



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2022

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><br>M&T Insurance Agency, Inc.<br>250 South Clinton Street<br>4th Floor<br>Syracuse NY 13202 | <b>CONTACT NAME:</b><br>PHONE (A/C, No. Ext): 315-424-5100      FAX (A/C, No): 855-595-4609<br>E-MAIL ADDRESS: cservice@mtb.com |  |                 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |                 |
| <b>INSURED</b><br>Mohawk Valley Materials, Inc.<br>PO Box 231<br>Rome NY 13442                              | MOHAVAL-02  | INSURER A : Ohio Security Ins Co             | NAIC #<br>24082 |
|   |   | INSURER B : American Fire & Casualty Co      | 24066           |
|   |   | INSURER C : Ohio Casualty Ins Co             | 24074           |
|   |   | INSURER D : Technology Ins Co Inc            | 42376           |
|   |   | INSURER E : Hanover Insurance Company        | 22292           |
|   |   | INSURER F : The Cincinnati Insurance Company | 10677           |

**COVERAGES**      **CERTIFICATE NUMBER:** 495317565      **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        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOG<br>OTHER: | Y         | Y        | BKS59492775              | 1/24/2022               | 1/24/2023               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br>ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y         | Y        | BAA59492775              | 1/24/2022               | 1/24/2023               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| C        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  | Y         | Y        | USO59492775              | 1/24/2022               | 1/24/2023               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$  |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | TWC4069351               | 1/24/2022               | 1/24/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| E<br>F   | Blanket Equipment Excess Liability  | Y         | Y        | IHSH486899<br>EXS0602876 | 1/24/2022<br>1/24/2022  | 1/24/2023<br>1/24/2023  | Limit/Deductible Per Occ./Agg. 6,671,694/1,000<br>5,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
General Liability Blanket Additional Insured Primary & Non-Contributory and Waiver of Subrogation form CG 88 10 04 13  
General Liability Blanket Additional Insured Contractors Products/Completed Operations form CG 85 83 04 13  
General Liability Additional Insured - Managers Or Lessors of Premises (Scheduled) form CG 20 10 04 13  
Automobile Blanket Additional Insured Primary & Non-Contributory and Waiver of Subrogation form AC 85 01 06 18  
Umbrella Liability Additional Insured Primary Non-Contributory form CU 88 40 02 10  
Umbrella Liability Waiver of Subrogation form CU 64 95 12 07  
Workers Compensation Waiver of Subrogation form WC 00 0313  
Excess Liability Blanket Additional Insured Primary Non-Contributory form XS 493 01 17  
See Attached...

|   |   |  |
|---|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Okaloosa County<br>5479A Old Bethel Road<br>Crestview FL 32536 | <b>CANCEL</b><br><br>SHOUL THE ACCO             | CONTRACT # C21-3074-PW<br>MOHAWK VALLEY MATERIALS, INC.<br>ROAD STABILIZATION PROJECT<br>EXPIRES: 09/30/2022 W/I ONE YR RENEWALS |
|   | AUTHORIZED REPRESENTATIVE<br><i>Kyle Samuel</i> |  |



# ADDITIONAL REMARKS SCHEDULE

|                                      |           |   |  |
|--------------------------------------|-----------|---|--|
| AGENCY<br>M&T Insurance Agency, Inc. |           | NAMED INSURED<br>Mohawk Valley Materials, Inc.<br>PO Box 231<br>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

Additional Insured status applies per the forms listed to the extent provided therein.