### FILED

MAY 3 1 2024

BILL NO.: 24-0532

JEANNIE GOFF COUNTY CLERK, JEFFERSON COUNTY, MO

ORDINANCE NO.: 24-

INTRODUCED BY: COUNCIL MEMBER(s) Statel

1	AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN
2	PRODUCTS AND SERVICES FOR 2023 ON-CALL REMEDIATION SERVICES,
3	DEPARTMENT OF PUBLIC WORKS.
4	WHEREAS, Pursuant to Ordinance 23-0252 Jefferson County, Missouri entered
5	into a Contract, known as the 2023 On-Call Remediation Services Contract, with
6	Wellington Environmental Consulting & Construction, Inc., Geotechnology, LLC and
7	First Onsite; and
8	WHEREAS, Jefferson County, Missouri, (hereafter, the "County") recommends
9	the renewal of the following bid awards at the same terms and conditions as previously bid,
10	as authorized by the original Invitation for Bid awarded by the County, for an additional
11	one-year term:
12	BID NAME
13	2023 On-Call Remediation Services
14	AWARDED BIDDERS
15	Wellington Environmental Consulting & Construction, Inc. (A1)
16	Geotechnology, LLC (A2)
17	First Onsite (A3)
18	ORDINANCE NUMBER
19	23-0252

1	WHEREAS, the Department of Public Works, Division of Facility Services of
2	Jefferson County, Missouri, requested renewal from the awarded bidders, Wellington
3	Environmental Consulting & Construction, Inc., Geotechnology, LLC and First Onsite to
4	renew the contract for the 2023 On-Call Remediation Services with the County; and
5	WHEREAS, the Jefferson County, Missouri, Council finds it is in the best interest
6	of the County to renew the bid award for 2023 On-Call Remediation Services for the term
7	from the date of approval to 5-19-25 with Wellington Environmental Consulting &
8	Construction, Inc., Geotechnology, LLC and First Onsite up to \$75,000.00 per term, for
9	total amount not to exceed \$75,000.00 for the term, subject to budgetary limitations.
10	BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,
11	AS FOLLOWS:
12	Section 1. The County authorizes the renewal of the bid awards for an
13	additional one-year term as follows:
14	BID NAME
15	2023 On-Call Remediation Services
16	<u>TERM</u>
17	Date of approval to 5-19-25
18	<u>AMOUNT</u>
19	Up to \$75,000.00 per term,
20	for total amount not to exceed \$75,000.00 for the term,
21	subject to budgetary limitations
22	AWARDED BIDDERS

1	Wellington Environmental Consulting & Construction, Inc. (A1)
2	Geotechnology, LLC (A2)
3	First Onsite (A3)
4	Section 2. The Jefferson County, Missouri, Council hereby authorizes the
5	County Executive to execute a renewal agreement, attached hereto and incorporated herein
6	by reference and attached as Exhibit A1-A3. The County Executive is further authorized
7	to take any and all actions necessary to carry out the intent of this Ordinance.
8	Section 3. Copies of all Invitations for Bid, Requests for Proposals, responses
9	thereto, and any contracts or agreements shall be maintained by the Department of the
10	County Clerk consistent with the rules and procedures for the maintenance and retention
11	of records as promulgated by the Secretary of State.
12	Section 4. This Ordinance shall be in full force and effect from and after its
13	date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
14	shall not affect the remainder of this Ordinance.

### [THIS SPACE LEFT INTENTIONALLY BLANK]

## THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:

Council Member District 1, Brian Haskins	Mess
Council Member District 2, Gene F. Barbagallo	yes
Council Member District 3, Lori Arons	<u>yes</u>
Council Member District 4, Charles Groeteke	yes_
Council Member District 5, Scott Seek	absent
Council Member District 6, Daniel Stallman	absent
Council Member District 7, Bob Tullock	yes
THE ABOVE BILL ON THIS & DAY OF	, 2024:
	$\mathcal{O}$
PASSED	FAILED
Mail	Alle
	10000
Charles Groeteke, Co	ounty Council Chair
Charles Groeteke, Co	ounty Council Chair
ably J. Flear	ounty Council Chair  a Ox Designel  uncil Executive Assistant

THIS BILL WAS APPROVED BY THE JEFFERSON COUNTY
EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS DAY OF MOUNTY, 2024.
MISSOURI, THIS, DAY OF, 2024.
THIS BILL WAS VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS DAY OF, 2024.
Domin X Lamen
Dennis J. Gannon, Jefferson County, Missouri, Executive
Definis J. Gainion, Jengison County, Missouri, Executive
ATTEST:
Jeannie Goff, County Clerk
Dr. Sheller Rankanship

First Reading: 05-28-2024



Dennis Gannon

County Executive

Administration Center 729 Maple Street · PO Box 100 Hillsboro, Missouri 63050

#### DEPARTMENT OF ADMINISTRATIVE SERVICES

**David Courtway - Director** 

Web Address: www.jeffcomo.org

Dana Downs Human Resources Manager (636)797-5563 / Fax (636)797-5596 Jackie Doyle General Services/Contracts & Grants Manager (636)797-5380 / Fax (636)797-5067

PENGAD 800-631-

**EXHIBIT** 

WELLINGTON ENVIRONMENTAL 607 HANLEY INDUSTRIAL COURT ST LOUIS MO 63144

April 9, 2024

Attn: CONTRACTS

Your company was awarded a bid for "2023 ON-CALL REMEDIATION SERVICES" for the County of Jefferson, Missouri in **June 2023**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from June 22, 2024 to June 21, 2025.

#### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Jackie Doyle

Department of Administrative Services



ORDINANCE NO.

