



**The City of  
OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

Renewal No. 3

May 27, 2026

**APPROVED**

8-18-2026

Flock Group Inc  
1170 Howell Mill Rd NW  
Suite 210  
Atlanta, GA 30318

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C241032 for Automated License P** for the term **7/1/2026 through 6/30/2027** under the same terms, conditions and provisions as awarded and amended, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **May 29, 2026**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-2946 or  
Email: [Kutoykna.Lewis@okc.gov](mailto:Kutoykna.Lewis@okc.gov).

Thank you,

*Kutoykna Lewis*

Kutoykna Lewis, Senior Buyer  
Procurement Services

☒ **Yes, I would like to renew  
per the above mentioned.**  
☐ **No, I do not wish to renew.**

**[INTERNAL USE ONLY]**

☐ **The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.**

Garrett Langley

**PRINTED NAME**  
Chief Executive Officer

**TITLE**

Signed by:  
*Garrett Langley*

**AUTHORIZED SIGNATURE**

Flock Group Inc

**COMPANY NAME**

1170 Howell Mill Rd NW, Suite 210

**STREET ADDRESS**

Atlanta, GA 30318

**CITY, STATE AND ZIP CODE**

1 (206) 360-1943

**BUSINESS TELEPHONE**

david.levall@flocksafety.com

**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/29/2026

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).

| <b>PRODUCER</b><br>MARSH RISK & INSURANCE SERVICES<br>FOUR EMBARCADERO CENTER, SUITE 1100<br>CALIFORNIA LICENSE NO. 0437153<br>SAN FRANCISCO, CA 94111<br><br>CN134017657--GAUWE-25-26 | <b>CONTACT</b><br>NAME: Antonia Rovai<br>PHONE (A/C, No, Ext): 415-743-8059<br>E-MAIL ADDRESS: Antonia.rovai@marsh.com<br>FAX (A/C, No):<br><br><b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"><tr><th>INSURER</th><th>NAIC #</th></tr><tr><td>INSURER A : Berkley National Insurance Company</td><td>38911</td></tr><tr><td>INSURER B : Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER C : Homeland Insurance Company Of New York</td><td>34452</td></tr><tr><td>INSURER D : QBE SPECIALTY INSURANCE COMPANY</td><td>11515</td></tr><tr><td>INSURER E : Vantage Risk Specialty Insurance Company</td><td>16275</td></tr><tr><td>INSURER F : QBE Underwriting Ltd. Syndicate 5555: AA-1120067</td><td>1120067</td></tr></table> | INSURER | NAIC # | INSURER A : Berkley National Insurance Company | 38911 | INSURER B : Federal Insurance Company | 20281 | INSURER C : Homeland Insurance Company Of New York | 34452 | INSURER D : QBE SPECIALTY INSURANCE COMPANY | 11515 | INSURER E : Vantage Risk Specialty Insurance Company | 16275 | INSURER F : QBE Underwriting Ltd. Syndicate 5555: AA-1120067 | 1120067 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|------------------------------------------------|-------|---------------------------------------|-------|----------------------------------------------------|-------|---------------------------------------------|-------|------------------------------------------------------|-------|--------------------------------------------------------------|---------|
| INSURER                                                                                                                                                                                | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER A : Berkley National Insurance Company                                                                                                                                         | 38911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER B : Federal Insurance Company                                                                                                                                                  | 20281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER C : Homeland Insurance Company Of New York                                                                                                                                     | 34452                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER D : QBE SPECIALTY INSURANCE COMPANY                                                                                                                                            | 11515                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER E : Vantage Risk Specialty Insurance Company                                                                                                                                   | 16275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| INSURER F : QBE Underwriting Ltd. Syndicate 5555: AA-1120067                                                                                                                           | 1120067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |
| <b>INSURED</b><br>Flock Group Inc<br>DBA Flock Safety<br>3284 Northside Pkwy NW Suite 150<br>Atlanta, GA 30327                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |        |                                                |       |                                       |       |                                                    |       |                                             |       |                                                      |       |                                                              |         |

