



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/30/2023

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 Arthur J. Gallagher Risk Management Services, LLC 285 Delaware Avenue, Suite 4000 Buffalo NY 14202	CONTACT NAME: Client Service Team	
	PHONE (A/C. No. Ext): 800-716-8314	FAX (A/C. No): 855-595-4609
E-MAIL ADDRESS: GGB.SY3.CL.Srv@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Mohawk Valley Materials, Inc. Mohawk Valley Mining, LLC PO Box 231 1914 Black River Blvd N Rome NY 13442	MOHAVAL-02	INSURER A: Hanover Insurance Company 22292
		INSURER B: The Cincinnati Insurance Company 10677
		INSURER C: Western World Ins Co 13196
		INSURER D: Berkley Assurance Co 39462
		INSURER E: National Union Fire Ins Co
INSURER F:		

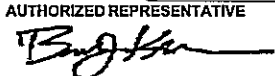
COVERAGES **CERTIFICATE NUMBER:** 1842808679 **REVISION NUMBER:**

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 SUBR INSD I WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y Y	6952438	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Employee Benefits \$ 1,000,000
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> 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	6401520	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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	LXS292936Y-00	1/24/2023	6/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 013-26-5855	6/1/2023	6/1/2024	<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
A B D	Blanket Equipment/Leased Rented Excess Liability Poli/Prof Liability	Y Y	RSH486899 EXS0602876 PCXDB-5022386-0123	1/24/2023 6/1/2023 1/24/2023	6/1/2024 6/1/2024 6/1/2024	19,118,672/1,000 Per Occ./Agg. Per Occ./Agg. 600,000 per item 4,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Following Forms Apply. Subject to Policy Terms and Conditions:
 General Liability Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (Form CG2010 0413)
 General Liability Additional Insured - Owners, Lessees or Contractors - Completed Operations (Form CG2037 0413)
 General Liability Primary and Noncontributory - Other Insurance Condition (Form CG2001 0413)
 General Liability Waiver of Transfer of Rights of Recovery Against Others to Us (Form CG2404 0509)
 Automobile Liability Broad Form Named Insured (Form 61944 0295)
 Automobile Liability Insurance Primary as to Certain Additional Insureds (Form 74445 1099)
 Automobile Liability Additional Insured - Where Required Under Contract or Agreement - New Y
 See Attached...

C22-3258-PW

CERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Road Crestview FL 32536	CANCELLATION SHOULD ANY THE EXPIRATION ACCORDANCE	CONTRACT # C22-3258-PW MOHAWK VALLEY MINING, LLC PROVIDE LIMEROCK EXPIRES: 10/01/2025 WITH 1 YR RENEWELS
	AUTHORIZED REPRESENTATIVE 	



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Mohawk Valley Materials, Inc. Mohawk Valley Mining, LLC PO Box 231 1914 Black River Blvd N Rome NY 13442	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Automobile Liability Waiver of Transfer of Rights of Recovery Against Others to Us (Form 62897 0695)
 Workers Compensation Waiver of Our Right to Recovery from Others Endorsement (Form WC00 0313)
 Excess Liability Blanket Additional Insured Primary Non-Contributory (Form XS4930117)

RE: Contract #22-3258-PW.

Okaloosa County BCC is an Additional Insured per the forms listed to the extent provided therein.