

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/28/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br><b>USI Insurance Services, LLC/CL</b><br><b>201 Alhambra Circle, Suite 1401</b><br><b>Coral Gables, FL 33134-5108</b><br><b>305 669-6000</b> | <b>CONTACT NAME:</b> Jennifer Warrington<br><b>PHONE (A/C, No, Ext):</b> 305 669-6000 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> jennifer.warrington@usi.com  |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
|---|--|-------------------------------|--------|--|--------------|---|--------------|--|--------------|---|--------------|--------------------|--|--------------------|--|
| <b>INSURED</b><br><b>Envirowaste Services Group, Inc</b><br><b>18001 Old Cutler Rd Ste 55A</b><br><b>Miami, FL 33157-6440</b>                                   | <table border="1"> <thead> <tr> <th data-bbox="816 426 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 426 1559 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1437 478"><b>INSURER A : Steadfast Insurance Company</b></td> <td data-bbox="1437 451 1559 478"><b>26387</b></td> </tr> <tr> <td data-bbox="816 478 1437 506"><b>INSURER B : Colony Insurance Company</b></td> <td data-bbox="1437 478 1559 506"><b>39993</b></td> </tr> <tr> <td data-bbox="816 506 1437 533"><b>INSURER C : Zurich American Insurance Company</b></td> <td data-bbox="1437 506 1559 533"><b>16535</b></td> </tr> <tr> <td data-bbox="816 533 1437 560"><b>INSURER D : Aspen American Insurance Company</b></td> <td data-bbox="1437 533 1559 560"><b>43460</b></td> </tr> <tr> <td data-bbox="816 560 1437 588"><b>INSURER E :</b></td> <td data-bbox="1437 560 1559 588"></td> </tr> <tr> <td data-bbox="816 588 1437 615"><b>INSURER F :</b></td> <td data-bbox="1437 588 1559 615"></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A : Steadfast Insurance Company</b> | <b>26387</b> | <b>INSURER B : Colony Insurance Company</b> | <b>39993</b> | <b>INSURER C : Zurich American Insurance Company</b> | <b>16535</b> | <b>INSURER D : Aspen American Insurance Company</b> | <b>43460</b> | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER A : Steadfast Insurance Company</b>  | <b>26387</b>   |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER B : Colony Insurance Company</b>   | <b>39993</b>   |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER C : Zurich American Insurance Company</b>  | <b>16535</b>   |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER D : Aspen American Insurance Company</b>   | <b>43460</b>   |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER E :</b>  |  |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |
| <b>INSURER F :</b>  |  |                               |        |  |              |   |              |  |              |   |              |                    |  |                    |  |

**COVERAGES****CERTIFICATE NUMBER:****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 INSR | SUBR WVD | POLICY NUMBER              | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS  |
|----------|--|-----------|----------|----------------------------|--------------------------|--------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Contractors</b><br><input checked="" type="checkbox"/> <b>Pollution Included</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | GPL180638902               | 07/31/2022               | 07/31/2023               | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>\$ |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  | X         | X        | BAP557133810               | 07/31/2022               | 07/31/2023               | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <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 \$NIL   | X         | X        | EX04267441<br>SXS187844802 | 07/31/2022<br>07/31/2022 | 07/31/2023<br>07/31/2023 | EACH OCCURRENCE \$20,000,000<br>AGGREGATE \$20,000,000<br>\$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | X         | X        | WC017636208                | 07/31/2022               | 07/31/2023               | <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                                    |
| D        | <b>Inland Marine</b>   | X         | X        | IM10Q0000451511            | 07/31/2022               | 07/31/2023               | <b>Scheduled/Rented/Leased</b>  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: Job #20-051T, Vactor & Pumping Service.**

The General Liability and Automobile Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| <b>City Of Clearwater</b><br><b>PO BOX 4748</b><br><b>CLEARWATER, FL 33758</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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

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# Additional Insured-Automatic-Owners, Lessees Or Contractors



**Coverage Part One-Commercial General Liability**  
**Coverage Part Two-Contractor's Pollution Liability**

| Policy No.     | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer | Add'l Prem. | Return Prem. |
|----------------|-------------------|-------------------|-------------------|----------|-------------|--------------|
| GPL-1806389-02 | 07/31/2022        | 07/31/2023        | 07/31/2022        | 84179000 | -----       | -----        |

**Named Insured and Mailing Address:**

ENVIROWASTE SERVICES GROUP, INC.  
18001 OLD CUTLER RD # 554  
PALMETTO BAY, FL 33157-6440

**Producer:**

USI INSURANCE SERVICES, LLC  
PO BOX 141916  
CORAL GABLES, FL 33114-1916

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**Environmental Services Package Policy**

- ☒ COVERAGE PART ONE-COMMERCIAL GENERAL LIABILITY
- ☒ COVERAGE PART TWO-CONTRACTOR'S POLLUTION LIABILITY

1. Who is an Insured (Section I.) in the COMMON COVERAGE PROVISIONS is amended to include as an additional insured any person(s) or organization(s) whom you are required to add as an additional insured on this policy under a written contract or written agreement.
2. The insurance provided to the additional insured person(s) or organization(s) applies only to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" under COVERAGE PART ONE-COMMERCIAL GENERAL LIABILITY, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf;and resulting directly from:
    - (a) Your ongoing operations performed for the additional insured, which is the subject of the written contract or written agreement; or
    - (b) "Your work" completed as included in the "products-completed operations hazard", performed for the additional insured, which is the subject of the written contract or written agreement; and/or
  - b. "Claims" arising out of a "pollution event" under COVERAGE PART TWO - CONTRACTOR'S POLLUTION LIABILITY, caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf,and resulting directly from:
    - (a) "Covered operations" performed for the additional insured, which is the subject of the written contract or written agreement; or

(b) "Completed operations" of the "covered operations" performed for the additional insured, which is the subject of the written contract or written agreement.

3. However, regardless of the provisions of paragraphs 1. and 2. above, the insurance afforded to such additional insured:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the written contract or written agreement to provide to such additional insured.

4. With respect to the insurance afforded to the additional insured under this endorsement, the following is added to **Section III – Limits Of Insurance and Deductible:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the written contract or written agreement you have entered into with the additional insured; or
- b. Available under the applicable Limits of Insurance shown in the Declarations, whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

5. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

- (1) The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
- (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any architectural, engineering or surveying services.

6. The additional insured must see to it that:

- a. We are notified as soon as practicable of an "occurrence", offense or "pollution event", as applicable, that may result in a claim;
- b. We receive written notice of a claim or "suit" as soon as practicable; and
- c. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.

7. For the coverage provided by this endorsement:

a. The following paragraph is added to Paragraph 8.a. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

Primary and Noncontributory Insurance

This Insurance is primary to and will not seek contribution from any other insurance available to an additional insured under this endorsement provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

b. The following paragraph is added to Paragraph 8.b. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

8. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**