

## GREESOL-01

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| 7  |  | )EF  | RLI                          | FICATE OF LIA  | <b>BILITY I</b>                               | NS                            | URAN  | CE   |            | (MM/DD/YYYY)<br>21/2023 |
|--|--|--|------------------------------|--|---|-------------------------------|---|--|------------|-------------------------|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |  |                              |  |   |                               |   |  |            |                         |
| lf<br>ti   | MPORTANT: If the certificate holde<br>f SUBROGATION IS WAIVED, subje<br>his certificate does not confer rights f   | ct to  | the                          | terms and conditions of  | the policy, cer<br>ch endorseme               | ain p                         | olicies may   |  |            |                         |
|  | DDUCER<br>1Buck Insurance  |  |                              |  |   |                               |   |  |            |                         |
| P.0  | D. Box 311650<br>erprise, AL 36331   | PHONE<br>(A/C, No, Ext): (334) 347-1977 FAX<br>E-MAIL<br>ADDRESS: FAX<br>(A/C, No):(334) 3 |                              |  |   |                               | 347-1664  |  |            |                         |
|  | erprise, AL 30331  | INSURER(S) AFFORDING COVERAGE  |                              |  |   |                               | NAIC #  |  |            |                         |
|  |  | INSURER A : Homeland Insurance Company of New York   |                              |  |   |                               |   |  |            |                         |
| INSU   | INSURED  |  |                              |  |   | INSURER B : Berkley Southeast |   |  |            |                         |
|  | Greensouth Solutions, LLC  |  |                              |  |   |                               |   |  |            |                         |
|  | PO Box 325<br>Florala, AL 36442  |  |                              |  |   |                               |   |  |            | 35378                   |
|  |  |  |                              |  | INSURER E :                                   |                               |   |  |            |                         |
| co   | VERAGES CER  | TIFI   |                              | E NUMBER:  | INSURER F :                                   |                               |   | REVISION NUMBER:   |            | <u> </u> ]              |
| T<br>IN<br>C<br>E  | HIS IS TO CERTIFY THAT THE POLICI<br>NDICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH  | es o<br>Requ<br>Per<br>Poli  | f ins<br>Rem<br>Tain<br>Cies | SURANCE LISTED BELOW<br>IENT, TERM OR CONDITION<br>, THE INSURANCE AFFORI<br>. LIMITS SHOWN MAY HAVE | n of any con<br>Ded by the po<br>Been reduced | TRAC<br>DLICII<br>9 BY F      | TO THE INSUF<br>CT OR OTHEF<br>ES DESCRIB<br>PAID CLAIMS. | RED NAMED ABOVE FOR<br>R DOCUMENT WITH RESP<br>BED HEREIN IS SUBJECT | ECT TO     | WHICH THIS              |
| NSR<br>LTR   |  | ADDL<br>INSD   | SUBF<br>WVD                  | POLICY NUMBER  | POLICY I<br>(MM/DD/Y                          | FF<br>(YY)                    | POLICY EXP<br>(MM/DD/YYYY)                                | LIM  | тѕ         |                         |
| Α  | X COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE X   OCCUR   |  |                              | 793011374 0002   | 8/20/20                                       | 23                            | 8/20/2024   | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)      | \$         | 1,000,000<br>100,000    |
|  |  |  |                              |  |   |                               |   | MED EXP (Any one person)   | \$         | 10,000                  |
|  | ]  |  |                              |  |   |                               |   | PERSONAL & ADV INJURY  | \$         | 1,000,000<br>2,000,000  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-<br>JECT LOC  |  |                              |  |   |                               |   | GENERAL AGGREGATE  | \$         | 2,000,000               |
|  |  |  |                              |  |   |                               |   | PRODUCTS - COMP/OP AGG   | \$         |                         |
| В  | AUTOMOBILE LIABILITY   |  |                              |  |   |                               |   | COMBINED SINGLE LIMIT<br>(Ea accident)                               | s          | 1,000,000               |
|  | ANY AUTO   |  |                              | CAA4284250-48  | 9/21/2022                                     | 22                            | 9/21/2023   | BODILY INJURY (Per person)   | \$         |                         |
|  | OWNED AUTOS ONLY X SCHEDULED   |  |                              |  |   |                               |   | BODILY INJURY (Per accident  | ) \$       |                         |
|  | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  |  |                              |  |   |                               |   | PROPERTY DAMAGE<br>(Per accident)                                    | \$         |                         |
| Α  | UMBRELLA LIAB X OCCUR  |  |                              |  | 8/20/2023                                     |                               | 8/20/2024   | EACH OCCURRENCE  | \$         | 5,000,000               |
|  | X EXCESS LIAB CLAIMS-MADE  |  |                              | 793011375 0002   |   | 23                            |   | AGGREGATE  | \$         |                         |
| С  | DED RETENTION \$   | N/A  |                              |  | 1/1/2023                                      |                               | 1/1/2024  | PER OTH-<br>STATUTE ER   | \$         |                         |
|  |  |  |                              | 600-2023-19705-02  |   | 23                            |   |  |            | 1,000,000               |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |  |                              |  |   |                               |   | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYE                      | \$<br>= \$ | 1,000,000               |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |  |                              |  |   |                               |   | E.L. DISEASE - POLICY LIMIT  | 1          | 1,000,000               |
| D  | Worker's Compensatio   |  |                              | 3FF3824  | 1/1/20  | 23                            | 1/1/2024  | Employer's Liability   |            | 1,000,000               |
| of \$0<br>Waiv<br>Cov<br>Oka<br>Prim   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>dditional insured with respect to the gen<br>6,000,000.<br>ver of Subrogation applies to the gener<br>erage is on a primary and non-contribu<br>loosa County BOCC is additional insure<br>nary limits are \$1,000,000. Excess limits<br>ATTACHED ACORD 101 | al lial<br>tory l<br>ed wi   | oility<br>basis<br>th res    | only as required by written<br>, as required by written cor<br>spect to the general liability        | contract.                                     | -3:                           | 356-W   |  |            | 1                       |
| CE   | RTIFICATE HOLDER   |  |                              |  | Biosolids Removal & Transportation            |                               |   |  |            |                         |
|  | Okaloosa County BOCC   | EXPIRES:07/17/2026 w/(2) 1 yr renewals   |                              |  |   |                               |   |  |            |                         |
|  | 5479A Old Bethel Road<br>Crestview, FL 32536   |  |                              |  |   |                               |   |  |            |                         |
|  |  |  |                              |  | Mum   |                               |   |  |            |                         |

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: GREESOL-01

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

1 of 1 NAMED INSURED Greensouth Solutions, LLC PO Box 325 Florala, AL 36442 AGENCY SanBuck Insurance POLICY NUMBER SEE PAGE 1 CARRIER NAIC CODE SEE PAGE 1 SEE P1 EFFECTIVE DATE: SEE PAGE 1 ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:** 

Excess limits are over Contractors Pollution coverage as well. Transportation Pollution coverage is included in the Contractors Pollution coverage section.

Waiver of Subrogation applies to the general liability only as required by written contract.

Coverage is on a primary and non-contributory basis, as required by written contract.

ACORD 101 (2008/01)

Page