



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/14/2023

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).

<b>PRODUCER</b> M&T Insurance Agency, Inc. - A Gallagher Company 285 Delaware Avenue, Suite 4000 Buffalo NY 14202	<b>CONTACT NAME:</b> Carrie Phillips <b>PHONE (A/C, No, Ext):</b> 315-424-5100 <b>E-MAIL ADDRESS:</b> clservice@mtb.com		<b>FAX (A/C, No):</b> 855-595-4609
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> MOHAVAL-02 Mohawk Valley Materials, Inc. Mohawk Valley Mining, LLC PO Box 231 1914 Black River Blvd N Rome NY 13442	<b>INSURER A :</b> Hanover Insurance Company		22292
	<b>INSURER B :</b> The Cincinnati Insurance Company		10677
	<b>INSURER C :</b> National Union Fire Ins of Pittsburgh PA		19445
	<b>INSURER D :</b> Western World Ins Co		13196
	<b>INSURER E :</b> <b>INSURER F :</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1508939215 **REVISION NUMBER:**

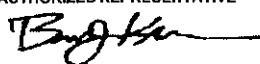
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
C	<b>COMMERCIAL GENERAL LIABILITY</b> <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	1/24/2023	1/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	6401520	1/24/2023	6/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	013265855	1/24/2023	6/1/2023	<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	Blanket Equipment/Leased Rented Excess Liability	Y	Y	IHSH486899 EXS0602876	1/24/2023 1/24/2023	6/1/2024 1/24/2024	12,956,493/1,000 Per Occ./Agg. 600,000 per item 5,000,000

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 Blanket Additional Insured (Form CG2011)  
General Liability Per Project Aggregate (Form CG2503)  
General Liability Per Location Aggregate (Form CG2504)  
General Liability Blanket Waiver of Subrogation (Form CG2404)  
Automobile Liability Blanket Additional Insured (Form CA2048)  
Automobile Liability Blanket Waiver of Subrogation (Form CA0444)  
See Attached...

**Contract:# C22-3258-PW**  
**MOHAWK VALLEY MINING, LLC.**  
**PROVIDE LIMEROCK**  
**Expires: 10/01/2025 W/2 (1) YR RENEWALS**

<b>CERTIFICATE HOLDER</b>  Okaloosa County 5479A Old Bethel Road Crestview FL 32536	<b>CAI</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY M&T Insurance Agency, Inc. - A Gallagher Company		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**

Workers Compensation Blanket Waiver of Subrogation (Form WC000313)  
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.