In Witness thereof, the parties hereto h of this day of	ave executed this Agreement, in triplicate, as2024:
Company Name	County of Jefferson, State of Missouri
Signature Austin Doss Print	Dennis J. Gannon County Executive
Company Address:	
607 Hanley Industrial Ct	
St. Louis, Mo 6314	
Phone: 3H-644-4930	

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

County Auditor

APPROVED AS TO FORM

County Counselor

WELLENV-01

### ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

TSKILLINGTON

9/11/2023

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 configurate does not conformable to the configurate holder in liquid found and recompant(s).

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	DDUCER					CT Tessa SI				
	Provant Group W. Hubbard St., Suite 708				PHONE (A/C, No	o, Ext): (312) C	388-4503	(A/C, No):	(773)	840-0680
	cago, IL 60654				E-MAIL ADDRE	<sub>ss:</sub> tskillingt	ton@prova	ntgroup.com		
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
					INSURE	RA: Nautilus	s Insuranc	e Company		17379
INS	URED				INSURE	RB: Key Ris	k Insuranc	e Company		10885
	Wellington Environmental				INSURE	R C : Great D	ivide Insur	ance Co.		25224
	Consulting & Construction, 607 Hanley Industrial Court				INSURE	RD:				
	St. Louis, MO 63144				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	RTIFI	CATE	E NUMBER:		3000		REVISION NUMBER:		)-
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A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	CLAIMS-MADE X OCCUR	x		ECPO1537245-21		9/8/2023	9/8/2024	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X Pollution Liability	^		201 01001240-21		3/0/2023	3/0/2024		\$	5,000
	A							MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	X POLICY PRO-							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG POLLUTION LIABI	\$	1,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	X ANY AUTO			BAP1537248-21		9/8/2023	9/8/2024		\$	-,,,
	OWNED SCHEDULED AUTOS			DAI 1007240-21		3/0/2023	3/0/2024	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
Α	UMBRELLA LIAB X OCCUR							EAGU GOOLIDDENGE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	Х		FFX1537246-21		9/8/2023	9/8/2024	EACH OCCURRENCE	\$	-,,
	DED X RETENTION\$ 0	4						AGGREGATE Aggregate	\$	5,000,000
С								PER OTH- STATUTE ER	\$	
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA1537247-21		9/8/2023	9/8/2024			1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	DÉSCRIPTION OF OPERATIONS below  Leased/Rented Equip	-		ECPO1537245-21		9/8/2023	9/8/2024	Limit; Ded \$1,000	\$	276,619
•										210,010
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Testing and abatements/removal of ma	LES (/ terial	ACORD s incl	0 101, Additional Remarks Scheduk uding lead, asbestos, and i	e, may be mold.	attached if more	e space is requir	red)		
Add	tional insured as required in a written c	ontra	ct. ag	greement, or permit: Jeffers	son Co	unty Facilities	s			-
CEI	RTIFICATE HOLDER				CANC	ELLATION		And the second s		
	Jefferson County Facilities: P.O. Box 100 Hillsboro, MO 63050	Cont	racts		SHO	ULD ANY OF T	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.		
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WELLENV-01

**TSKILLINGTON** 

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

9/11/2023

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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 confifered does not confer rights to the certificate holder in liquid such and respect to the certificate holder in liquid such and respect to the certificate holder in liquid for the policy.

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	DUCE					CONTA NAME:	Tessa SI	killington			
		vant Group Hubbard St., Suite 708				PHONE (A/C, N	lo, Ext): (314)	388-4503		o):(773)	840-0680
		o, IL 60654				E-MAIL ADDRE	ss: tskillingt	ton@prova	ntgroup.com		
							INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
						INSUR	ER A : Nautilu	s Insuranc	e Company		17379
INSI	JRED					INSUR	ERB: Key Ris	k Insuranc	e Company		10885
		Wellington Environmental C		ulting	g & Construction, Inc.	INSUR	ER C : Great D	ivide Insur	ance Co.		25224
		607 Hanley Industrial Court St. Louis, MO 63144				INSURI	ER D :				
		31. Louis, MO 03144				INSURI	ER E :				
						INSURI	ER F:				T.
					E NUMBER:				REVISION NUMBER:		
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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	- 1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECPO1537245-21		9/8/2023	9/8/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X	Pollution Liability							MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC							PRODUCTS - COMPIOP AGO	\$ \$	2,000,000
_		OTHER:		-					POLLUTION LIABI	\$	1,000,000
В		OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED			BAP1537248-21		9/8/2023	9/8/2024	BODILY INJURY (Per person)	\$	
	· ·	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accider	t) \$	
	Х	AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
Α				-						\$	5,000,000
Α.	v	UMBRELLA LIAB X OCCUR			FFX1537246-21		9/8/2023	9/8/2024	EACH OCCURRENCE	\$	5,000,000
	Х	DED X RETENTIONS 0	1		11 X 1007 240-21		3/0/2023	3/0/2024	AGGREGATE Aggregate	\$	5,000,000
С	WOR	DED   X   RETENTION \$	-						PER OTH- STATUTE ER	\$	3,000,000
·		RKERS COMPENSATION EMPLOYERS' LIABILITY			WCA1537247-21		9/8/2023	9/8/2024		-	1,000,000
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMI		1,000,000
Α		sed/Rented Equip			ECPO1537245-21		9/8/2023	9/8/2024	Limit; Ded \$1,000	1	276,619
									100		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	red)		
Evid	ence	of Coverage									
CEI	RTIF	ICATE HOLDER				CANO	CELLATION				
						2					
									ESCRIBED POLICIES BE EREOF, NOTICE WILL		
		Jefferson County Attn: Contracts				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.		
		P.O. box 100									
		Hillsboro, MO 63050					RIZED REPRESEN				
						1	-/3				

ACORD 25 (2016/03)

