



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2024

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 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> Risk Strategies Company 750 Third Avenue, Suite 1500 New York, NY 10017	<b>CONTACT NAME:</b> Robin Strauss <b>PHONE (A/C. No. Ext):</b> 212-669-5400 <b>E-MAIL ADDRESS:</b> rstrauss@risk-strategies.com	<b>FAX (A/C. No):</b> 212-669-5417
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Acquisition Group, LLC 711 N. Sherrill Street Tampa, FL 33609	<b>INSURER A :</b> SOMPO AMERICA INSUANCE COMPANY	11126
	<b>INSURER B :</b> ENDURANCE ASSURANCE CORPORATION	11551
	<b>INSURER C :</b> SOMPO AMERICA FIRE & MARINE INSURANCE	38997
	<b>INSURER D :</b> BRIDGEWAY INSURANCE COMPANY	12489
	<b>INSURER E :</b> ACCREDITED SPECIALTY INSURANCE COMPANY	16835
	<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1525488825

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Cross Liability <input checked="" type="checkbox"/> Prim. Non-Cont. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	MGF30041677801	7/26/2024	7/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	MAF30041675201	7/26/2024	7/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	MUF30041685901	7/26/2024	7/25/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		Y	JWCS108610	7/26/2024	7/25/2025	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			7GA7PL0000993-03	7/26/2024	7/25/2025	Each Claim/Agg. Limit \$1MM/\$2MM
E	Cyber Liability			CYB-708072029-00	7/26/2024	7/25/2025	Each Claim/Agg. Limit \$5MM/\$5MM

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

Projects: All Work Performed for Polk County

Certificate Holder is included as an Additional Insured and a Waiver of Subrogation applies with respect to General Liability and Auto Liability, if required or agreed to in a written contract subject to all provisions and limitations of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

Polk County A Political Subdivision of  
 State of Florida  
 330 West Church Street  
 P.O Box 9005 Drawer AS05  
 Bartow, FL 33830

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION THAT YOU ARE OBLIGATED PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO A LOSS TO PROVIDE SUCH INSURANCE AS IS AFFORDED BY THIS POLICY.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.
- However:
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
  2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
  2. Available under the applicable limits of insurance;
- whichever is less.
- This endorsement shall not increase the applicable limits of insurance.

**PRIMARY AND NON-CONTRIBUTORY - OTHER INSURANCE CONDITION**

Under **Section IV - Commercial General Liability Conditions**, the following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary and Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy, provided that:

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

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

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

### **SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b>          ANY PERSON OR ORGANIZATION WHERE YOU ARE OBLIGATED TO WAIVE RIGHTS OF RECOVERY          PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO LOSS.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV - Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

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

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION WHERE YOU ARE OBLIGATED PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO A LOSS TO PROVIDE SUCH INSURANCE AS IS AFFORDED BY THE POLICY	ANY LOCATION WHERE YOU ARE OBLIGATED PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO A LOSS TO PROVIDE SUCH INSURANCE AS AFFORDED BY THIS POLICY FOR "YOUR WORK" AT THE LOCATION.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

- A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".
- However:
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
  2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
  2. Available under the applicable limits of insurance;
- whichever is less.
- This endorsement shall not increase the applicable limits of insurance.

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT YOU ARE OBLIGATED PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO A LOSS TO PROVIDE SUCH INSURANCE AS IS AFFORDED BY THIS POLICY.	ALL PREMISES OF THE ADDITIONAL INSURED WHERE WORK IS PERFORMED BY OR ON BEHALF OF THE NAMED INSURED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment

furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

*This Endorsement Changes the Policy. Please Read It Carefully.*

## COMMERCIAL AUTOMOBILE ENHANCEMENT

This endorsement modifies coverage provided under the following:

### BUSINESS AUTO COVERAGE FORM

#### 1. BROADENED INSURED COVERAGE

Under **Section II - COVERED AUTOS LIABILITY COVERAGE**, the following changes are made:

##### A. BROAD NAMED INSURED

The following is added to **A. Coverage**, paragraph **1. Who Is An Insured**:

- d. Any legally incorporated entity of which you own more than 50% of the voting stock on the effective date of this coverage part is an insured.

##### B. ADDITIONAL INSUREDS - BY CONTRACT, AGREEMENT OR PERMIT

The following is added to **A. Coverage**, paragraph **1. Who Is An Insured**:

- e. Any person or organization, not otherwise identified as an "insured" in this coverage or by endorsement to this coverage, that you are required by written contract, written agreement or written permit to name as an "insured". However, such person or organization is an "insured" only:
  - (1) With respect to the operation, maintenance or use of a covered "auto"; and
  - (2) For "bodily injury" or "property damage" caused by an "accident" which takes place after:
    - (a) You executed the written contract or written agreement; or
    - (b) The permit has been issued to you.

