

٠

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2024

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policy, certain policy. certain policy. certain policy. The policy and the entities entiticate holder in lieu of such endorsement(s). PRODUCER Palomar Insurance Corp. Palomar Insurance Corp. Insurance Corp. Palomar Insurance Corp. Insure the such endorsement(s). Pol. Box 20849 Insure the such endorsement in surance Company 18998 Insure to such endorsement in surance Company 18998 18998 Name to such endorsement in surance Company 18998 18998 Insure to such endorsement in surance Company 18998 18998 Insure to such endorsement in surance Company 38378 Name to such endorsement in surance Company 38378 <t< th=""><th colspan="4">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.</th></t<>	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.				
PRODUCER Palomar Insurance Corp. Palomar Insurance Corporation P.O. Box 240849 Indice Social Montgomery AL 36124 Conversion Palomar Insurance Corporation P.O. Box 240849 Indice Social Montgomery AL 36124 Indice Social Mon	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).				
Palomar Insurance Corporation P.O. Box 240849 Montgomery AL 36124 Musurence Lopporation P.O. Box 240849 Montgomery AL 36124 Musurence Liber Portuge Liber Liber Portuge Liber Port	ER	CONTACT NAME: Lindsey Cook			
P.O. Box 240849 Montgomery AL 36124 MACE Material INSURED Indiversity of the Hauling, Inc. Number R3: Alto-Owners Insurance Company 18988 NSURED Little Tire Hauling, Inc. Number R3: The Sheffield Fund 18000000000000000000000000000000000000					
Montgomery AL 36124 INSURERS INSURERS AFFORDING COVERAGE NAIC# INSUREA INSUREA INSUREA Auto-Owners Insurea 1998 Little Tire Hauling, Inc. PO Box 1702 Andalusia AL 36420 INSUREA Company 35378 INSUREA INSUREA Company 22667 INSUREA INSUREA Company 22667 INSUREA INSUREA Company 22667 INSUREA INSUREA INSUREA ENCLOSE COVERAGES CERTIFICATE NUMBER: TREVISION NUMBED A800°C FOR THE POLICY PERIOD INSUREA INSUREA ENCLOSE ENCLOSE ENCLOSE INSUREA INSUREA ENCLOSE ENCLOSE ENCLOSE ENCLOSE INSUREA INSUREA ENCLOSE					
INSURED UTTTIREHAU INSURER B: The Sheffield Fund Insurance Company 35378 Andalusia AL 36420 INSURER C: Exanston Insurance Company 22667 INSURER C: INSURANCE INSURER C: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER C: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER C: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER C: INSURANCE INSURER C: INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THE POLICIES UNTRACT OR OTHER DOCUMERT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BERNER EACH OCCURRENCE \$ 2,000,000 INR YPE OF INSURANCE MADO SUMP POLICY NUMBER POLICY NUMP EACH OCCURRENCE \$ 2,000,000 INR YPE OF INSURANCE MADO SUMP S 11810724 1/3/2024 1/3/2024 I/3/2024 I/3/2025 EACH OCCURRENCE \$ 2,000,000 GENT AGGREGATE LIMIT APPLIES PER: POLICY MURP YEINT OF THE POLICIES UNIT APPLIES PER: POLICY MURP YEINT OF RESULT OF RENTED SINGLE LIMIT \$ 1,000,000					