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### AFFIDAVIT OF NO PROPERTY OWNERSHIP IN JEFFERSON COUNTY

STATE OF Missouri
COUNTY OF <u>Jefferson</u>
The undersigned affiant, being first duly sworn, on oath says, and also covenants with and warrants that:
Wellington Environmental Consulting and Construction Incorporated , does not own or possess and property in the Jefferson County Missouri.
does not own or possess and property in the Jenerson County Missouri.
Date:April 11 <sup>th</sup> , 20 <b>24</b>
AFFIANT: _Wellington Environmental Consulting and Construction Inc
By: Med Joe 4/11/24
Name: _Austin Doss
Its: _Vice President – Abatement and Engineering Services
Subscribed and sworn to before me this <u>//</u> day of <u>April</u> , 20 <u>24</u> .  Notary Public My commission expires: <u>Aug 6,</u> 2025  STELLA M. BENSON
Notary Public My commission expires: <u>lug 6</u> , 2025
Hellam. Benson
Notary Public - Notary Seal
St Louis County - State of Missouri Commission Number 13851623
My Commission Expires Aug 6, 2025



Dennis Gannon

County Executive

Administration Center 729 Maple Street · PO Box 100 Hillsboro, Missouri 63050

#### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director KECF

Web Address: www.jeffcomo.org

Dana Downs Human Resources Manager (636)797-5563 / Fax (636)797-5596 Jackie Doyle General Services Contracts & Grants Manager (636)797-5380/Fax (636)797-5067

**EXHIBIT** 

Geolechnology

GEOTECHNOLOGY 11816 LACKLAND RD STE 150 ST LOUIS MO 63146

April 9, 2024

Attn: CONTRACTS

Your company was awarded a bid for "2023 ON-CALL REMEDIATION SERVICES" for the County of Jefferson, Missouri in June 2023. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from June 22, 2024 to June 21, 2025.

#### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 5) This executed renewal letter
- 6) Updated insurance certificates
- (7) Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
  - 8) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Printed Name of Authorizing Agent

Dad Werahld

Signature

Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

110/24

Jackie Doyle

Department of Administrative Services



ORDINANCE NO.

24-0240

In V	Vitness the	ereof, the pai	rties hereto	have executed this Agreement, in triplicate, as
of this	29th	day of	May	2024:
Geotechnology,	LLC			County of Jefferson, State of Missouri
Company 1	Name			
				Dens & Hanun
Signature				Dennis J. Gannon County Executive
Michael S. Roar	k			
Print				
Company A	Address:			
11816 Lackland	Road, Suite 15	50		
St. Louis, Misson	uri 63146			
Phone: 314	-997-7440			

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

County Auditor

APPROVED AS TO FORM

County Counselor



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/9/2024

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INSURER A : Endurance American Specialty Ins Co 4171  INSURED Geotechnology, LLC 11816 Lackland Road Suite 150 Saint Louis MO 63146  INSURER B : Evanston Insurance Company 3537 INSURER C : Landmark American Insurance Company 2232 INSURER C : Aspen Specialty Insurance Company 1071	PRODUCER	_		CONTACT NAME: Greyling COI Specialist		
Alpharetta GA 30022   E-MAIL   ADDRESS:   uescerts@greyling.com		Agency		PHONE (A/C, No. Ext): 7706705324	FAX (A/C, No): 7	70.670.5324
INSURER A : Endurance American Specialty Ins Co 4171  INSURED Geotechnology, LLC 11816 Lackland Road Suite 150 Saint Louis MO 63146  INSURER B : Evanston Insurance Company 3537 INSURER C : Landmark American Insurance Company 2232  INSURER C : Aspen Specialty Insurance Company 1071				E-MAIL ADDRESS: uescerts@greyling.com		
INSURER B: Evanston Insurance Company 3537 Geotechnology, LLC 11816 Lackland Road Suite 150 Saint Louis MO 63146  UNIVENS INSURER B: Evanston Insurance Company 33313 INSURER C: Landmark American Insurance Company 2232 INSURER E: Aspen Specialty Insurance Company 1071				INSURER(S) AFFORDING	COVERAGE	NAIC#
Geotechnology, LLC  11816 Lackland Road  Suite 150  Saint Louis MO 63146  INSURER c: Landmark American Insurance Company  1071  INSURER c: Landmark American Insurance Company  2232  INSURER c: Aspen Specialty Insurance Company  1071				INSURER A: Endurance American Speci	alty Ins Co	41718
11816 Lackland Road Suite 150 Saint Louis MO 63146 Suite 150 Suite			UNIVENG	INSURER B: Evanston Insurance Compa	any	35378
Suite 150 Saint Louis MO 63146  INSURER E: Aspen Specialty Insurance Company 1071				INSURER c : Landmark American Insura	nce Company	33138
INSURER E: Aspert Specialty Insurance Company 1071	Suite 150			INSURER D: Greenwich Insurance Comp	oany	22322
	Saint Louis MO 63146			INSURER E: Aspen Specialty Insurance	Company	10717
INSURER F: Convex Insurance UK Limited				INSURER F: Convex Insurance UK Limit	ed	

COVERAGES

CERTIFICATE NUMBER: 136126436

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	(MM/DDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
D	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Y	Y	RGC3002099	5/1/2024	5/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000
	X Contractual Liab						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
L	GEN'L AGGREGATE LIMIT APPLIES PER:					9	GENERAL AGGREGATE	\$ 4,000,000
	POLICY X PRO. X LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						Employee Benefits	\$ 1,000,00C
D	AUTOMOBILE LIABILITY	Y	7	RAC9438325 EXT30030240901	5/1/2024 5/1/2024	5/1/2025 5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
,	X ANY AUTO	į		EX130030240901	5/1/2024	5/1/2025	BODILY INJURY (Per person)	5
	OWNED SCHEDULED AUTOS	The state of the s	- 1				BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY		- 1				PROPERTY DAMAGE (Per accident)	\$
							Excess Auto	\$ 2,000,000
3	UMBRELLA LIAB X OCCUR	Y	Y	MKLV2EUE101855 LHA600397	5/1/2024 5/1/2024	5/1/2025 5/1/2025	EACH OCCURRENCE	\$ 7,000,000
	X EXCESS LIAB CLAIMS-MADE	Ì		LHA000397	3/1/2024	3/1/2023	AGGREGATE	\$ 7,000,000
	DED X RETENTIONS 0							s
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	RWC3002100	5/1/2024	5/1/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	İ				E.L. EACH ACCIDENT	\$ 1,000,000
10	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	s 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s 1,000,000
- 1	Excess GL Professional Liab Incl. Pollution Liab		-	CX010NE24 B0146LDUSA2405257	5/1/2024 5/1/2024	5/1/2025 5/1/2025	Per Occ./Aggregate Per Claim Aggregate	\$4,000,000 \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Project - 2023 On-Call Remediations Services - County of Jefferson.