**COVERAGES**      **CERTIFICATE NUMBER:** SEA-003945478-13      **REVISION NUMBER:** 1

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 INSD | SUBR WVD | POLICY NUMBER                       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | VGL 9750843-10                      | 10/23/2025              | 10/23/2026              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                               | X         |          | (25) 7365-58-85                     | 10/23/2025              | 10/23/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR                                                                                                                                                                                                                                                             | X         |          | 140010841 (Primary \$3M)            | 10/23/2025              | 10/23/2026              | EACH OCCURRENCE \$ 10,000,000                                                                                                                                                                                                                   |
| E        | <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                                                                                                               |           |          | P03XC0000093270 (\$3.5M p/o \$7M)   | 10/23/2025              | 10/23/2026              | AGGREGATE \$ 10,000,000                                                                                                                                                                                                                         |
| F        | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                                                                                                                                                           |           |          | B0509MPSPB2504930 (\$3.5M p/o \$7M) | 10/23/2025              | 10/23/2026              | \$                                                                                                                                                                                                                                              |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                   |           | N/A      | 71845256                            | 10/23/2025              | 10/23/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| C        | Errors & Omissions                                                                                                                                                                                                                                                                                                                                             |           |          | 730000029-0001<br>SIR: \$100,000    | 08/23/2025              | 08/23/2026              | Limit: 5,000,000                                                                                                                                                                                                                                |

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

|                                                                                                                                         |                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>City of Oklahoma City<br>and its Participating Public Trust<br>200 N Walker Ave<br>Oklahoma City, OK 73102 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>of Marsh Risk & Insurance Services<br><br><i>Danisha Flowers</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

© 1988-2016 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

|                                           |           |                                                                                                               |
|-------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------|
| AGENCY<br>MARSH RISK & INSURANCE SERVICES |           | NAMED INSURED<br>Flock Group Inc<br>DBA Flock Safety<br>3284 Northside Pkwy NW Suite 150<br>Atlanta, GA 30327 |
| POLICY NUMBER                             |           |                                                                                                               |
| CARRIER                                   | NAIC CODE | EFFECTIVE DATE:                                                                                               |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Carrier will provide notice of cancellation or nonrenewal per below if required by a written contract .

Cancellation For Other Than Nonpayment: Number of Days Notice: 30 days

Cancellation For Nonpayment: Number of Days Notice: 10 days

(Nonrenewal): Number of Days Notice: 10 days

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

## **COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

To the extent that the provisions of this endorsement provide broader benefits to the “insured” than other provisions of the Business Auto Coverage Form, the provisions of this endorsement apply.

#### **1. EXTENDED CANCELLATION CONDITION**

Paragraph A.2.b. – CANCELLATION of the COMMON POLICY CONDITIONS form IL 00 17 is deleted and replaced with the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

#### **2. BROAD FORM INSURED**

##### **A. Subsidiaries and Newly Acquired or Formed Organizations As Insureds**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an “insured” under any other automobile policy or would be an “insured” under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership, joint venture or limited liability company;
  - (b) That is an “insured” under any other automobile policy;
  - (c) That has exhausted its Limit of Insurance under any other policy; or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to “bodily injury” or “property damage” that results from an “accident” that occurred before you formed or acquired the organization.

##### **B. Employees as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – COVERED AUTOS LIABILITY COVERAGE is amended to add the following:

- d. Any “employee” of yours while using a covered “auto” you don’t own, hire or borrow in your business or your personal affairs.

##### **C. Lessors as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – COVERED AUTOS LIABILITY COVERAGE is amended to add the following:

- e. The lessor of a covered “auto” while the “auto” is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor; and
  - (2) The “auto” is leased without a driver.

