Representative