CERTIFICATE HOLDER	CANCELLATION
County of Jefferson - State of Missouri 725 Maple Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P.O. Box 100 Hillsboro MO 63050	AUTHORIZED REPRESENTATIVE  Orege Balabal

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CTE South, Inc.

River City Geoprofessionals, Inc. dba Wallace-Kuhl & Associates

River City Geoprofessionals, Inc.

River City Geoprofessionals, Inc. d/b/a Universal Engineering Sciences

Aries Consultants Inc

Centurion Consultants Inc

Rock Engineering & Testing Laboratory, LLC

Carmichael Engineering, Inc.

Faulkner Engineering Services Inc.

Faulkner Engineering Services LLC

GRUBBS, HOSKYN, BARTON & WYATT, INC.

GRUBBS, HOSKYN, BARTON, & WYATT, LLC

Riner Engineering, Inc.

Geo Solutions, LLC

Biome Consulting Group, LLC

InControl Technologies LLC

UES Professional Solutions 18, LLC (rename of Contour Engineering, LLC)

UES Professional Solutions 19, LLC (rename of GEOServices, LLC)

UES Professional Solutions 44, LLC (rename of Alpha Testing, LLC)

UES Professional Solutions 29, Inc. (rename of Summit Engineering, Laboratory & Testing, Inc.)

UES Professional Solutions 45, LLC (rename of Rock Engineering and Testing Laboratory, LLC)

UES Professional Solutions 63, LLC (rename of Riner Engineering, Inc.)

UES Professional Solutions 30, LLC (Nova Geotechnical and Inspection Services, LLC)

UES Professional Solutions 64, LLC (InControl Technologies LLC)

All (	other	terms	and	conditions	remain	the same.
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(Authorized Representative)

IQC - Southwest - So Cal

Universal Engineering Sciences

GEOServices, LLC

Alpha Testing, LLC

Alpha Acquisition

Dan Brown and Associates, PC

Speedie and Associates, Inc.

Geotechnology, LLC

GSI Engineering, LLC

GPR Testing and Inspection L.L.C.

Summit Engineering, Laboratory & Testing, PC

McGinley & Associates, Inc.

Construction Testing & Engineering Inc.

CTE South, Inc.

River City Geoprofessionals, Inc. dba Wallace-Kuhl & Associates

River City Geoprofessionals, Inc.

River City Geoprofessionals, Inc. d/b/a Universal Engineering Sciences

Aries Consultants Inc

Centurion Consultants Inc

Rock Engineering & Testing Laboratory, LLC

Carmichael Engineering, Inc.

Faulkner Engineering Services Inc.

Faulkner Engineering Services LLC

GRUBBS, HOSKYN, BARTON & WYATT, INC.

GRUBBS, HOSKYN, BARTON, & WYATT, LLC

Riner Engineering, Inc.

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UES Professional Solutions 30, LLC (Nova Geotechnical and Inspection Services, LLC)

UES Professional Solutions 64, LLC (InControl Technologies LLC)

All other terms and conditions remain unchanged.

XIL 404 0605

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Alpha Testing, LLC Alpha Acquisition Dan Brown and Associates, PC Speedie and Associates, Inc. Geotechnology, LLC GSI Engineering, LLC GPR Testing and Inspection L.L.C. Summit Engineering, Laboratory & Testing, PC McGinley & Associates, Inc. Construction Testing & Engineering CTE South, Inc. River City Geoprofessionals, Inc. dba Wallace-Kuhl & Associates River City Geoprofessionals, Inc. River City Geoprofessionals, Inc. d/b/a Universal Engineering Sciences Aries Consultants Inc. Centurion Consultants Inc. Rock Engineering & Testing Laboratory, LLC Carmichael Engineering, Inc. Faulkner Engineering Services Inc. Faulkner Engineering Services LLC GRUBBS, HOSKYN, BARTON & WYATT, INC. GRUBBS, HOSKYN, BARTON, & WYATT, LLC Riner Engineering, Inc. Geo Solutions, LLC Biome Consulting Group, LLC InControl Technologies LLC UES Professional Solutions 18, LLC (rename of Contour Engineering, LLC) UES Professional Solutions 19, LLC (rename of GEOServices, LLC) UES Professional Solutions 44, LLC (rename of Alpha Testing, LLC) UES Professional Solutions 29, Inc. (rename of Summit Engineering, Laboratory & Testing, Inc.) 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 5/1/2024 Policy No. RWC3002100 Endorsement No. 1 Insured Obsidian Group Holdings, LLC

WC 99 00 15 Ed. 0314

Insurance Company

Greenwich Insurance Company

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Countersigned by \_\_\_

Page 2 of 3

#### **ENDORSEMENT#**

This endorsement, effective 12:01 a.m., 05/01/2024, forms a part of

Policy No. RAC9438325

issued to Obsidian Group Holdings, LLC

by Greenwich Insurance Company.

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

#### ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

#### Schedule

Additional Insured(s)	Work	
Any person or organization for whom you have agreed under contract or agreement to provide insurance.	All works	

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

- 1. You, while using a covered "auto"; or
- 2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

XIC 414 1013

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Page 1 of 1

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

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Obsidian Group Holdings, LLC

Endorsement Effective Date: May 1, 2024

#### SCHEDULE

#### Name(s) Of Person(s) Or Organization(s):

Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.