The insurance provided under item **B.** above applies on a primary basis if that is required by the written contract, written agreement or written permit. Coverage under this provision is limited to the minimum limits of liability stipulated in that written contract, written agreement or written permit or the amount of loss not to exceed the Limit of Liability shown in the Declarations, whichever is less.

##### C. EMPLOYEES AS INSUREDS

The following is added to **A. Coverage**, paragraph **1. Who Is An Insured**:

- f. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

##### D. FELLOW EMPLOYEE COVERAGE

**B. Exclusions**, paragraph **5. Fellow Employee** is deleted and replaced with the following:

“Bodily injury” to:

- a. Any fellow “employee” of the “insured” arising out of and in the course of the fellow “employee’s” employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow “employee” as a consequence of Paragraph **a.** above.

However, we will cover “bodily injury” caused by your “employee” to his or her fellow “employee” if the “bodily injury” results from the use of a covered “auto”.

## **2. ADDITIONAL SUPPLEMENTARY PAYMENTS**

**Section II - COVERED AUTOS LIABILITY COVERAGE , A. Coverage**, paragraph **2.a. Coverage Extensions, Supplementary Payments**, items **(2)** and **(4)** are deleted and replaced by the following:

- (2)** Up to \$5000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4)** All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$500 a day because of time off from work.

## **3. KNOWLEDGE AND NOTICE OF OCCURRENCE**

**Section IV - BUSINESS AUTO CONDITIONS , A. Loss Conditions**, paragraph **2. Duties In The Event Of Accident, Claim, Suit Or Loss** , item **a.** is deleted and replaced by the following and item **d.** is added:

- a. In the event of an “accident”, claim, “suit” or “loss” you must give us or our authorized representative prompt notice of the “accident” or “loss” when the “accident”, claim, “suit” or “loss” is known to:
  - (1)** You, if you are an individual;
  - (2)** A partner, if you are a partnership or joint venture;
  - (3)** An “executive officer” or director if you are an organization other than a partnership, joint venture or limited liability company;
  - (4)** A member, if you are a limited liability company;
  - (5)** A trustee if you are a trust; or
  - (6)** An “employee” designated by you to give us such a notice.

This notice should include:

- (1)** How, when and where the “accident” or “loss” occurred;
  - (2)** The “insured’s” name and address; and
  - (3)** To the extent possible, the names and addresses of any injured persons and witnesses.
- d. Your rights afforded under this policy will not be prejudiced if you fail to give us notice of an “accident”, claim, “suit” or “loss”, solely due to your reasonable and documented belief that the “bodily injury” or “property damage” is not covered under this policy.



#### 4. WAIVER OF SUBROGATION

The following is added to **Section IV - BUSINESS AUTO CONDITIONS , A. Loss Conditions**, paragraph **5. Transfer of Rights of Recovery Against Other To Us** :

If the insured has waived those rights prior to the “accident” or “loss”, our rights are waived also.

#### 5. UNINTENTIONAL ERRORS AND OMISSIONS

The following is added to **Section IV - BUSINESS AUTO CONDITIONS , B. General Conditions**, paragraph **2. Concealment, Misrepresentation Or Fraud** :

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy, provided such failure is not intentional and you report the failure to us as soon as practicable after its discovery. However, we reserve the right to charge additional premium for any such hazard.

#### 6. BROADENED PHYSICAL DAMAGE COVERAGE

Under **Section III - PHYSICAL DAMAGE COVERAGE**, the following changes are made:

##### A. WAIVER OF DEDUCTIBLE - GLASS REPAIR

The following is added to **D. Deductible**:

No deductible for a covered “auto” will apply to glass damage if the glass is repaired rather than replaced.

##### B. ADDITIONAL TRANSPORTATION EXPENSES

**A. Coverage, 4. Coverage Extensions**, paragraph **a. Transportation Expenses** is deleted and replaced by the following:

We will pay up to \$50 per day to a maximum of \$1500 for temporary transportation expense incurred by you because of the total theft of a covered “auto” of the private passenger type. We will pay only for those covered “autos” for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy’s expiration, when the covered “auto” is returned to use or we pay for its “loss”.

##### C. ADDITIONAL LOSS OF USE EXPENSES

**A. Coverage, 4. Coverage Extensions**, paragraph **b. Loss Of Use Expenses** is deleted and replaced by the following:

For Hired Auto Physical Damage, we will pay expenses for which an “insured” becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered “auto”;
- (2) Specified Causes of Loss only if the Declarations indicates that Specified Causes of Loss Coverage is provided for any covered “auto”; or
- (3) Collision only if the Declarations indicates that Collision Coverage is provided for any covered “auto”.