Such leased “auto” will be considered a covered “auto” you own and not a covered “auto” you hire.

##### **D. Persons And Organizations As Insureds Under A Written Insured Contract**

Paragraph A.1 – WHO IS AN INSURED – of SECTION II – COVERED AUTOS LIABILITY COVERAGE is amended to add the following:

- f. Any person or organization with respect to the operation, maintenance or use of a covered “auto”, provided that you and such person or organization have agreed under an express provision in a written “insured contract”, written agreement or a written permit issued to you by a governmental or public authority to add such person or organization to this policy 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 “insured contract” or written agreement; or
  - (b) The permit has been issued to you.

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

This provision does not apply to other insurance to which the additional insured has also been added as an additional insured.

### **3. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS**

Under SECTION II – COVERED AUTOS LIABILITY COVERAGE, subsection A. Coverage, paragraph 2. Coverage Extensions, subparagraph a. Supplementary Payments, subparagraphs (2) and (4) are deleted and replaced by the following:

- (2) Up to \$5,000 for 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 \$1,000 a day because of time off from work.

### **4. AMENDED FELLOW EMPLOYEE EXCLUSION**

EXCLUSION 5. – FELLOW EMPLOYEE – of SECTION II – COVERED AUTOS LIABILITY COVERAGE is amended to add the following:

However, this exclusion only applies if the fellow “employee” is entitled to benefits under any of the following: workers’ compensation, unemployment compensation or disability benefits law, or any similar law.

### **5. PHYSICAL DAMAGE – ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE**

Paragraph A.4.a. – TRANSPORTATION EXPENSES – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$60 per day, subject to a maximum limit of \$1,800.

### **6. AUTO LOAN/LEASE GAP COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

#### **c. Unpaid Loan or Lease Amounts**

In the event of a total “loss” to a covered “auto”, we will pay any unpaid amount due on the loan or lease for a covered “auto” minus:

1. The amount paid under the Physical Damage Coverage Section of the policy; and
2. Any:
  - a. Overdue loan/lease payments at the time of the “loss”;
  - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. Security deposits not returned by the lessor;

- d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance Purchased with the loan or lease: and
- e. Carry-over balances from previous loans or leases.

We will pay for any unpaid amount due on the loan or lease if caused by:

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

The Auto Loan/Lease Gap Coverage insurance provided by this endorsement is excess over any other collectible insurance including but not limited to any coverage provided by or purchased from the lessor.

## **7. VEHICLE VINYL WRAP COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

### **d. Vehicle Vinyl Wrap Coverage**

In the event of a total "loss" to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to \$1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of loss. Regardless of the number of "autos" deemed a total "loss", the most we will pay under this Coverage for any one "loss" is \$2,000.

For purposes of this coverage, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.

## **8. PERSONAL PROPERTY COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

### **e. Personal Property Coverage**

We will pay up to \$1,000 for "loss" to wearing apparel and other personal effects which are:

- (1) Owned by an "insured"; and
- (2) In or on your covered "auto".

This Coverage applies only:

- (1) In the event of total theft of your covered "auto;" and
- (2) If such wearing apparel or other personal effects cannot be recovered.

This Coverage is not subject to a deductible.

The limit shown above applies in addition to any other insurance for personal property provided elsewhere in this policy.

This coverage only applies to "autos" for which Comprehensive or Specified Causes of Loss coverages are provided under this Coverage Form.

## **9. REPLACEMENT WITH A HYBRID OR ALTERNATIVE FUEL SOURCE AUTO**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

### **f. Replacement Of A Private Passenger Auto With A Hybrid Or Alternative Fuel Source Auto**

In the event of a total "loss" to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, we will pay the actual cash value, plus an additional 10%

(up to a maximum of \$2,500), if the replacement vehicle is a hybrid vehicle or alternative fuel source vehicle.