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

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

- 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.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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 or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

(Ed. 4-84)

#### 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

Where required by written agreement signed prior to loss.

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 Insured Obsidian Group Holdings, LLC Policy No. RWC3002100 Endorsement No.

Premium Included

Insurance Company Greenwich Insurance Company Countersigned by\_

WC 00 03 13 (Ed. 4-84)

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Environmental
Geotechnical Engineering
Materials Testing
Field Inspections & Code Compliance
Geophysical Technology

May 10, 2024

Ms. Jackie Doyle Department of Administrative Services County of Jefferson, State of Missouri 729 Maple Street Hillsboro, Missouri 63050

Re: Renewal of 2023 On-Call Remediation Services

Dear Ms. Doyle:

This letter will confirm that Geotechnology, LLC, dba UES, does not own any real or personal property in Jefferson County.

If you have any questions, or need additional information, please feel free to contact me.

Sincerely,

UES

JAW:jsj

Joef A. Weinhold, P.E. Area Manager

State of Missouri )
) SS
County of St. Louis )

WITNESS my hand and official seal.

Notary Public

My commission expires

JILL S. JAMES

Notary Public - Notary Seal

St Louis County - State of Missouri
Commission Number 13756436

My Commission Expires Feb 26, 2025

of this to day of	have executed this Agreement, in triplicate, as2024:
Geotechnology LLC Company Name	County of Jefferson, State of Missouri
Signature Toel We, LIL  Print	Dennis J. Gannon County Executive
Company Address: 11816 Lackland	
Suite 150	
St. Louis, mo 63146	
Phone: 314-997-7440	
unencumbered, to the credit of the appropriation and a cash balance otherwise unencumbered, payment is to be made, each sufficient to meet have been authorized by vote of the people and	•
APPROVED AS TO FORM	
County Counselor	



Administration Center 729 Maple Street · PO Box 100 Hillsboro, Missouri 63050 Dennis Gannon

County Executive

**EXHIBIT** 

#### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Dana Downs Human Resources Manager (636)797-5563 / Fax (636)797-5596 Jackie Doyle General Services/Contracts & Grants Manager (636)797-5380 / Fax (636)797-5067

FIRST ONSITE 2685 METRO BLVD MARYLAND HEIGHTS MO 63043

April 9, 2024

Attn: CONTRACTS



The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from June 22, 2024 to June 21, 2025.

#### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 9) This executed renewal letter
- 10) Updated insurance certificates
- 11) Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 12) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Christopher Asleson, Regional Director

Printed Name of Authorizing Agent

Signature

Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully

Jackie Doyle

Department of Administrative Services



ORDINANCE NO

In Witness thereof, the parties he	ereto have executed this Agreement, in triplicate, as
of this $25^{t}$ day of $10^{t}$	<u></u>
. ,	*
First Onsite Property Restoration Company Name	County of Jefferson, State of Missouri
Signature Christopher Asleson	Dennis J. Gannon County Executive
Print	
Company Address: St. Louis Branch	
2685 Metro Blvd.	
Maryland Heights, MO 63043	
Phone: 314-772-9010	

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

County Auditor

APPROVED AS TO FORM

County Counselor



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2023

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).

		DEL//CION MINERED				
		INSURER F:				
Greenwood Village, CO 80111		INSURER E :				
Suite 230		INSURER D: Arch Indemnity Insurance Company 3				
6200 S. Syracuse Way	Section 1 to the section of the sect	INSURER C: Allied World Assurance Company US Inc				
INSURED Interstate Restoration, LLC		INSURER B: Arch Insurance Company				
		INSURER A: Westchester Surplus Lines Insurance Compan	10172			
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE	NAIC#			
P.O. Box 305191		E-MAIL ADDRESS: certificates@willis.com				
Willis Towers Watson Southeast c/o 26 Century Blvd	c, Inc.	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-4				
PRODUCER		CONTACT Willis Towers Watson Certificate Center				

**COVERAGES** CERTIFICATE NUMBER: W32159018

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
A	X Shared Gen Agg w/ CPL & PL						MED EXP (Any one person)	\$	25,000
		Y	Y	G24086446015	12/31/2023	12/31/2024	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Max Project Gen Agg	\$	5,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS	Y	Y	31CAB8988601	12/31/2023	12/31/2024	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			e			PROPERTY DAMAGE (Per accident)	\$	
							Liability Deductible	\$	250,000
С	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	X EXCESS LIAB CLAIMS-MADE			03124766	12/31/2023	12/31/2024	AGGREGATE	\$	10,000,000
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	34WCI8988701	12/31/2023	10/21/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A	-	34WC18988701	12/31/2023	12/31/2024	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Professional Liab Claims-Made	Y	Y	G24086446015	12/31/2023	12/31/2024	See Attached		
	Contractor's Pollution Liability						Addendum		
	3rdParty Premises Pollution Liab								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Locations: All locations under the ownership of FirstOnsite are covered under all policies

CERTIFICATE HOLDER	CANCELLATION
	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
Evidence of Coverage	7-7-

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BATCH: 3259845

AGENCY CUSTOMER ID:	
LOC #:	



#### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Interstate Restoration, LLC 6200 S. Syracuse Way
POLICY NUMBER		Suite 230
See Page 1		Greenwood Village, CO 80111
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

#### ADDITIONAL REMARKS

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance
FORM NUMBER FORM TITLE
Named Insureds: First Onsite Property Restoration is the go-to-market name of the North American platform of
restoration businesses, which include the following:
Interstate Restoration, LLC
Interstate Restoration Hawaii, LLC
FirstOnSite Restoration Limited
Super Restoration Service Co., LLC
Rolyn, LLC
Perfection Property Restoration, Inc.
Trilink Restoration Services, LLC
Maxons Restorations, Inc
Moore Restoration, Inc.
Pro Construction, LLC
Pro Contents, LLC.
Insurance Restoration Specialists, Inc.
Kauai Restoration & Cleaning, Inc.
Bales Restoration, Inc.
Master Maintenance, Inc.
Emergency Fire, Water Restoration, LLC
Emergency Restoration, Inc.
Case Restoration Co.
Dry Patrol LLC
Certificate Holder is included as Additional Insured as respects General Liability, and Automobile Liability

Certificate Holder is included as Additional Insured as respects General Liability, and Automobile Liability (Umbrella/Excess follows form) as required by written contract with the Named Insured.

