ACORD <sup>®</sup> CER	ΓΙΓΙΟ	CATE OF L		TY IN	SURA	NCE	DATE(MM/DD/YYYY) 09/26/2023
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   Aon Risk Services Central, Inc.   Philadelphia PA Office   100 North 18th Street   15th Eleoper							
IMPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject to certificate does not confer rights to th	the ter	ms and conditions o	of the policy,	certain polic			
PRODUCER		II I	CONTAC NAME:	т	· · · · ·		
Aon Risk Services Central, Inc.	PHONE (A/C. No	Ext). (866)	283-7122	FAX (A/C. No.): (800	) 363-0105		
Philadelphia PA Office 100 North 18th Street				E-MAIL			
15th Floor Philadelphia PA 19103 USA				ADDRESS: INSURER(S) AFFORDING COVERAGE			
INSURED			INSURE	INSURER A: ACE American Insurance Company			22667
BrightView Landscape Services, Inc. Location #36170			INSURE	INSURER B:			
9986 State Hwy 20 W, Building 100			INSURE	R C:			
Freeport FL 32439 USA			INSURE	R D:			
			INSURE	R E:			
			INSURE	RF:			
		E NUMBER: 570101				EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY	QUIREM PERTAIN	ENT, TERM OR CONDI , THE INSURANCE AF	ITION OF ANY	CONTRACT	OR OTHER I S DESCRIBE	DOCUMENT WITH RESP	ECT TO WHICH THIS TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUC						Ennito c	hown are as requested
INSR TYPE OF INSURANCE	ADDLI SU INSD W		ABER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) 10/01/2024	LIM EACH OCCURRENCE	\$2,000,000
		SIR applies per	policy ter		1 ' '	DAMAGE TO RENTED	\$2,000,000
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	
						MED EXP (Any one person)	\$10,000
	.					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$5,000,000
OTHER:						FRODUCTS - COMPTOF AGG	\$3,000,000
		′ ISA H10716561		10/01/2023	10/01/2024		\$5,000,000
						(Ea accident) BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
OWNED AUTOS ONLY AUTOS ONLY ONLY ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	+					EACH OCCURRENCE	
						AGGREGATE	
DED RETENTION	-						
A WORKERS COMPENSATION AND		/ WLRC5068541A		10/01/2023	10/01/2024	X PER STATUTE	1
EMPLOYERS' LIABILITY		WC - AOS					\$2,000,000
A ANY PROPRIETOR / PARTNER / EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A	SCFC50685482		10/01/2023	10/01/2024	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE	\$2,000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC - WI				E.L. DISEASE-POLICY LIMIT	\$2,000,000
DESCRIPTION OF OPERATIONS BEIOW							\$2,000,000
					<u> </u>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Veterans Park is included as Additional Insured in accordance with the policy provisions of the General Liability policy. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability policy. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability policy. A Liability, Automobile Liability and Workers' Compensation polit CONTRACT: C22-3150-PW Brightview Landscape Services, Inc. Landscape Services for Bluewater Bay MSBU EXPIRES: 12/31/2024 w/2 1 yr renewals POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Authorized Representative Authorized Representative Authorized Representative Authorized Representative Authorized Representative Authorized Representative							
Brightview Landscape Services, Inc.							
Landscape Services for Bluewater Bay MSBU							ay INISBU
CERTIFICATE HOLDER CA EXPIRES:12/31/2024 w/2 1 yr renewals							
							, <b>I</b>
				OLICY PROVISIONS.			
Okaloosa County Board of County			AUTHORIZED R	IORIZED REPRESENTATIVE			
Commissioners Attn: DeRita Mason							
302 N. Wilson St. Crestview FL 32536 USA				Aon Risk Services Central, Inc.			

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

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations		
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.	All locations where you perform work for such additional insured pursuant to any such written contract.		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Endorsement Number: TBD

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(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.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- **1.** Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person Or Organization: Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

# The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured BrightView Landscapes, LLC			Endorsement Number TBD
Policy Symbol ISA	Policy Number H10716561	Policy Period 10/01/2023 TO 10/01/2024	Effective Date of Endorsement 10/01/2023
	e of Insurance Company) an Insurance Compa		

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 MOTOR CARRIERS COVERAGE FORM AUTO DEALERS COVERAGE FORM

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

## SCHEDULE

Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Authorized Representative

workers compensation and Employers Elability roncy				
Named Insured	Endorsement Number			
BRIGHTVIEW L'ANDSCAPES, LLC				
980 JOLLY RD. `	Policy Number			
BLUE BELL PA 19422	Symbol: WLR Number: C5068541A			
Policy Period "	Effective Date of			
10-01-2023 <b>TO</b> 10-01-2024	Endorsement 10-01-2023			
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.				

# Workers' Compensation and Employers' Liability Policy

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

### Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements. This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

Authorized Agent

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