



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/30/2018

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).

PRODUCER Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 King Pickett	386-944-5806	CONTACT NAME: MARY BURNS PHONE (A/C, No, Ext): 386-944-5806 E-MAIL ADDRESS: MBURNS@BBDAYTONA.COM FAX (A/C, No): 386-323-9119
	INSURER(S) AFFORDING COVERAGE	
INSURED YELLOWSTONE LANDSCAPE, INC 3235 N STATE STREET PO BOX 849 BUNNELL, FL 32110	INSURER A: Westfield Ins Co	NAIC # 24112
	INSURER B: Argonaut Insurance Company	19801
	INSURER C: Great Amer Ins Co	16691
	INSURER D: Lloyd's of London	
	INSURER E: Federal Insurance Company	20281
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	CMM5060952	04/30/2018	04/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
A	<input checked="" type="checkbox"/> CONTRACTUAL LIAB			CMM5060952	04/30/2018	04/30/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CMM5060952	04/30/2018	04/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	TUU 2545544 00	04/30/2018	04/30/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC928378337574 (MASTER)	04/30/2018	04/30/2019	<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
E	EXCESS LIABILITY			93648120	04/30/2018	04/30/2019	OCC & AGG 10,000,000
D	POLLUTION LIAB			W10B9B180901	04/30/2018	04/30/2019	EACH OCC 1,000,000

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

SEE NOTEPAD FOR POLICY COVERAGE FORMS
CONTRACT NO. 0118-0090
THE CITY OF DAYTONA BEACH IS ADDITIONAL INSURED AND A WAIVER OF SUBROGATION APPLIES AS REQUIRED BY WRITTEN CONTRACT.

RECEIVED
MAY - 4 2018
RISK MGMT

CERTIFICATE HOLDER CITYD19 THE CITY OF DAYTONA BEACH 950 BELLEVUE AVENUE DAYTONA BEACH, FL 32114	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
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NOTEPAD

INSURED'S NAME YELLOWSTONE LANDSCAPE, INC

YLGH0-1
OP ID: 3L

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Date 04/30/2018

COMPLETE LISTING OF NAMED INSUREDS:

- YELLOWSTONE HOLDINGS, LLC
- YELLOWSTONE INTERMEDIATE HOLDINGS, INC
- YIG HOLDINGS, INC
- YELLOWSTONE LANDSCAPE, INC
- YELLOWSTONE LANDSCAPE-SOUTHEAST, LLC dba YELLOWSTONE LANDSCAPE dba AUSTIN OUTDOOR
- ALSW, LLC
- YELLOWSTONE LANDSCAPE-CENTRAL, INC dba YELLOWSTONE LANDSCAPE dba BIO LANDSCAPE dba BIO LANDSCAPE & MAINTENANCE
- TEXAS SERVICES, LLC
- BLSW, LLC
- YLCSW, LLC
- YELLOWSTONE LANDSCAPE-SOUTHEAST, LLC dba ACKMAN BROS. LANDSCAPING
- AUSTIN OUTDOOR, LLC
- BIO LANDSCAPE & MAINTENANCE, INC. DBA YELLOWSTONE LANDSCAPE; YELLOWSTONE LANDSCAPE GR INC
- YELLOWSTONE LANDSCAPE GROUP, INC.

POLICY FORMS:

GENERAL LIABILITY:

- CG2010 0413-ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-SCHEDULED PERSON OR ORGANIZATION
- CG2037 0413-ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-COMPLETED OPERATIONS
- CG2503 0509-DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT
- CG7137 1112-COMMERCIAL GENERAL LIABILITY CONTRACTORS ENDORSEMENT (ADDITIONAL INSURED LESSOR OF EQUIPMENT, ADDITIONAL INSURED-MGR OR LESSOR OF PREMISES, ADDITIONAL INSURED-STATE OR POLITICAL)
- CG2404 0509-(BLANKET WAIVER OF SUBROGATION)
- CG2001 0413-(BLANKET PRIMARY AND NON-CONTRIBUTORY)
- CG2007 0413-(ADDITIONAL INSURED-ARCH/ENG/SURVEYORS-EMPLOYED BY INSURED)
- IL7035 0912-EARLIER NOTICE OF CANCELLATION PROVIDED BY US(30 DAY NOTICE OF CANCELLATION)

AUTO LIABILITY:

- CA7078 0617-BUSINESS AUTO EXPANDED ENDORSEMENT (ADDITIONAL INSURED, LESSOR & LOSS PAYEE, RENTAL CAR)
- CA7075 1008-PRIMARY AND NON-CONTRIBUTORY INSURANCE
- CA0444 0310-WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS
- IL7035 0912-EARLIER NOTICE OF CANCELATION PROVIDED BY US(30 DAY NOTICE OF CANCELLATION)

UMBRELLA/EXCESS LIABILITY:

- GAI 6002 0697-COMMERCIAL UMBRELLA COVERAGE FORM(ADDITIONAL INSURED AND WAIVER OF SUBROGATION)

WORK COMP:

- WC000313 484-(FL, GA, NC, SC)-WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-WHERE REQUIRED BY WRITTEN CONTRACT

EQUIPMENT:

- IM7902 0112 - LOSS PAYABLE SCHEDULE (LOSS PAYEE WITH REGARDS TO LEASED/RENTED EQUIPMENT) (BLANKET)

IL7035 0912-EARLIER NOTICE OF CANCELLATION PROVIDED BY US

LEASED/RENTED EQUIPMENT

POLICY NUMBER: CMM5060952
 EFFECTIVE DATES: 4/30/2018-4/30/2019
 CARRIER: WESTFIELD INSURANCE COMPANY
 EACH ITEM: \$250,000

RECEIVED
 MAY - 4 2018
 RISK MGMT