General Liability shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insured.

Waiver of subrogation applies in favor of Additional Insured as respects General Liability, Automobile Liability and Workers' Compensation (Umbrella/Excess follows form) as required by written contract with the Named Insured and as permitted by law.

ACORD 101 (2008/01)

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SR ID: 25188473

BATCH: 3259845

CERT: W32159018

			AGEN	CY CUSTOMER I	D:	
					#:	
ACORD®		ADDITIONA	L REMA	RKS SCH	EDULE	Pageof
AGENCY ee Page 1				NAMED INSURED		
POLICY NUMBER		Sen - 198111		See Page 1		
ee Page 1			-			
ARRIER ee Page 1			NAIC CODE See Page 1	EFFECTIVE DATE: Se	P 1	
ADDITIONAL REMAR	RKS			EFFECTIVE DATE: SE	se rage 1	
HIS ADDITIONAL RE	MARKS FORM IS	A SCHEDULE TO AC	ORD FORM,			
ORM NUMBER:	FORM TI	TLE:				
Coverage	Policy Term	Policy Number	Carrier &	NAIC #	<u>Limits</u>	Additional Remarks
Excess Liability - 1st Excess	12/31/2023- 12/31/2024	0312-4766	Allied Wo: Company U: NAIC # 194		\$10,000,000 Each Occurrence \$10,000,000 Policy Aggregate	Follow Form over • Automobile Liability • General Liability • Contractor's Pollution Liability • Professional Liability • Employers Liability
	4		_			
Excess Liability - 2nd Excess	12/31/2023- 12/31/2024	FFX203559512	Nautilus Insurance Company NAIC # 17370		\$5,000,000 Each Occurrence \$5,000,000 Policy Aggregate	Excess over Allied World Assurance Company US Inc Policy #0312-4766
					· · · · · · · · · · · · · · · · · · ·	
Contractor's Pollution Liability					\$1,000,000 Each Occurrence	
3rd Party Premises Pollution Liability	12/31/2023-	G24086446015	Westcheste Lines Insu	-	\$1,000,000 Each Occurrence	
Professional Liability	12/31/2024		Company NAIC # 101	172	\$1,000,000 Each Claim	Claims Made policy
Bailment Coverage					\$1,000,000 General Aggregate \$5,000 Deductible	Coverage applies to property damage to customer's property only
		A CONTRACTOR OF THE CONTRACTOR				
Crime/Fidelity	12/31/2023- 12/31/2024	8262-2621	Federal In Company NAIC # 202		\$5,000,000 Employee Theft \$5,000,000 Client Property	

AGENCY CUSTOMER ID:	
LOC #:	

	-	/ ®
A		KD

#### ADDITIONAL REMARKS SCHEDULE

Page	of

AGENCY See Page 1		NAMED INSURED See Page 1
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

Coverage	Policy Term	Policy Number	Carrier & NAIC #	<u>Limits</u>	Additional Remarks
Contractor's Equipment				\$10,000,000 Maximum Limit \$51,144,985 Scheduled \$500,000 Unscheduled Leased, Rented or Borrowed Equipment \$250,000 Unscheduled Tools and Contractor's Equipment \$1,000 Deductible except \$25,000 for Flood	• Causes of loss: All Perils • Valuation: Replacement Cost (5 Years) • Coinsurance: 80% • Flood: Excluded in zone A, AE, D or V and on any island(s) • Policy does not include Overload, Theft and Earthquake exclusions
Builder's Risk and Installation Floater	12/31/2023- 12/31/2024	UM00090266MA23A	XL Specialty Insurance Company NAIC # 37885	\$5,000,000 Covered Property \$1,000,000 Transit \$2,500,000 Flood Per Occurrence \$2,500,000 Flood Annual Aggregate \$2,500,000 Earthquake and Volcanic Eruption Per Occurrence \$2,500,000 Earthquake and Volcanic Eruption Annual Aggregate  Deductibles: \$5,000 Covered Property 3% Named Storm / \$50,000 minimum \$25,000 Flood - Per Occurrence \$25,000 Earthquake and Volcanic Eruption - Per Occurrence	Valuation: Replacement Cost Coinsurance: 0% Flood coverage provided in FEMA Zones C/Unshaded X Only Earthquake coverage excluded in California and Hawaii

AGENCY CUSTOMER ID:	
LOC #:	

	_		
	-		®
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6			

#### ADDITIONAL REMARKS SCHEDULE

Page	of

AGENCY		NAMED INSURED
See Page 1		See Page 1
POLICY NUMBER		bee rage r
See Page 1		
	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

ORM NUMBER	<b>:</b>	<b>FORM</b>	TITLE

	r			Ţ	
Coverage	Policy Term	Policy Number	Carrier & NAIC #	<u>Limits</u>	Additional Remarks
			4		Statutory Coverage
Workers Compensation - Employers Liability	12/31/2023- 12/31/2024	34WCI8988701	Arch Indemnity Insurance Company NAIC # 30830	\$1,000,000 Bodily Injury by Accident - Each Accident \$1,000,000 Each Employee Bodily Injury by Disease \$1,000,000 Policy Limit Bodily Injury by Disease	States Covered: AL, AR, AZ, CA, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, SC, TN, TX, UT, VA, WI, WV Stop Gap Coverage: ND, OH, WA, WY
Workers Compensation - Employers Liability	12/31/2023- 12/31/2024	31WCI8988601	Arch Insurance Company NAIC # 11150	\$1,000,000 Bodily Injury by Accident - Each Accident \$1,000,000 Each Employee Bodily Injury by Disease \$1,000,000 Policy Limit Bodily Injury by Disease	Statutory Coverage States Covered: FL



#### ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

199 Water Street, 24th Floor, New York, NY 10038 • Tel. (646) 794-0500 • Fax (646) 794-0611

#### **ENVIRONMENTAL EXCESS LIABILITY POLICY DECLARATIONS**

Policy No: 0312-4766

New/Renewal of: 0312-4766

ITEM 1.

