

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2023

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).							
this certificate does not confer rights to	o the cert	ificate holder in lieu of su 2-948-1306	ICH ENGO	rsement(s))		
PRODUCER LIC #0437153 Marsh Risk & Insurance Services	1-21.	2-348-1308	NAME:				
CIRTS_Support@jacobs.com			(A/C, No): 1-212-948-1306				12-948-1306
633 W. Fifth Street			E-MAIL ADDRESS:	ADDRESS:			
		INSURER(S) AFFORDING COVERAGE			NAIC#		
Los Angeles, CA 90071 INSURED							
CH2M HILL ENGINEERS, INC.		INSURER C :					
C/O Global Risk Management			INSURER [) <u>; </u>	<u> </u>		
555 South Flower Street, Suite 32	200		INSURER	:			
Los Angeles, CA 90071			INSURER F	: <u> </u>			
COVERAGES CER	TIFICATE	NUMBER: 68973017				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY (ED BY TH	CONTRACT	S DESCRIBED	DOCUMENT WITH RESPECT IT	
INSR TYPE OF INSURANCE	ADDL SUBR		F (N	OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	INSD WVD	HDO G47339273		7/01/23	07/01/24	EACH OCCURRENCE \$ 1	,000,000
				==		DAMAGE TO PENTED	00,000
						TALMOLO (La occarj <u>ence)</u>	,000
X CONTRACTUAL LIABILITY						ing and for the state of the	,000,000
							,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 1	,000,000
OTHER:		ISA H10736262		7/01/23	07/01/24		,000,000
		ISA H10/30202		//01/23	07701724		,000,000
X ANY AUTO							
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY						(Per accident)	
						\$	
UMBRELLALIAB OCCUR		-				EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
DED RETENTION \$	1		Í			\$	
WORKERS COMPENSATION		WLR C50711481 (AOS)		7/01/23	07/01/24	X PER OTH- STATUTE ER	
		WCU C50711559 (OH)*		7/01/23	07/01/24		,000,000
OFFICER/MEMBEREXCLUDED?	N/A	SCF C5071164A (WI)		7/01/23			,000,000
A (Mandatory in NH) If yes, describe under				.,	1		,000,000
A PROFESSIONAL LIABILITY	<u>├</u>	EON G21655065 014	c	7/01/23	07/01/24		000,000
A PROPEDDIONAL BRADILITA							
		D 404 Additional Base and a Patricia		ttached if me	re space is requir	ii	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	U 101, Additional Remarks Schedu	uie, may be a		ne space is requir	•••• /2020 SECTOR Bublic	. Okaloosa
PROJECT MGR: David Stejskal. CC County Board of County Commission	NTRACT	NUMBER: C18-2679-WS.	nal ine	ured for	deneral 1 . deneral 1	iability & auto liabil	ity as
respects the negligence of the i	nsured	in the performance of	of insur	ed's ser	vices to o	ert holder under contr	act for
captioned work. Waiver of subro	gation	is hereby granted in	1 favor	of cert	holder for	WC. *THE TERMS, CONI	ITIONS, AND
captioned work. Waiver of subrogation is hereby granted in favor of cert holder for WC. *THE TERMS, CONDITIONS, AND LIMITS PROVIDED UNDER THIS CERTIFICATE OF INSURANCE WILL NOT EXCEPT OF BROADEN IN ANY WAY THE TERMS, CONDITIONS, AND							
LIMITS AGREED TO UNDER THE APPLICABLE CONTRACT.*							
				CONTRACT: C18-2679-WS			
CERTIFICATE HOLDER			CANC	CANC CH2M Hill Engineering, Inc.			
				Mostor Convice Agreement Engineering			
			SHO				jineenng
Okaloosa County Board of County Commissioners			ACC	EXP	IRES:09)/30/2022	
5479A Old Bethel Road			AUTHOR	AUTHORIZED REPRESENTATIVE			
- The second sec							
Crestview, FL 32536	,	USA			2	ブー	
				© 1	988-2015 AC	CORD CORPORATION. All	rights reserved
				9	AC		

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SUPPLEMENT TO CERTIFICATE OF INSURANCE

NAME OF INSURED: CH2M HILL ENGINEERS, INC.