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$1500.

**D. COST TO RECOVER STOLEN AUTO**

The following is added to **A. Coverage, 4. Coverage Extensions**.

We will pay reasonable and necessary expenses incurred by you to return a stolen, covered "auto" from the place where it is recovered to its usual garaging place. The most we will pay for such expenses is \$1000. This Coverage Extension does not apply if your business is selling, servicing or repairing "autos".

**E. PERSONAL EFFECTS COVERAGE**

The following is added to **A. Coverage, 4. Coverage Extensions**.

In the event of a total theft of a covered "auto", we will pay for personal effects owned by an "insured" and in or on the covered "auto" at the time of "loss". The most we will pay for such personal effects is \$500 per "loss". No deductibles apply to this Personal Effects Coverage.

**F. AIRBAGS - ACCIDENTAL DISCHARGE COVERAGE**

The following is added to **B. Exclusions, paragraph 3**.

This exclusion does not apply to the accidental or unintended discharge of an airbag. The most we will pay for such "loss" is \$1000. This coverage is excess over any other collectible insurance or warranty.

**G. VEHICLE WRAP COVERAGE**

The following is added to **A. Coverage, 4. Coverage Extensions**.

In the event of a total "loss" to a covered "auto" and in addition to the actual cash value of the covered "auto", we will pay up to \$1000 to repair or replace vehicle wraps displayed on the "auto" at the time of "loss". The most we will pay under the Vehicle Wrap Coverage is \$5000 for any one "loss", regardless of the number of covered "autos" deemed a total "loss". For the purpose of this coverage, vehicle wraps are full color, graphic images printed on vinyl film and attached to an "auto".

**7. ADDITIONAL DEFINITIONS**

The following is added to **Section V - DEFINITIONS** :

"Executive Officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any similar governing document.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**PARTIES WITH WHOM THE INSURED HAS ENTERED INTO A WRITTEN  
WAIVER AGREEMENT PRIOR TO THE DATE OF LOSS.**

**\*\*\*THIS ENDORSEMENT DOES NOT APPLY TO CALIFORNIA, KENTUCKY,  
NEW HAMPSHIRE, NEW JERSEY, TEXAS, UTAH AND WISCONSIN.**

For policies or exposure in Missouri:

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **07-26-24** Policy No. **JWCS1086I0**

Insured **CONTRACT LAND STAFF,LLC,TIERRA RIGHT OF WAY SERVICES,LTD  
KEYSTONE CONSULTANTS,LLC, PARAGON PARTNERS CONSULTANTS,INC.  
EPIC LAND SOLUTIONS,INC., AMERICAN ACQUISTION GROUP, LLC**

Endorsement No. **001**  
Premium \$ **INCL.**

Insurance Company **Sompo America Fire & Marine Insurance Company**  
Countersigned By \_\_\_\_\_

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be **INCL** % of the California workers' compensation premium otherwise due on such remuneration.

### SCHEDULE

#### PERSON OR ORGANIZATION

#### JOB DESCRIPTION

**PARTIES WITH WHOM THE INSURED HAS  
ENTERED INTO A WRITTEN  
WAIVER AGREEMENT PRIOR TO THE DATE  
OF LOSS.**

Endorsement Effective 07-26-24

Policy No. JWCS1086I0

Insured CONTRACT LAND STAFF,LLC, TIERRA RIGHT OF WAY SERVICES, LTD  
KEYSTONE CONSULTANTS, LLC, PARAGON PARTNERS CONSULTANTS, INC.  
EPIC LAND SOLUTIONS, INC., AMERICAN ACQUISITION GROUP, LLC.

Insurance Company Sampo America Fire & Marine Insurance Company

POLICY NUMBER: **JWCS1086I0**

**TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1.  Specific Waiver

Name of person or organization

- Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

**ALL TEXAS OPERATIONS**

3. Premium:

The premium charge for this endorsement shall be 2% percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: **INCLUDED**

**Insured CONTRACT LAND STAFF,LLC, TIERRA RIGHT OF WAY SERVICES, LTD  
KEYSTONE CONSULTANTS,LLC, PARAGON PARTNERS CONSULTANTS, INC.  
EPIC LAND SOLUTIONS, INC, AMERICAN ACQUISITION GROUP, LLC**

**DATE OF ISSUE: 07-26-24**

**Policy No. JWCS1086I0**

**Insurance Company Sampo America Fire & Marine Insurance Company**

**WC 42 03 04 B**

(Ed. 6-14)

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