NAMED INSURED:

FirstOnSite USA Holdings, Inc.

6200 S Syracuse Way, Suite 230

ADDRESS:

Greenwood Village, CO 80111

ITEM 2.

POLICY PERIOD:

From: December 31, 2023 To: December 31, 2024

[12:01 A.M. standard time at the address stated in Item 1 above]

ITEM 3.

LIMITS OF THIS INSURANCE:

US\$10,000,000

Per Incident Limit

US\$10,000,000

Policy Aggregate Limit (as defined in the First Underlying

Insurance Policy)

ITEM 4.

#### SCHEDULE OF UNDERLYING INSURANCE:

#### **Primary**

Westchester Specialty Insurance Services, Inc.

Policy Number: G24086446 015

\$1,000,000

Each Occurrence

\$2,000,000

General Aggregate

\$2,000,000

Products Completed Operations Aggregate

\$1,000,000

Personal and Advertising Injury

\$1,000,000

Contractor's Pollution Liability - Each Pollution Condition

\$1,000,000

\$1,000,000

Professional Liability - Each Claim

\$1,000,000

Onsite Cleanup - Each Pollution Condition Third Party Premises Pollution - Each Pollution Condition

**Employer Liability** Arch Insurance Group

Policy Numbers:

31WC18988601

34WC18988701

\$1,000,000

Each Accident (BI by accident)

\$1,000,000

Policy Limit (BI by disease)

\$1,000,000

Each Employee (BI by disease)

#### Auto

Arch Insurance Group

Policy Number: 31CAB898861

\$2,000,000

Combined Single Limit

SURPLUS LINES LICENSEE: CRC Corporate License 183767 This contract is delivered as a surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is

not licensed in Colorado but is an ELIGIBLE nonadmitted insurer. There is no protection under the provisions of the

'Colorado Insurance Guaranty Association Act'.

ENV-XS 00001 00 (06/12)

Page 1 of 3

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ITEM 5. POLICY PREMIUM:

ITEM 6. NOTICE OF ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

OCCURRENCE, CLAIM, ATTN: ENVIRONMENTAL CLAIMS DEPT. SUIT, OR PROCEEDING:

199 WATER STREET, 24TH FLOOR

NEW YORK, NY 10038 EnvCasClaims@awac.com

**ALL OTHER NOTICES:** ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

ATTN: ENVIRONMENTAL CASUALTY 199 WATER STREET, 24TH FLOOR

NEW YORK, NY 10038

CRC Insurance Services, Inc. ITEM 7. Representative of Insured:

Address: 6200 S. Syracuse Way, Suite 100 Greenwood Village, CO 80111

IN WITNESS WHEREOF, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by one of our duly authorized representatives, where required by law.

President

Tall

Asst. Secretary

Karen Colom

JUIN--AUTHORIZED REPRESENTATIVE

#### POLICY NUMBER: G24086446 015

#### 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	
As required by written contract.	As required by written contract.	
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
  - 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:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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:

- 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 shown in the Declarations;

whichever is less.

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

## 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
Where required by written contract.	Where required by written contract.
Information required to complete this Schedule, if not sh	own 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:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
- 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.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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 or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



Named Insured FirstOnSite US	A Holdings, Inc.	Endorsement Number	
Policy Symbol GLW	Policy Number G24086446 015	Policy Period 12/31/2023 to 12/31/2024	Effective Date of Endorsement 12/31/2023
Issued By (Name of I Westchester S	nsurance Company) urplus Lines Insurance Comp	any	

### ADDITIONAL INSURED ENDORSEMENT – PRODUCTS-COMPLETED OPERATIONS HAZARD PRIMARY & NON-CONTRIBUTORY

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

#### **SCHEDULE**

As required by contract.				

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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** performed for that additional insured and included in the **products-completed operations hazard**.

Furthermore, the coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above under any other third party liability policy.

All other terms and conditions remain the same.



Named Insured FirstOnSite US	A Holdings, Inc.	Endorsement Number	
Policy Symbol GLW	Policy Number G24086446 015	Policy Period 12/31/2023 to 12/31/2024	Effective Date of Endorsement 12/31/2023
Issued By (Name of I Westchester S	nsurance Company) urplus Lines Insurance Comp	any	

### ADDITIONAL INSURED ENDORSEMENT - OWNERS, LESSEES OR CONTRACTORS (PRIMARY AND NON-CONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE CONTRACTORS POLLUTION LIABILITY COVERAGE

#### SCHEDULE:

Name of Person or Organization: As required by contract.		

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

#### SECTION II - WHO IS AN INSURED is amended to include:

- A. SECTION II WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

#### 2. Exclusions

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 site 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.** The coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above under any other third party liability policy.

#### CHUBB°

Named Insured FirstOnSite US	SA Holdings, Inc.	Endorsement Number	
Policy Symbol GLW	Policy Number G24086446 015	Policy Period 12/31/2023 to 12/31/2024	Effective Date of Endorsement 12/31/2023
Issued By (Name of I Westchester S	nsurance Company) urplus Lines Insurance Comp	any	

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART CONTRACTORS POLLUTION LIABILITY COVERAGE PART

#### **SCHEDULE**

Name of Person or Organization:
As required by written contract.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or your work done under a contract with that person or organization and included in the products-completed operations hazard. This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain the same.