Liftie Tire Hauling, Inc. INSURER 0: Insurance Company 95378 PO Box 1702 Nusurer 0: Evansion Insurance Company 22667 Andalusia AL 36420 INSURER 0: Evansion Insurance Company 22667 INSURER 1: INSURER 0: Evansion Insurance Company 22667 INSURER 5: INSURER 1: INSURER 0: Evansion Insurance Company 22667 INSURER 5: INSURER 5: INSURER 5: INSURER 0: Evansion Insurance Company 22667 INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM 0R CONDITION OF ANY CONTRACT 00 OTHER IDCLMENT WITH RESPECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY DAID CLAIMS. INS TYPE OF INSURANCE ADDISUBRI POLICY NUMBER 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 INS INSD WYD POLICY NUMBER 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 INS INSD WYD POLICY NUMBER 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 INS INSD WYD POLICY NUMBER INSD WYD INSD WYD INSD WYD INSD WYD INSD WYD I		INSURER A : Auto-Owners Insurance Company 18988			
PO Box 1702 INSURER C: EVANISON INSURACE Company 33378 Andalusia AL 36420 INSURER D: ACCE American Insurance Company 22667 INSURER C: INSURER C: EVANISON Insurance Company 22667 COVERAGES CERTIFICATE NUMBER: 1286103122 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 INSURER C: EVANISON NUMBER: INSURER C: EVANISON NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURENCE INSURED NOTHER DOCUMENT WITH RESPECT TO WHICH THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. IMMTS A X COMMERCIAL GENERAL LIABILITY 3811810724 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 MED EXP (ANY ORD OF SUCH POLICY EXPONDED X LOC IMMTS \$1,000,000 MMDD/YYYY IMMTS S0,000 A AUTOMOBILE LIABILITY S211810700 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 MAD EXPONDE SUTTOR S211810700 1/3/2024 1/3/2025 EACH OCCURRENCE \$3,000,000 MORE RELIABILIAB <t< td=""><td></td><td colspan="3">INSURER B : The Sheffield Fund</td></t<>		INSURER B : The Sheffield Fund			
Andalusia AL 36420 INSURER D: ACE American Insurance Company 22667 INSURER E :: INSURER E: INSURER E: INSURER E: INSURER T : INSURER CONTRACT REVISION NUMBER: INSURER E: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DOWNED AND ADOVE FOR THE POLICY PERIOD INSURER E: INSURER E: INSURER E: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER E: INSURER E:<		INSURER C : Evanston Insurance Company 35378			
INSURER F : REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: 1286103122 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN ISSUED TO THE INSURAD ABOVE FOR THE POLICY PERIOR INSURANCE INSURANCE LISED BELOW HAVE BEEN ISSUED TO THE INSURANCE ANY BE ISSUED OR MAY PERTAIN, THE INSURANCE ACPORED BY PHE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS A X COMMERCIAL GENERAL LIABILITY 3811810724 1/3/2024 1/3/2024 EACH OCCURRENCE \$2,000,000 MED EXPLOYED MODI_SUBR POLICY NUMBER MODI_SUBR MODI_SUBR MODI_SUBR MODI_SUBR MODI_SUBR MODI_SUBR POLICY PERIOD EACH OCCURRENCE \$2,000,000 MED EXPLOYED MODI_SUBR POLICY NUMBER 1/3/2024 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY S211810700 1/3/2024 1/3/2024 1/3/2025 EACH OCCURRENCE \$2,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY SCHEDULED SCHEDULED \$1,000,000 BODILY INJURY (Per aci					
COVERAGES CERTIFICATE NUMBER: 1286103122 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 ALL THE TERMS EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSE TYPE OF INSURANCE ADDICISUER POLICY NUMBER POLICY NUMBER POLICY PHP (MMIDD)YYY) IMMITS A X COMMERCIAL GENERAL LIABILITY AS11810724 113/2024 113/2024 EACH OCCURRENCE \$2,000,000 B CLAIMS-MADE X OCCUR AS11810724 113/2024 113/2025 EACH OCCURRENCE \$2,000,000 B CLAIMS-MADE X OCCUR S11810724 113/2024 113/2025 EACH OCCURRENCE \$2,000,000 B CLAIMS-MADE X COMBINE DAIL ABILITY S211810700 113/2024 113/2024 113/2025 EACH OCCURRENCE \$3,000,000 COMBINED SINGLE LIABILITY S211810700 113/2024 113/2024 113/2025 EACH OCCURRENCE \$3,000,000 A AU		INSURER E :			