#### **10. RENTAL AGENCY EXPENSE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

g. Rental Expense

We will pay the following expenses that you or any of your “employees” are legally obligated to pay because of a written contract or agreement entered into for use of a rental vehicle in the conduct of your business:

MAXIMUM WE WILL PAY FOR ANY ONE CONTRACT OR AGREEMENT:

- (1) \$2,500 for loss of income incurred by the rental agency during the period of time that vehicle is out of use because of actual damage to, or “loss” of, that vehicle, including income lost due to absence of that vehicle for use as a replacement;
- (2) \$2,500 for decrease in trade-in value of the rental vehicle because of actual damage to that vehicle arising out of a covered “loss”; and
- (3) \$2,500 for administrative expenses incurred by the rental agency, as stated in the contract or agreement.
- (4) \$7,500.00 maximum total amount for paragraphs a., b. and c. combined.

#### **11. EXTRA EXPENSE – BROADENED COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

h. Recovery Expense

We will pay for the expense of returning a stolen covered “auto” to you.

#### **12. AIRBAG COVERAGE**

Paragraph B.3.a. – EXCLUSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE does not apply to the accidental or unintended discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide this coverage.

#### **13. SOUND RECEIVING AND TRANSMITTING EQUIPMENT – BROADENED COVERAGE**

Paragraph a. under the statement “Exclusions 4.c. and 4.d. do not apply” under EXCLUSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is deleted and replaced with the following:

- a. Equipment designed solely for receiving or transmitting sound and accessories used with such equipment, provided such equipment is permanently installed in the covered “auto” at the time of the “loss” or such equipment is removable from the housing unit which is permanently installed in the covered “auto” at the time of the “loss”, and such equipment is designed to be operated solely by use of the power from the “auto’s” electrical system, in or upon the covered “auto”; or

#### **14. GLASS REPAIR – WAIVER OF DEDUCTIBLE**

Under Paragraph D. – DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### **15. TWO OR MORE DEDUCTIBLES**

Paragraph D. – DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

If this Coverage Form and any other Coverage Form or policy issued to you by us that is not an automobile policy or Coverage Form applies to the same “accident”, the following applies:

- (1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived; or



- (2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

#### **16. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

Paragraph A.2.a. – DUTIES IN THE EVENT OF AN ACCIDENT, CLAIM, SUIT OR LOSS of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- a. In the event of “accident”, claim, “suit” or “loss”, you must promptly notify us when the “accident” is known to:
1. You or your authorized representative, if you are an individual;
  2. A partner, or any authorized representative; if you are a partnership;
  3. A member, if you are a limited liability company; or
  4. An executive officer, insurance manager, or authorized representative, if you are an organization other than a partnership or limited liability company.

Knowledge of an “accident”, claim, “suit” or “loss” by other persons does not imply that the persons listed above have such knowledge.

Notice to us 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 or witnesses.

#### **17. WAIVER OF SUBROGATION**

Paragraph A.5. – TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

5. We will waive the right of recovery we would otherwise have against another person or organization for “loss” to which this insurance applies, provided the “insured” has waived their rights of recovery against such person or organization in a written contract or agreement that is executed before such “loss”.

To the extent that the “insured’s” rights to recover damages for all or part of any payment made under this insurance has not been waived, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

#### **18. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

Paragraph B.2. – CONCEALMENT, MISREPRESENTATION or FRAUD of SECTION IV – BUSINESS AUTO CONDITIONS – is deleted and replaced with the following:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not void coverage under this Coverage Form because of such failure.

#### **19. AUTOS RENTED BY EMPLOYEES**

Paragraph 5.b. – OTHER INSURANCE of SECTION IV – BUSINESS AUTO CONDITIONS – is deleted and replaced with the following:

- e. Any “auto” hired or rented by your “employee” on your behalf and at your direction will be considered an “auto” you hire. If an “employee’s” personal insurance also applies on an excess basis to a covered “auto” hired or rented by your “employee” on your behalf and at your direction, this insurance will be primary to the “employee’s” personal insurance.

