



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
10/23/2020

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> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com														
<b>INSURED</b> ABM Industry Groups, LLC an ABM Industries Incorporated Company 4151 Ashford Dunwoody Road, Suite 600 Atlanta, GA 30319	<table border="1"> <thead> <tr> <th data-bbox="815 424 1432 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1432 424 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 451 1432 478"><b>INSURER A:</b> ACE American Insurance Company</td> <td data-bbox="1432 451 1572 478">22667</td> </tr> <tr> <td data-bbox="815 478 1432 506"><b>INSURER B:</b> ACE Property &amp; Casualty Insurance Company</td> <td data-bbox="1432 478 1572 506">20699</td> </tr> <tr> <td data-bbox="815 506 1432 533"><b>INSURER C:</b> Indemnity Insurance Company of North America</td> <td data-bbox="1432 506 1572 533">43575</td> </tr> <tr> <td data-bbox="815 533 1432 560"><b>INSURER D:</b></td> <td data-bbox="1432 533 1572 560"></td> </tr> <tr> <td data-bbox="815 560 1432 588"><b>INSURER E:</b></td> <td data-bbox="1432 560 1572 588"></td> </tr> <tr> <td data-bbox="815 588 1432 615"><b>INSURER F:</b></td> <td data-bbox="1432 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> ACE American Insurance Company	22667	<b>INSURER B:</b> ACE Property & Casualty Insurance Company	20699	<b>INSURER C:</b> Indemnity Insurance Company of North America	43575	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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## COVERAGES

CERTIFICATE NUMBER: W18413313

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"/>	COMMERCIAL GENERAL LIABILITY						XSL G71451239	11/01/2020	11/01/2021	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 checked="" type="checkbox"/>	\$1,000,000 SIR									MED EXP (Any one person)		\$ Excluded	
	<input checked="" type="checkbox"/>	XCU									PERSONAL & ADV INJURY		\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE						\$ 6,000,000			
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>						LOC	PRODUCTS - COMP/OP AGG		\$ 2,000,000
	<input type="checkbox"/>	OTHER:											\$	
A	AUTOMOBILE LIABILITY						ISA H25308797	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)		\$ 5,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO		<input type="checkbox"/>						SCHEDULED AUTOS	BODILY INJURY (Per person)		\$	
	<input checked="" type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)		\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>							PROPERTY DAMAGE (Per accident)		\$		
	<input type="checkbox"/>		<input type="checkbox"/>									\$		
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR			XEUG27910865 006	11/01/2020	11/01/2021	EACH OCCURRENCE		\$ 10,000,000	
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE		\$ 10,000,000	
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000									\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A		WLR C67454935	11/01/2020	11/01/2021	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									<input type="checkbox"/>	No	E.L. EACH ACCIDENT		\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											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: Monroe County School District. Monroe County District School Board is included as additional insured as respects general liability and automobile liability as required by written contract with the Named Insured.

## 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

*Britt Fale*

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ACORD 25 (2016/03)

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SR ID: 20247194

BATCH: 1861676

**ADDITIONAL INSURED –  
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured ABM Industries Incorporated			Endorsement Number 2
Policy Symbol ISA	Policy Number H25308797	Policy Period 11/01/2020 TO 11/01/2021	Effective Date of Endorsement
Issued By (Name of Insurance Company) 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  
AUTO DEALERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): 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. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

\_\_\_\_\_  
Authorized Representative

## BLANKET ADDITIONAL INSURED

Named Insured ABM Industries Incorporated			Endorsement Number 9
Policy Symbol XSL	Policy Number G71451239	Policy Period 11/01/2020 TO 11/01/2021	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

### **EXCESS COMMERCIAL GENERAL LIABILITY POLICY**

Any person or organization whom you have agreed to include as an additional insured in a written contract is included as an additional insured under this policy, but only to the extent required by and in accordance with the terms of such written contract executed prior to loss, provided that written contract does not specify an ISO endorsement or other specific wording, and only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" arising out of your ongoing or completed operations.