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDUCATED. NOTWITH STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDILY LIMITS POLICY NUMBER POLICY YERP POLICY EXP LIMITS A COMMERCIAL CABERAL LIABILITY ASI11810724 1/3/2024 1/3/2024 1/3/2024 EACH OCCURRENCE \$ 2,000,000 GENTLAGGREGATE LIMIT APPLIES PER: POLICY MUMBER 5211810700 1/3/2024 1/3/2025 COMBINED SINGLE LIMIT \$ 3,000,000 A AUTOMOBILE LIABILITY \$ 211810700 1/3/2024 1/3/2025 COMBINED SINGLE LIMIT \$ 1,000,000 A AUTOMOBILE LIABILITY \$ 211810700 1/3/2024 1/3/2025 COMBINED SINGLE LIMIT \$ 1,000,000 MAY AUTO ANY AUTO ANY AUTO \$ 2000,000 \$ 0000,000 \$ 0000,000 \$ 0000,000 \$ 0000,000 \$ 0000,000 \$ 0000,000 \$ 0000,000 \$ 0					
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 SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADD_[SUBR MYD POLICY EFF					
A X COMMERCIAL GENERAL LIABILITY \$3811810724 1/3/2024 1/3/2025 EACH OCCURENCE \$2,000,000 DAMAGE TO RENTED \$50,000 DAMAGE TO RENTED \$50,000 GENL AGGREGATE LIMIT APPLIES PER:	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.				
A AUTOMOBILE LIABILITY SC11810700 1/3/2024 1/3/2024 1/3/2024 Construction SC1000 A AUTOMOBILE LIABILITY SC11810700 1/3/2024 1/3/2024 Construction SC1000,000 A AUTOMOBILE LIABILITY SC11810700 1/3/2024 1/3/2025 Construction SC1000,000 A AUTOS ONLY AUTOS SCHEDULED	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMB	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS			
CLAIMS-MADE CCCUR \$ \$0,000 Main CLAIMS-MADE CCCUR \$ \$0,000 GENLAGGREGATE LIMIT APPLIES PER: POLICY PRO- \$ \$0,000 OTHER: POLICY PRO- \$ \$0,000 A AUTOMOBILE LIABILITY \$ \$ \$0,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		1/3/2024 1/3/2025 EACH OCCURRENCE	\$2,000,000		
GENTLAGGREGATE LIMIT APPLIES PER: POLICY JECT X LOC OTHER: POLICY JECT X LOC A AUTOMOBILE LIABILITY X LOC \$3,000,000 X ANY AUTO \$1/3/2024 1/3/2025 COMBINED SINGLE LIMIT \$1,000,000 WITOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED SCHEDULED NON-OWNED \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED SCHEDULED SCHEDULED \$ UMBRELLA LIAB OCCUR CLAIMS-MADE \$ \$ \$ \$ DED RETENTION \$ \$ \$ \$ \$ \$ \$ B WORKERS COMPENSATION AND ERSYLIABULTY N / A \$ <t< td=""><td>CLAIMS-MADE X OCCUR</td><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>50,000</td></t<>	CLAIMS-MADE X OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	50,000		
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC PRO- TOTHER: X LOC PRO- TOTHER: X LOC PRO- TOTHER: X LOC PRO- TOTHER: X S3,000,000 A AUTOMOBILE LIABILITY X ANY AUTO \$		MED EXP (Any one person)	5,000		
POLICY JEC. X LOC PRODUCTS - COMP/OP AGG \$3,000,000 OTHER: OTHER: S S S S A AUTOMOBILE LIABILITY S S S S S M AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY S S BODILY INJURY (Per person) \$ MIRED AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY S S S S MIRED AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY S S S S MUBRELLA LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE S S S S MORKERS COMPENSATION ANY FOOPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N / A S S S S B ANY FOOPRIETOR/PARTINER/EXECUTIVE (Madatory in NH) N / A S S S S S		PERSONAL & ADV INJURY	\$2,000,000		
Image:		GENERAL AGGREGATE	3,000,000		