#### **20. HIRED AUTO – COVERAGE TERRITORY**

Paragraph B.7.e. (1) – POLICY PERIOD, COVERAGE TERRITORY of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- (1) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 60 days or less; and



**21. RESULTANT MENTAL ANGUISH COVERAGE**

Paragraph C. of – SECTION V – DEFINITIONS is deleted and replaced by the following:

“Bodily injury” means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

All other terms and conditions remain unchanged.

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

## **GENERAL LIABILITY BROADENING ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### **A. Broadened Named Insured**

The following is added to **Section II - Who is an Insured**:

Any organization of yours other than a partnership or joint venture, which is not shown in the Declaration, and over which you maintain an ownership interest of more than 50% of such organization as of the effective date of this Coverage Part, will qualify as a Named Insured. However, such organization will not qualify as a Named Insured under this provision if:

1. It is newly acquired or formed during this policy period;
2. It is also an insured under another policy, other than a policy written to apply specifically in excess of this Coverage Part;
3. It would be an insured under another policy but for its termination or the exhaustion of its limits of insurance; or
4. The person or organization has not been declared to us prior to the inception of this policy.

#### **B. Newly Acquired or Formed Organizations as Named Insureds**

Paragraph 3. of **Section II - Who is an Insured** is deleted and replaced by the following:

3. Any organization you newly acquire or form during the policy period, other than a partnership or joint venture, and over which you maintain an ownership interest of more than 50% of such organization, will qualify as a Named Insured if there is no similar insurance available to that organization. However:
  - a. Coverage under this provision is afforded only until the 180<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is earlier;
  - b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
  - c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquire or formed the organization.

An additional premium will apply in accordance with our rules and rates in effect on the date you acquired or formed the organization.

#### **C. Incidental Medical Malpractice**

1. Paragraph 2.a.(1)(d) of **Section II - Who Is An Insured** does not apply to a physician, nurse practitioner, physician assistant, nurse, emergency medical technician or paramedic employed by you if you are not in the business or occupation of providing medical, paramedical, surgical, dental, x-ray or nursing services.
2. This provision is excess over any other valid and collectible insurance whether such insurance is primary, excess, contingent or on any other basis. Any payments by us will follow Paragraph 4.b. of **Section IV - Commercial General Liability Conditions**.

#### **D. Damage to Premises Rented by You**

If damage to premises rented to you is not otherwise excluded from this policy or coverage part, then the following provisions apply:

1. The last paragraph under **B. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability** is deleted and replaced by the following:

Exclusions c. through n. do not apply to damage by fire, lightning, explosion, "smoke", or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with the permission of the owner. A separate limit of insurance applies to this coverage as described in **Section III - Limits Of Insurance**.

2. The paragraph immediately after Sub-paragraph j.(6) of Paragraph 2. **Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability** is deleted and replaced by the following:  
 Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire, lightning, explosion, "smoke", or leakage from automatic fire protective systems) to premises, including the contents of such premises, rented to you for a period of seven or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in **Section III - Limits Of Insurance**.
  3. Paragraph 6. of **Section III - Limits Of Insurance** is deleted and replaced by the following:
    6. Subject to Paragraph 5. above, the greater of:
      - a. \$300,000; or
      - b. The Damage To Premises Rented To You Limit shown in the Declarations;  
 is the most we will pay under **Coverage A** for damages because of "property damage" to premises while rented you, or in the case of damage by fire, lightning, explosion, "smoke", or leakage from automatic fire protective systems, while rented to you or temporarily occupied by you with permission of the owner.  
  