#### NOTICE TO OTHERS ENDORSEMENT

Named Insured FirstOnSite US	A Holdings, Inc.		Endorsement Number
Policy Symbol GLW	Policy Number G24086446 015	Policy Period 12/31/2023 to 12/31/2024	Effective Date of Endorsement 12/31/2023
Issued By (Name of It Westchester St	nsurance Company) urplus Lines Insurance Comp	any	

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

#### THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

Commercial General Liability Contractor's Pollution Liability Professional Liability

#### FIRST NAMED INSURED'S REPRESENTATIVE

Name of first Named Insured's representative: (Enter the name and address of the Retail Agent)

Willis Towers Watson Southeast, Inc.

11311 McCormick Road, Suite 450

Hunt Valley, MD 21031

- A. For purposes of this endorsement, the following definition is added:

  Certificate Holder Schedule A list of persons or organizations requesting 30 day notice of cancellation of this Policy that is created by and maintained by the first Named Insured or the first Named Insured's representative.
- B. We will only be responsible for sending written notice of cancellation to the first Named Insured and the first Named Insured's representative identified above. This notice will be sent at least 35 days prior to the cancellation date applicable to the Policy. In turn, it will be the sole responsibility of the first Named Insured's representative to send notice to the persons or organizations listed in the Certificate Holder Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- C. If we cancel this Policy prior to its expiration date by notice to the first Named Insured for any reason other than nonpayment of premium, we will also send written notice of cancellation to the first Named Insured's representative to enable such representative to send notice to such persons or organizations in the Certificate Holder Schedule upon receipt of written notice of cancellation from us. This notice to persons or organizations listed in the Certificate Holder Schedule will be the sole responsibility of the first Named Insured's representative, separate from and in addition to our notice to the first Named Insured, the first Named Insured's representative and any other party to whom we are required to notify by statute or in accordance with the cancellation provisions of the Policy.
- D. We will not receive or maintain a copy of the Certificate Holder Schedule. Sole responsibility for the accuracy and correctness of information in any Certificate Holder Schedule lies exclusively with the first Named Insured or the first Named Insured's representative.
- E. The notice to persons or organizations listed in the Certificate Holder Schedule referenced in this endorsement and provided by the first Named Insured's representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Certificate Holder Schedule in the event of cancellation of coverage. We have no legal

obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) listed in the **Certificate Holder Schedule** will impose no obligation or liability of any kind upon the insurance company, its agents and representatives, and will not extend any Policy cancellation date and/or negate any cancellation of the Policy.

F. This endorsement does not apply in the event that the first **Named Insured** cancels the Policy or in the event of cancellation for nonpayment of premium.

All other terms and conditions of this Policy remain unchanged.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ADDITIONAL INSURED - BLANKET

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

Under Covered Autos Liability Coverage, the Who is An Insured provision is amended to include as an "insured" the person or organization who is required under a written contract to be included as an "insured" under this policy, but only with respect to their legal liability for your acts or omissions or the act or omissions of a person for whom Covered Autos Liability Coverage is afforded under this policy.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 31CAB8988601

Named Insured: FirstOnsite USA Holdings, Inc.

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 12/31/2023

00 CA0115 00 10 13 Page 1 of 1

POLICY NUMBER: 31CAB8988601

#### 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:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: FirstOnSite USA Holdings, Inc.

Endorsement Effective Date: 12/31/2023

#### **SCHEDULE**

#### Name(s) Of Person(s) Or Organization(s):

Any person or organization where waiver of our right to recover is permitted by law and is required by written contract provided such contract was executed prior to the loss.

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

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

(Ed. 4-84)

#### 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

Any person	or organization	where waiver	of our right to	recover is	s permitted by	law and is	required by	written o	contract
provide	d such contract	was executed	prior to date of	of loss.					

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: 12/31/2023 Insured: FirstOnsite USA Holdings, Inc. Policy No.: 34WCI8988701

Endorsement No. Premium: Incl

Insurance Company: Arch Indemnity Insurance Company

Countersigned by \_\_\_\_\_

WC 00 03 13 (Ed. 4-84)

(Ed. 4-84)

#### 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

Any person c	or organization	where waiver	of our right t	o recover	is permitted b	y law and i	s required by	written	contrac
provided	such contract	was executed	prior to date	of loss.					

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: 12/31/2023 Insured: FirstOnsite USA Holdings, Inc. Policy No.: 31WCl8988601

Endorsement No. Premium: Incl

Insurance Company: Arch Insurance Company

Countersigned by \_\_\_\_\_

WC 00 03 13 (Ed. 4-84)



April 25, 2024

Jackie Doyle
Department of Administrative Services
Jefferson County
729 Maple Street
P.O. Box 100
Hillsboro, MO 63050

Subject:

Renewal Contract "2023 ON-CALL REMEDIATION for

Award Dates June 22, 2024-June 21, 2025

Statement of No Company Property in Jefferson County

We welcome the opportunity to continue to be of service to Jefferson County through June of 2025.

Please allow this letter to be our notice that our company does not own any real or personal property in Jefferson County, Missouri. This was requested as part of our renewal paperwork.

I'm also attaching our signed agreement for this renewal.

Signed this date:

Christopher Asleson

Regional Director, Upper Midwest

State of: Missouri

County of: Jefferson )

Subscribed and sworn to (or affirmed) before me this \_

\_\_day of \_\_

2024

By Christ

SUSAN K. DEMPSEY Notary Public - Notary Seal Jefferson County - State of Missourl Commission Number 23934130 My Commission Expires May 3, 2027 Witness my hand and official seal.

My commission expires May 3, 2027