A AUTOMOBILE LIABILITY 5211810700 1/3/2024 1/3/2025 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 X ANY AUTO ANY AUTO BODILY INJURY (Per person) \$ WITOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY BODILY INJURY (Per person) \$ HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED \$ BODILY INJURY (Per person) \$ HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED \$ \$ UMBRELLA LIAB OCCUR CAIMS-MADE CAIMS-MADE \$ \$ \$ DED RETENTION \$ CAIMS-MADE \$ \$ \$ \$ \$ DED RETENTION \$ N/A \$			· · ·		
ANY AUTO SCHEDULED WATOS ONLY ANYAUTO OWNED SCHEDULED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED OCCUR EXCESS LIAB OCCUR DED RETENTION \$ B WORKERS COMPENSATION \$ ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N MADA N/A					
B OWNED AUTOS ONLY SCHEDULED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) \$ HRED AUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ HRED AUTOS ONLY OCCUR S \$ \$ \$ EXCESS LIAB OCCUR CLAIMS-MADE \$ \$ \$ DED RETENTION \$ 60020243758200 1/1/2024 12/31/2024 X PER STATUTE OTH- ER B WORKERS COMPENSATION OFFICER/MEMBERESCLUDED? N / A 60020243758200 1/1/2024 12/31/2024 X PER STATUTE OTH- ER B MORENCERSCLUDED? N / A 60020243758200 1/1/2024 1/1/2024 12/31/2024 X PER STATUTE S B MORENCER/MEMBERESCLUDED? N / A 60020243758200 1/1/2024 1/1/2024 12/31/2024 X PER STATUTE S CHICER/MEMBERESCLUDED? N / A N / A 60020243758200 1/1/2024 1/1/2024 1/1/2024 X PER STATUTE S S L ANYPROPRIETOR/PARTINER/EXECUTIVE N / A		(Ea accident)			
AUTOS ONLY SUBJECT AGGREGATE \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE B WORKERS COMPENSATION ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION OFFICER/MEMBREREXCLUDED? N / A B WORKERS COMPENSATION N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A ANYPROPRIETOR/PARTNER/EXECUTIVE N / N / A B WORKERS COMPENSATION S / ANY A			· · · · · · · · · · · · · · · · · · ·		
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY (Per accident) $\ensuremath{\baseline{Period}{}}$	AUTOS ONLY AUTOS				
Image: Construction of the construc		(Per accident)			
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ AGGREGATE \$ B WORKERS COMPENSATION D AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBEREXCLUDED? N / A					
DED RETENTION \$ \$ ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBERESCLUDED? N / A 60020243758200 1/1/2024 1/1/2024					
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) A A N A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)					
AND EMPEOPERS LIABLETT Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEBBEREXCLUDED? (Mandatory in NH) HDO6/146064 N/A HDO6/146064 1/1/2024 1/1/2024 LL. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000			5		
OFFICER/MEMBEREXCLUDED?	D EMPLOYERS' LIABILITY Y/N HD067146064	1/1/2024 1/1/2025	1 000 000		
	FICER/MEMBEREXCLUDED?				
	es, describe under				
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 C Pollution CPLMOL114102 12/9/2022 12/9/2024 Limit \$2,000,000 agg Ded \$1,000					
		Limit \$1,000,000 occ			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
. –					
CONTRACT: C22-3229-PW					
LITTLE TIRE HAULING, INC.					
· · · · · · · · · · · · · · · · · · ·					
EXPIRES:09/07/2025					
CERTIFICATE HOLDER CAN					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
ACCORDANCE WITH THE POLICY PROVISIONS.	Okalaasa County School District				
Okaloosa County School District 120 Lowery Place	120 Lowery Place				
Fort Walton Beach FL 32548	Fort Walton Beach FL 32548	AU I HORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE		
have statte		wow Statt			
© 1988-2015 ACORD CORPORATION. All rights reserve			Il rights recorved		

The ACORD name and logo are registered marks of ACORD