 This limit will apply to all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, "smoke", leakage from automatic fire protective systems, or other covered causes of loss or any combination thereof.
  4. Subparagraph b.(1)(a)(ii) of Paragraph 4. **Other Insurance of Section IV - Commercial General Liability Conditions** is deleted and replaced by the following:
    - (ii) That is fire, lightning, explosion, "smoke" or leakage from automatic fire protective systems insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  5. Subparagraph a. of Definition 9. "Insured contract" of **Section V - Definitions** is deleted and replaced by the following:
    - a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, "smoke" or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract".
  6. As used in this Provision **D. Damage To Premises Rented To You:**  
 "Smoke" does not include smoke from agricultural smudging, industrial operations or "hostile fire".
- E. Supplementary Payments**
- Section I - Supplementary Payments - Coverages A and B** is amended as follows:
1. The limit shown in Paragraph 1.b. for the cost of bail bonds is increased from \$250 to \$3,000.
  2. The limit shown in Paragraph 1.d. for loss of earnings because of time off from work is increased from \$250 a day to \$1,000 a day.
- F. Broadened Property Damage - Borrowed Equipment, Customer Goods and Use of Elevators**
- The insurance for "property damage" liability is subject to the following:
1. Exclusion 2.j. **Damage to Property of Section I - Coverage A - Bodily Injury and Property Damage Liability** is amended as follows:
    - a. The exclusion for personal property in the care, custody or control of the insured does not apply to "property damage" to equipment you borrow while at a job site and provided it is not being used by anyone to perform operations at the time of loss.
    - b. The exclusions for:
      - (1) Property loaned to you;
      - (2) Personal property in the care, custody or control of the insured; and
      - (3) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it;
 do not apply to "property damage" to "customers' goods" while on your premises nor do they apply to "property damage" arising from the use of elevators at premises you own, rent, lease or occupy.  
 Subject to the Each Occurrence Limit, the most we will pay for "property damage" to "customers' goods" is \$25,000 per "occurrence".



2. Under **Section V - Definitions**, the following is added:  
"Customers' goods" means goods of your customer on your premises for the purpose of being:
  - a. Repaired; or
  - b. Used in your manufacturing process.
3. Under **Section IV - Commercial General Liability Conditions**, the insurance afforded by this provision is excess over any other valid and collectible property insurance (including any deductible) available to the insured whether such insurance is primary, excess, contingent or on any other basis. Any payments by us will follow the Other Insurance Excess Insurance provisions.

**G. Expected or Intended Injury or Damage (Property Damage)**

Exclusion 2.a. **Expected Or Intended Injury of Section I - Coverage A - Bodily Injury And Property Damage Liability** is deleted and replaced by the following:

**a. Expected or Intended Injury**

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured.

This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

**H. Bodily Injury Definition Extension**

Paragraph 3. "Bodily injury" of **Section V - Definitions** is amended to read:

3. "Bodily injury" means physical injury, sickness or disease, including death resulting from any of these; or the following when accompanied by physical injury, sickness or disease: mental anguish; shock; or emotional distress.

**I. Amateur Athletic Participants**

The following is added to **Section II - Who Is An Insured**:

Any person representing you while participating in amateur athletic activities that you sponsor. However, no such person is an insured for:

1. "Bodily injury" to:
  - a. A co-participant, your "employee" or "volunteer worker" while participating in amateur athletic activities that you sponsor; or
  - b. You, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company), or any "executive officer" (if you are an organization other than a partnership, joint venture, or limited liability company); or
2. "Property damage" to property owned by, occupied or used by, rented to, in the care, custody, or control of, or over which physical control is being exercised for any purpose by:
  - a. A co-participant, your "employee" or "volunteer worker"; or
  - b. You, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company), or any "executive officer" (if you are an organization other than a partnership, joint venture, or limited liability company).

**J. Non-Owned Watercraft**

Subparagraph (2) of Exclusion 2.g. **Aircraft, Auto Or Watercraft of Section I - Coverage A - Bodily Injury And Property Damage Liability** is deleted and replaced by the following:

- (2) A watercraft you do not own that is:
- (a) Less than 51 feet long; and
  - (b) Not being used to carry persons or property for a charge.