Additional Description of Operations/Remarks from Page 1:

Additional Information:

*\$2,000,000 SIR FOR STATE OF: OHIO

DATE 06/15/2023

NOTICE TO OTHERS ENDORSEMENT -- SCHEDULE -- EMAIL ONLY

Named Insured	Jacobs Solutions Inc.		Endorsement Number
Policy Symbol HDO	Policy Number G47339273	Policy Period 07/01/2023 TO 07/01/2024	Effective Date of Endorsement
	e of Insurance Company) an Insurance Compar	iy	

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A. If we cancel the Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- B. The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- **C.** The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- **D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- **G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.
- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

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Authorized Representative

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE – EMAIL ONLY

Named Insured	Jacobs Solutions Inc.		Endorsement Number
Policy Symbol ISA	Policy Number H10736262	Policy Period 07/01/2023 TO 07/01/2024	Effective Date of Endorsement
• •	e of Insurance Company) an Insurance Company		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A. If we cancel the Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- **B.** The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- **D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- **G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.
- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

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Authorized Representative

Horkers Compensation and Employers Elability Folloy				
Named Insured JACOBS SOLUTIONS INC.	Endorsement Number			
555 SOUTH FLOWER ST, STE 3200	Policy Number			
LOS ANGELES CA 90071	Symbol: WLR Number: C50711481			
Policy Period 07-01-2023 TO 07-01-2024	Effective Date of Endorsement 07-01-2023			
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY				
Insert the policy number. The remainder of the information is to This endorsement changes the policy to which it is attached and	be completed only when this endorsement is issued subsequent to the preparation of the policy, d is affective on the data issued unless otherwise stated			
I his endorsement changes the policy to which it is attached an	a is ellective on the date issued unless otherwise stated.			

NOTICE TO OTHERS ENDORSEMENT - SCHEDULE - EMAIL ONLY

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- **B.** The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- **D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- **G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.
- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This Endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured	ns Inc.		Endorsement Number
Policy Symbol EON	Policy Number G21655065 014	Policy Period 07/01/2023 to 07/01/2024	Effective Date of Endorsement 07/01/2023
Issued By (Name of In ACE American	surance Company) Insurance Company		

NOTICE TO OTHERS ENDORSEMENT - SCHEDULE

- A. If We cancel or non-renew the Policy prior to its expiration date by notice to You for any reason other than nonpayment of premium, We will endeavor, as set out below, to send written notice of cancellation or non-renewal via such electronic or other form of notification as We determine, to the persons or organizations listed in the schedule that You or Your representative provide or have provided to Us (the Schedule). You or Your representative must provide Us with both the physical and e-mail address of such persons or organizations, and We will utilize such e-mail address and/or physical address that You or Your representative provided to Us on such Schedule.
- B. The Schedule must be initially provided to Us within 30 days after:
 - i. The beginning of the Policy Period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the **Policy**, if this endorsement is effective after the **Policy Period** commences.
- C. The Schedule must be in a format that is acceptable to Us and must be accurate.
- D. Our delivery of the notification as described in Paragraph A of this endorsement will be based on the most recent **Schedule** in **Our** records as of the date the notice of cancellation or non-renewal is mailed or delivered to **You**.
- E. We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the **Schedule** at least 30 days prior to the cancellation or non-renewal date applicable to the **Policy**.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation or non-renewal of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation or non-renewal to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon Us, Our agents or representatives, will not extend any Policy cancellation or non-renewal date and will not negate any cancellation or non-renewal of the Policy.
- G. We are not responsible for verifying any information provided to Us in any Schedule, nor are We responsible for any incorrect information that You or Your representative provide to Us. If You or Your representative does not provide Us with a Schedule, We have no responsibility for taking any action under this endorsement. In addition, if neither You nor Your representative provides Us with e-mail address and/or physical address information with respect to a particular person or organization, then We shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. With respect to this endorsement **Our**, **Us** or **We** means the stock insurance company listed in the Declarations, and **You** or **Your** means the insured person or entity listed in Item 1 of the Declarations page.

All other terms and conditions of this Policy remain unchanged.

JOHN J. LUPICA, President

MS-36362 (04/19)

Authorized Representative