



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

						tificate holder in lieu of su	ıch end	dorsement(s)		require an endorsemen	i. A	statement on
_	DUCE			_			CONTA NAME:			1		
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101					PHONE (A/C, N	o, Ext): (9/0) 2	223-1804	FAX (A/C, No):				
P.O	. Bo	x 270550					E-MAIL ADDRE	SS:				
For	COI	llins, CO 80525						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
							INSURE	ER A: Valley I	Forge Insur	ance Co.		20508
INSU	IRED						INSURE	ER B : Contine	ental Insura	ince Company		35289
		Able Enviror					INSURE	ER C : Kinsale	Insurance	Company		38920
		Kodi Roberts 3225 North R	s Richland Road	ı			INSURE	ER D :				
		Yukon, OK 7					INSURE	ER E :				
							INSURE	ERF:				
СО	VER	RAGES	CE	RTIF	CATI	E NUMBER:				REVISION NUMBER:		
IN C	IDIC/ ERTI	ATED. NOTWITHS IFICATE MAY BE IS	TANDING ANY SSUED OR MA	REQU Y PEF H POL	JIREM RTAIN ICIES	SURANCE LISTED BELOW ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT T	O WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	ADD	L SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENER	RAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	15,000
				_						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:	_						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
В	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO				5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AOTOGONET	AUTOGONET							(consistency	\$	
В	Х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	CLAIMS-MA	DE		5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION	10,00	00							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILIT								PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		_ N / A	\					E.L. DISEASE - EA EMPLOYEE	Ť		
	If yes	s, describe under CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		uipment Floater	0.10 20.01			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С					9/8/2020	9/8/2021	Aggregate		1,000,000			
Gen	eral	Liability:				D 101, Additional Remarks Schedus prior to loss, the following						

CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
***Baker Hughes-OKC 6205 South Sooner Road Oklohoma City, OK 73135	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Okloholila Okty, Okt 70100	AUTHORIZED REPRESENTATIVE
	SASIL



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
CARRIER					
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
	_								
Description of Operations/Locations/Vehicles:									

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

CNA86104XX (04/17) - Additional Insured

Baker Hughes-OKC is named as additional insured as required by written contract.



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If the cortificate holder is an ADDITIONAL INSURED, the policy/ics) must have ADDITIONAL INSURED provisions or be endersed

If	SUI	BROGATION IS	s v	NAIVED), subjec	t to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain ¡ lorsement(s)	oolicies may			
PRO	DUCE	R							CONTAI NAME:	СТ				
Ass	ured	Partners dba F	ror	nt Rang	e Ins Gro	oup				o, Ext): (970) 2	23-1804	FAX (A/C,	No).	
2002 P.O.	2 Ca . Box	ribou Drive, #10 k 270550	01						E-MAIL ADDRE	SS:		1 (700,	, 110).	
Fort	Col	lins, CO 80525							ADDILL		URER(S) AFFOR	RDING COVERAGE		NAIC #
									INSURE	R A : Valley F				20508
INSU	IRED											nce Company		35289
		Able Envi								R C : Kinsale				38920
		Kodi Robe		-					INSURE					00020
		3225 Norti Yukon, Ol			i Road				INSURE					
									INSURER F:					
CO	VFR	AGES			CFR.	TIFI	CATE	NUMBER:				REVISION NUMBER	R·	
С	ERTI XCLL	FICATE MAY BE	NDI ISUF	SSUED (ITIONS O RANCE	OR MAY OF SUCH I	PER POLI	TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE POLICY NUMBER	DED BY	THE POLICI	ES DESCRIB PAID CLAIMS. POLICY EXP	ED HEREIN IS SUBJE		
		CLAIMS-MADI	Ε「	X occ	CUR	Х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
			_									MED EXP (Any one persor	´	15,000
												PERSONAL & ADV INJUR		1,000,000
	GEN	N'L AGGREGATE LIM	AIT A	APPLIES P	PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PROJECT	0- CT	LC	эс							PRODUCTS - COMP/OP A	AGG \$	2,000,000
		OTHER:	-										\$	
В	AUT	OMOBILE LIABILITY	Y									COMBINED SINGLE LIMIT (Ea accident)	Г \$	1,000,000
	Х	ANY AUTO						5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers	son) \$	
		OWNED AUTOS ONLY		SCHEDU AUTOS	JLED							BODILY INJURY (Per acci-		
	Х		Χ	NON-OW AUTOS (PROPERTY DAMAGE (Per accident)	\$	
												,	\$	
В	Х	UMBRELLA LIAB		X occ	UR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	Γ	CLAI	IMS-MADE			5088462676		9/1/2020	9/1/2021	100050175		5.000.000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

EXCESS LIAB

Equipment Floater Prof. & Pollution

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

DED X RETENTION\$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below

CLAIMS-MADE

10,000

CERTIFICATE HOLDER	CANCELLATION
***Ditch Witch of Oklahoma 4501 E. 2nd Street Edmond, OK 73034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
<u> </u>	AUTHORIZED REPRESENTATIVE
1	Am

9/1/2020

9/8/2020

9/1/2021

9/8/2021

AGGREGATE

Aggregate

PER STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

OTH-ER

50,000

1,000,000

ACORD[®]

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
CARRIER	NAIC CODE			
SEE PAGE 1		Tukon, Ok 73099		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
AssuredPartners dba Front Range Ins Group	Able Environmental Kodi Roberts			
AGENCY	NAMED INSURED			

ADDI	ITIONAL	REMARKS	6
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THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles:								
CNA86104XX (04/17) - Additional Insured								
CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery								

Excess Liability:

Following form over General Liability and Auto Liability

Ditch Witch of Oklahoma is named as additional insured as required by written contract.