**K. Mobile Equipment Redefined**

Subparagraph f.(1) of Definition 12. "Mobile equipment" of **Section V - Definitions** is deleted and replaced by the following:

- (1) Equipment with a gross vehicle weight of 1,000 pounds or more and designed primarily for:
- (a) Snow removal;
  - (b) Road maintenance, but not construction or resurfacing; or
  - (c) Street cleaning;

**L. Knowledge of Occurrence**

Paragraph 2.a. **Duties In The Event Of Occurrence, Offense, Claim Or Suit of Section IV - Commercial General Liability Conditions** is deleted and replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim only when the "occurrence" or offense is known to:
  - (1) You, if you are an individual;
  - (2) A partner, if you are a partnership;
  - (3) A manager, if you are a limited liability company; or
  - (4) An "executive officer" or the "employee" designated by you to give such notice, if you are an organization other than a partnership or a limited liability company.

To the extent possible, notice should include:

- (a) How, when and where the "occurrence" or offense took place;
- (b) The names and addresses of any injured persons and witnesses; and
- (c) The nature and location of any injury or damage arising out of the "occurrence" or offense.

**M. Unintentional Omission, Error in Disclosure or Failure to Disclose Hazards**

The following provision is added to paragraph 6. **Representations of Section IV - Commercial General Liability Conditions**:

1. However, the unintentional omission of, or unintentional error in, any information given or provided by you shall not prejudice your rights under this insurance.  
This provision does not affect our right to collect additional premium or to exercise our right of cancellation or non-renewal.
2. 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.

**N. Waiver of Transfer of Rights of Recovery Against Others**

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

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" and included in the "products-completed operations hazard" when you have agreed in a written contract or written agreement that any right of recovery is waived for such person or organization. This waiver applies only to the person(s) or organization(s) agreed to in the written contract or written agreement and is subject to those provisions.

This waiver does not apply unless the written contract or written agreement has been executed prior to the "bodily injury" or "property damage".

However, if any person or organization is separately scheduled on a separate waiver of transfer of rights of recovery which is attached to this policy, then this waiver does not apply.

**O. Additional Insured by Contract, Agreement or Permit**

The following is added to **Section II - Who Is An Insured**:

1. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured 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, but only with respect to:
  - a. "Your work" for the additional insured(s) designated in the contract, agreement or permit;
  - b. Premises you own, rent, lease or occupy; or
  - c. Your maintenance, operation or use of equipment leased to you.
2. The insurance afforded to such additional insured described above:
  - a. Only applies to the extent permitted by law;
  - b. Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured;
  - c. Applies on a primary basis if that is required by the written contract, written agreement or permit;



- d. Will not be broader than coverage provided to any other insured; and
  - e. Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
3. This provision does not apply:
- a. Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
  - b. To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
  - c. To any lessor of equipment:
    - (1) After the equipment lease expires; or
    - (2) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
  - d. To any:
    - (1) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
    - (2) Managers or lessors of premises if:
      - (a) The occurrence takes place after you cease to be a tenant in that premises; or
      - (b) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
  - e. To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services. This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by or for you.
4. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:
- The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:
- a. Required by the contract, agreement or permit described in Paragraph 1.; or
  - b. Available under the applicable Limits of Insurance shown in the Declarations.
- This coverage shall not increase the applicable Limits of Insurance shown in the Declarations.

**P. Liberalization Clause**

The following is added to **Section IV - Commercial General Liability Conditions**:

If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within forty-five (45) days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

**Q. Additional Insured - Broad Form Vendors**

The following is added to **Section II - Who Is An Insured**:

- 1. Any person or organization that is a vendor with whom you agreed in a written contract or written agreement to include as an additional insured under this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business.
- 2. The insurance afforded to such vendor described above:
  - a. Only applies to the extent permitted by law;
  - b. Will not be broader than the insurance which you are required by the contract or agreement to provide for such vendor;
  - c. Will not be broader than coverage provided to any other insured; and
  - d. Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.



