ACORD	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/30/2023

						00/00	0/2020	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR AL	TER THE CO	VERAGE AFFORDED B	Y THE	E POLICIES	
IMPORTANT: If the certificate holder	is an ADI	DITIONAL INSURED, the	policy(ies) must h	ave ADDITIO	NAL INSURED provision	s or b	e endorsed.	
If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	t to the te	rms and conditions of th	he policy, certain	policies may				
PRODUCER			CONTACT	.(0)!				
Marsh USA LLC			NAME: PHONE FAX					
1717 Arch Street Philadelphia, PA 19103-2797			(A/C, No, Ext): E-MAIL (A/C, No):					
			ADDRESS:					
	INSURER(S) AFFORDING COVERAGE			NAIC #				
CN103174067-Clean-GAWUP-23- INSURER A : National Union Fire Insurance Co.								
INSURED Clean Earth, LLC			INSURER B : AIU Insu				19399	
933 First Avenue Ste. 200				merican Insurance			16535	
King of Prussia, PA 19406			INSURER D : Lexingto	n Insurance Compa	any		19437	
			INSURER E :					
			INSURER F :					
		E NUMBER:	CLE-006831318-1		REVISION NUMBER: 3			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	от то	WHICH THIS	
INSR	ADDL SUBF	2		PAID CLAIMS POLICY EXP (MM/DD/YYYY)				
LTR TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER 6547157	(MM/DD/YYY) 06/30/2023	Y) (MM/DD/YYYY) 06/30/2024	LIMIT: EACH OCCURRENCE		5,000,000	
		0547157	00/00/2020	0010012024	DAMAGE TO RENTED	\$	5,000,000	
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$	100,000	
					MED EXP (Any one person)	\$	5,000,000	
					PERSONAL & ADV INJURY	\$	5,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	5,000,000	
OTHER:					PRODUCTS - COMP/OP AGG	\$ \$	5,000,000	
A AUTOMOBILE LIABILITY		7030964 (AOS)	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000	
A X ANY AUTO		7030965 (VA)	06/30/2023	06/30/2024		\$		
OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						\$		
C X UMBRELLA LIAB X OCCUR		AUC7364403-05	06/30/2023	06/30/2024	EACH OCCURRENCE	\$	10,000,000	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	10,000,000	
DED RETENTION \$						\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC015825014 (AOS) SIR: \$750	k 06/30/2023	06/30/2024	X PER OTH- STATUTE ER			
		WC015825015 (CA)	06/30/2023	06/30/2024	E.L. EACH ACCIDENT	\$	3,000,000	
A (Mandatory in NH)	N/A	XWC1647426 (OH, PA, WA)	06/30/2023	06/30/2024	E.L. DISEASE - EA EMPLOYEE	\$	3,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						\$	3,000,000	
D Excess Liability		62785768	06/30/2022	06/30/2023	Limit		15,000,000	
					Excess of		10,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Okaloosa County Board of County Commissioners, their r by written contract, subject to policy terms and conditions The insurance is Primary and Non-Contributory to any oth Waiver of Subrogation applies in favor of Additional Insure Umbrella Liability Policy Follows Form.	espective officer	cials, employees & volunteers, Okalo	bile Liability where require CONTRAC CLEAN EA	as additional insure ad by contract and p T: C19-286 ARTH OF A	ds under General Liability, Automo ermitted by law. 52-PW LABAMA, INC.	bile Liabi	ility as required	
				TE SERVIC				
Okaloosa County Board of County Commissioners			EXPIRES:	09/30/202	3 W/1 1 YR RENE	WALS		
5479A Old Bethel Road							ED IN	
Crestview, FL 32536								
			AUTHORIZED REPRES	SENTATIVE				
					March USA	110	2	

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AGENCY CUSTOMER ID: CN103174067

LOC #: Philadelphia

	ONAL REM		Page 2 of 2
AGENCY Marsh USA LLC		NAMED INSURED Clean Earth, LLC	
POLICY NUMBER		933 First Avenue Ste. 200 King of Prussia, PA 19406	
CARRIER	NAIC CODE	_	
		EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE			
FORM NUMBER: <u>25</u> FORM TITLE: <u>Certifica</u>	te of Liability Insura	ance	
Contractors Professional and Pollution Liability			
Carrier: Allied World Assurance Company US Inc., NAIC#: 19489			
Policy: 0312-3010			
Effective Date: 06/30/2023			
Expiration Date: 06/30/2024			
Per Incident \$10,000,000			
Aggregate \$10,000,000			
SIR: \$250,000			
Pollution Legal Liability			
Carrier: Allied World Assurance Company US Inc., NAIC#: 19489			
Policy: 0312-3009			
Effective Date: 06/30/2023			
Expiration Date: 06/30/2024			
Per Incident \$10,000,000			
Aggregate \$10,000,000			
SIR: \$250,000			
Excess Contractors Professional & Pollution Liability			
Carrier: Indian Harbor Insurance Company			
Policy #: XEC0063739			
Effective Date: 06/30/2023			
Expiration Date: 06/30/2024 Limit: \$15m xs of \$10m			