

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/30/2020

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C. No. Ext): (866) 283-7122	<b>FAX</b> (A/C. No.): (800) 363-0105
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> BrightView Landscape Services, Inc. 980 Jolly Road Suite 300 Blue Bell PA 19422 USA	<b>INSURER A:</b> ACE American Insurance Company	22667
	<b>INSURER B:</b> American Guarantee & Liability Ins Co	26247
	<b>INSURER C:</b> Great American Insurance Co.	16691
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER: 570084240613**

**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**

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INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	<b>COMMERCIAL GENERAL LIABILITY</b>		Y		XSLG71080961 SIR applies per policy terms & conditions	10/01/2020	10/01/2021	EACH OCCURRENCE	\$2,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000	
	<input type="checkbox"/>								MED EXP (Any one person)	\$10,000	
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$5,000,000	
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/> PRO-JECT						<input checked="" type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG	\$5,000,000
	<input type="checkbox"/>	OTHER:									
	<input type="checkbox"/>										
A	<b>AUTOMOBILE LIABILITY</b>				ISA H25260119	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000		
	X	ANY AUTO						BODILY INJURY (Per person)			
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)			
	<input type="checkbox"/>	HIRE AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)			
	<input type="checkbox"/>										
	<input type="checkbox"/>										
B	X	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		AUC508596816	10/01/2020	10/01/2021	EACH OCCURRENCE	\$3,000,000		
	<input type="checkbox"/>	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$3,000,000		
	<input type="checkbox"/>	DED	<input type="checkbox"/> RETENTION								
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WLRC50803867	10/01/2020	10/01/2021	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input checked="" type="checkbox"/> Y / N	N/A	WC - AOS	10/01/2020	10/01/2021	E.L. EACH ACCIDENT	\$2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below				SCFC50803880	E.L. DISEASE-EA EMPLOYEE			\$2,000,000		
					WC - WI	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

<p>Monroe County School Board          241 Trumbo Road          Key West FL 33040 USA</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p><i>Ann Pisk Services Northeast, Inc.</i></p>

**Holder Identifier : BCQ**

**Certificate No :** 570084240613