3. With respect to insurance afforded to such vendors, the following additional exclusions apply:

The insurance afforded to the vendor does not apply to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reasons of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instruction from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspection, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the sale of the product;
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor;
- h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (1) The exceptions contained within the exclusion in subparagraphs **d.** or **f.** above; or
  - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- i. "Bodily injury" or "property damage" arising out of an "occurrence" that took place before you have signed the contract or agreement with the vendor.
- j. To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- k. Any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

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

The most we will pay on behalf of the vendor for a covered claim is the lesser of the amount of insurance:

- a. Required by the contract or agreement described in Paragraph **1.** above; or
- b. Available under the applicable Limits of Insurance shown in the Declarations.

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

**R. Personal Injury - Broad Form**

- 1. Exclusion **2.e. Contractual Liability** under **Section I - Coverage B - Personal And Advertising Injury Liability** is deleted.
- 2. Definition **14.b.** under **Section V - Definitions** is replaced by the following:
  - b. Malicious prosecution or abuse of process.
- 3. The following is added to Definition **14.** "Personal and advertising injury" under **Section V - Definitions**:
 

"Discrimination" (unless insurance thereof is prohibited by law) that results in injury to the feelings or reputation of a natural person, but only if such "discrimination" is:

  - a. Not done intentionally by or at the direction of:
    - (1) The insured;
    - (2) Any officer of the corporation, director, stockholder, partner or member of the insured; and
  - b. Not directly or indirectly related to an "employee", not to the employment, prospective employment or termination of any person or persons by an insured.

4. The following is added to **Section V - Definitions:**

"Discrimination" means the unlawful treatment of individuals based upon race, color, ethnic origin, gender, religion, age, or sexual preference. "Discrimination" does not include the unlawful treatment of individuals based upon developmental, physical, cognitive, mental, sensory or emotional impairment or any combination of these.

5. This coverage does not apply if **Coverage B - Personal And Advertising Injury Liability** is excluded either by the provisions of the Coverage Form or by endorsement.

POLICY NUMBER: VGL 9750843 - 10

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 37 12 19**
**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**

| <b>Name Of Additional Insured Person(s)<br/>Or Organization(s)</b>                                                                                       | <b>Location And Description Of Completed Operations</b>               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Any person or organization with whom you have agreed in writing in a contract or agreement that should be added as an Additional Insured on your policy. | All locations that are listed in the written contracts or agreements. |
|                                                                                                                                                          |                                                                       |
|                                                                                                                                                          |                                                                       |
| 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.



POLICY NUMBER: VGL 9750843 - 10

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 10 12 19**
**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**

| <b>Name Of Additional Insured Person(s)<br/>           Or Organization(s):</b>                                                                           | <b>Location(s) Of Covered Operations</b>                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Any person or organization with whom you have agreed in writing in a contract or agreement that should be added as an Additional Insured on your policy. | All premises that are listed in the written contracts or agreements. |
| 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.

Policy #VGL 9750843-10

**COMMERCIAL GENERAL LIABILITY**  
**CG 83 63 01 12**

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

## **PRIMARY NON-CONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Under Section IV, Commercial General Liability Conditions, paragraph 4., Other Insurance, item a., Primary Insurance is amended to include the following:

However, if you are obligated pursuant to a written contract or agreement entered into prior to a loss to provide a person or organization that is included in the Who Is An Insured section of this insurance with primary insurance such as is afforded by this policy, then this insurance is primary and we will not seek contribution from insurance available to such person or organization.

THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.

**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 against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

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 **10-23-25** Policy No. **71845256**

Insured **FLOCK GROUP INC DBA FLOCK SAFETY**

Insurance Company **Federal Insurance Company**

Endorsement No.

Premium \$ **Incl.**

Countersigned By \_\_\_\_\_