



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |   |
|---|--|---|
| <b>PRODUCER</b><br>Assurance, a Marsh & McLennan Agency LLC company<br>20 N Martingale Road<br>Suite 100<br>Schaumburg IL 60173 | <b>CONTACT</b><br><b>NAME:</b> Chris Stavrou<br><b>PHONE</b><br>(A/C, No, Ext): (312) 625-5943<br><b>E-MAIL</b><br>ADDRESS: Chris.Stavrou@MarshMMA.com | <b>FAX</b><br>(A/C, No): (847) 440-9126 |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                           |
| <b>INSURER A:</b> Everest National Insurance Com  |  | 10120                                   |
| <b>INSURER B:</b> Wesco Insurance Company   |  | 25011                                   |
| <b>INSURER C:</b>   |  |   |
| <b>INSURER D:</b>   |  |   |
| <b>INSURER E:</b>   |  |   |
| <b>INSURER F:</b>   |  |   |

**COVERAGES****CERTIFICATE NUMBER:** 1929308676**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL 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>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y  | Y        | 91ML000934221 | 7/2/2022                | 7/2/2023                | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000<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>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y  | Y        | 91ML000934221 | 7/2/2022                | 7/2/2023                | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |  |          | 91CU000846221 | 7/2/2022                | 7/2/2023                | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$10,000,000<br>\$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> N | N/A      | WWC3602251    | 7/2/2022                | 7/2/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                    |
| A        | Crime (3rd Party Theft)  |  |          | 91CR000207221 | 7/2/2022                | 7/2/2023                | Limit \$1,000,000   |
| A        | Professional Liability   |  |          | 91ML000934221 | 7/2/2022                | 7/2/2023                | Occ: \$1,000,000  |
| A        | Employment Practices Liability   |  |          | 91ML000934221 | 7/2/2022                | 7/2/2023                | Occ: \$2,000,000<br>Agg: \$2,000,000  |

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

Proof of Insurance

Cyber- Policy #ESK0039430660 - Lloyd's Of London - Effective 2/25/2022-7/2/2023 - Limit \$1,000,000

RE: Project - Campbell Crossing LLC

It is agreed that the following are added as Additional Insureds, when required by written contract, on the General Liability and Automobile Liability on a primary and non-contributory basis with respect to operations performed by the Named Insured in connection with this project: Lendlease (US) Public Partnerships LLC, including its Subsidiaries and Affiliates; Campbell Crossing LLC; AA Family Housing Holding Company LLC; Winn Housing Services LLC, including its See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Campbell Crossing LLC c/o Island Palm Communities LLC  
215 Duck Rd, Bldg 950  
Schofield Barracks HI 96857

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

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|   |                  |   |
|---|------------------|---|
| <b>AGENCY</b><br>Assurance, a Marsh & McLennan Agency LLC company |                  | <b>NAMED INSURED</b><br>Labor Source, LLC<br>432 Magazine Street<br>Tupelo MS 38804 |
| <b>POLICY NUMBER</b>  |                  |   |
| <b>CARRIER</b>  | <b>NAIC CODE</b> | <b>EFFECTIVE DATE:</b>  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Subsidiaries and Affiliates; The United States of America, by Secretary of the Army; Guggenheim Loan Services Company LLC, ISAOA, ATIMA; U.S. Bank National Association, ISAOA, ATIMA; Ambac Assurance Corporation, ISAOA, ATIMA; and any other parties the Owner may designate from time to time.

A Waiver of Subrogation in favor of the Additional Insureds applies to the Worker's Compensation, General Liability and Automobile policies, when required by written contract and where allowed by law.