

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 12/30/2020

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).

this certificate does not come rights to the certificate holder in hed of st	ach endorsement(s).	
PRODUCER Marsh USA, Inc.	CONTACT NAME: PHONE	FAX
1166 Avenue of the Americas	(A/C, No, Ext):	(A/C, No):
New York, NY 10036	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
CN101636071-AJAX-GAWUC-21-22	INSURER A: Arch Insurance Company	11150
INSURED Ajax Building Company, LLC	INSURER B: XL Specialty Insurance Company	37885
Global Infrastructure Solution, Inc.	INSURER C: ACE Property and Casualty Insurance Company	20699
1080 Commerce Boulevard	INSURER D: N/A	N/A
Midway, FL 32343	INSURER E: Arch Indemnity Insurance Company	30830
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-010884917-05 REVISION NUMBER: 7

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.

	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Χ	COMMERCIAL GENERAL LIABILITY			11PKG8914312	01/01/2021	01/01/2022	EACH OCCURRENCE	\$	2,250,000
	CLAIMS-MADE X OCCUR			SIR: \$750,000 - NEW YORK ONLY			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	10,000
				SIR: \$500,000 - ALL OTHER STATES			PERSONAL & ADV INJURY	\$	2,250,000
GEN	I'L AGGREGATE LIMIT APPLIES PER:			SEE ACORD 101 FOR LIMITS			GENERAL AGGREGATE	\$	4,500,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	4,500,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY			11PKG8914312 (AOS)	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
Χ	ANY AUTO			11CAB8914412 (MA)	01/01/2021	01/01/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Χ	UMBRELLA LIAB X OCCUR			TBD (\$10,000,000)	01/01/2021	01/01/2022	EACH OCCURRENCE	\$	25,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	25,000,000
	DED X RETENTION \$ 10,000			TBD (\$15,000,000)				\$	
	EMBL OVERS! LIABILITY			( )			X PER OTH-		
ANYF	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		14WCl8925112 (CA,IL,MD,NY,PA,TX)	01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
(Man	datory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
1,700	X X WORAND ANYFI (Man If yes	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- DOTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N  ANYPROPRIETOR/PARTMER/EXECUTIVE	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- DOTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X LIMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X AUTOS  X HIRED AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X LIMBRELLA LIAB X OCCUR EXCESS LIAB  CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) (ff yes, describe under)	GENL AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X LIMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) (f yes, describe under	SIR: \$500,000 - ALL OTHER STATES	CLAIMS-MADE	CLAIMS-MADE   A   OCCUR   SIR: \$730,000 NEW TORK ORE   SIR: \$500,000 - ALL OTHER STATES   SIR: \$500,000 - ALL OTHER STATES   SIR: \$500,000 - ALL OTHER STATES   SEE ACORD 101 FOR LIMITS   SEE ACORD 101 FOR LIM

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

Re: Sugarloaf School CMAR Renovation - Sugarloaf School CMAR - 255 Crane Blvd, Sugarloaf Key, FL 33042

The School Board of Monroe County, Florida, a body corporate; the Monroe County Public School System; and all authorities, Boards, Bureaus, Commissions, Divisions, Departments and offices thereof and individual members and employees thereof in their official capacity, and/or while acting on behalf of The School Board of Monroe County are included as an Additional Insured (except for Workers Compensation) as required by written contract. This insurance is primary and non-contributory with respects to General Liability.

CERTIFICATE HOLDER	CANCELLATION
Monroe County School District 241 Trumbo Road 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 of Marsh USA Inc.
Ī	Susan C. Ricciardi Lugan C. Ricciardo

AGENCY CUSTOMER ID: CN101636071

LOC #: New York



## ADDITIONAL REMARKS SCHEDULE

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

## ADDITIONAL REMARKS

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

GENERAL LIABLITY - 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