



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/26/2019

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).

| | | | |
|--|--|---|--|
| PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 | | CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS: | |
| CN101636071-AJAX-GAWUP-20-21 20000 | | INSURER(S) AFFORDING COVERAGE | |
| INSURED Ajax Building Company, LLC Global Infrastructure Solutions, Inc. 1080 Commerce Blvd. Midway, FL 32343 | | INSURER A: Arch Insurance Company NAIC # 11150 INSURER B: XL Specialty Insurance Company 37885 INSURER C: ACE Property and Casualty Insurance Company 20699 INSURER D: N/A N/A INSURER E: Arch Indemnity Insurance Company 30830 INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

NYC-010737547-05

REVISION NUMBER: 2

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | 11PKG8914311 SIR: \$750,000 - NEW YORK ONLY SIR: \$500,000 - ALL OTHER STATES SEE ACORD 101 FOR LIMITS | 01/01/2020 | 01/01/2021 | EACH OCCURRENCE \$ 2,250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,250,000 GENERAL AGGREGATE \$ 4,500,000 PRODUCTS - COMP/OP AGG \$ 4,500,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 11PKG8914311 (AOS) 11CAB8914411 (MA) | 01/01/2020 | 01/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | US00064696LI20A (\$10,000,000) | 01/01/2020 | 01/01/2021 | EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 |
| C | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | XSM G2819884A 004 (\$15,000,000) | 01/01/2020 | 01/01/2021 | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | 11WC18914211 (AOS) 14WC18925111 (CA,IL,MD,NY,PA,TX) | 01/01/2020 | 01/01/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: RFQ 2020000 - KWHS Backyard Design Build

Monroe County School District and its consultants and contractors are included as an Additional Insured (except for Workers Compensation) as required by written contract.
A Waiver of Subrogation applies as required by written contract.

CERTIFICATE HOLDER

Monroe County School District
241 Trumbo Road
Key West, FL 33040

CANCELLATION

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.

Susan C. Ricciardi

Susan C. Ricciardi

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ADDITIONAL REMARKS SCHEDULE

| | | |
|----------------------------------|------------------|--|
| AGENCY Marsh USA, Inc. | | NAMED INSURED Ajax Building Company, LLC Global Infrastructure Solutions, Inc. 1080 Commerce Blvd. Midway, FL 32343 |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS

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

GENERAL LIABILITY - ALL OTHER STATES (EXCLUDES NEW YORK) LIMITS:

EACH OCCURRENCE - \$2,500,000
 DAMAGE TO RENTED PREMISIS (EA OCC) - \$300,000
 MED EXP (ANY ONE PERSON) - \$10,000
 PERSONAL & ADV INJURY - \$2,500,000
 GENERAL AGGREGATE - \$5,000,000
 PRODUCTS - COMP/OPS AGG - \$5,000,000