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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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

		certificate does not confer rights to							require an endorsement.	A St	atement on
PRODUCER							СТ				
		dPartners dba Front Range Ins Gr aribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, No):		
P.O.	Во	x 270550 ´				E-MAIL ADDRE					
Fort	Со	ollins, CO 80525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSU	RED					INSURE	R B : Contine	ental Insura	ince Company		35289
		Able Environmental Kodi Roberts				INSURER C: Kinsale Insurance Company					38920
		3225 North Richland Road				INSURER D:					
		Yukon, OK 73099				INSURER E:					
						INSURE	RF:				
CO	۷EF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE	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 TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF	POLICY EXP (MM/DD/YYYY)					
A	Х	COMMERCIAL GENERAL LIABILITY	11430	***			(11111)		EACH OCCURRENCE \$	8	1,000,000

INSR	SR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	X		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY EMPETERS LIABETT Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater	X		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
C	Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION				
***Enterprise Holdings, Inc., its subsidiary & affiliated Co., LLC & EAN Trust 1320 E. 9th St., #1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Edmond, OK 73034	AUTHORIZED REPRESENTATIVE				
	SASIL				



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Able Environmental				
AssuredPartners dba Front Range Ins Group		Kodi Roberts 3225 North Richland Road				
POLICY NUMBER		Yukon, OK 73099				
SEE PAGE 1	T					
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liab	ility Insurance					
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Rec	overy					
Excess Liability: Following form over General Liability and Auto Liabili	ity					
Enterprise Holdings, Inc., its subsidiary & affiliated Co	o., LLC & EA	AN Trust are listed as Additional Insured and Loss Payee.				



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	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).										
PROD	PRODUCER			CONTACT NAME:							
		lPartners dba Front Range Ins Gr ribou Drive, #101	oup					223-1804	FAX (A/C, No)):	
P.O.	Box	x 270550 ´				E-MAIL ADDRE	SS:				
Fort Collins, CO 80525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
						INSURE	R A: Valley I	Forge Insur	ance Co.		20508
INSUF	RED					INSURE	R B : Contine	ental Insura	nce Company		35289
Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920		
		Kodi Roberts 3225 North Richland Road				INSURER D:					
Yukon, OK 73099				INSURER E :							
					INSURER F:						
COV	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							O WHICH THIS				
INSR LTR	OLC	TYPE OF INSURANCE	ADDL	SUBR WVD		DLLINI	POLICY EFF	POLICY EXP	·	IITS	
A	Χ	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(INIINI)	(INTINIDUITTT)	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
i +			1	1			1	I	, , , , , , , , , , , , , , , , , , ,		

I THE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
X COMMERCIAL GENERAL LIABILITY				1		EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
DED X RETENTION \$ 10,000							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	IX, A					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							\$	
Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Equipment Floater	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROTOLOGY OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Equipment Floater	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPOPLETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Equipment Floater	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR SO88462631 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Equipment Floater 5088462631	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR SO88462631 9/1/2020 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Equipment Floater 5088462631 9/1/2020	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 5088462631 9/1/2020 9/1/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY AUTOS ONLY X AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under EXECUTION OF OPERATIONS below Equipment Floater 5088462631 9/1/2020 9/1/2021	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 5088462631 9/1/2020 9/1/2021 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS **LIABILITY Y N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PRODUCTS - COMPION BEDOILY LIMIT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT E.L.	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 5088462631 9/1/2020 9/1/2021 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ MED EXP (

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOL	_DER	CANCELLATION		
3400 Si	ght Environmental Services ilverstone Suite 110 TX 75023	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
i iano, iz	17.70020	AUTHORIZED REPRESENTATIVE		
l		SASIL		

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subje s certificate does not confer rights t							require an endorseme	nt. As	tatement on
PROD	UCER				CONTA NAME:	СТ				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101				PHONE (A/C, No	PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.O.	Box 270550				E-MAIL ADDRE	SS:				
Fort	Collins, CO 80525					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSUR	ED				INSURE	R в : Contine	ental Insura	ance Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E :					
					INSURE	RF:				
COV	ERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
INE	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.									
	CLUSIONS AND CONDITIONS OF SUCH								TOTALL	THE PERMO,
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		1	1			1		,		4E 000

INS	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A		X COMMERCIAL GENERAL LIABILITY				· · · · · · · · · · · · · · · · · · ·	,,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X	X	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 15,000
	L							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
B	}	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		X ANY AUTO	X		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	}	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
		DED X RETENTION \$ 10,000							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	((Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	_ ¦	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	E	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
C	; F	Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION		
614-CH2M Hill Engineers, Inc. c/o CertFocus PO Box 140528 Kansas City, MO 64114	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Ransas Sity, ine 64114	AUTHORIZED REPRESENTATIVE		
	at the		



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER SEE PAGE 1	3225 North Richland Road Yukon, OK 73099	
OLL I MOL I		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Purchase Order Number: 148008399 Project: HOM Dow 2019 JACOBS/CH2M and client are named as additional insured as required by written conttract. Coverage is primary and non-contributory. A waiver of subrogation in favor of JACOBS/CH2M and client applies.



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not come rights to	Jule	Cert	incate noider in hed or su		(3).			
PRODUCER AssuredPartners dba Front Range Ins Gr	oup			CONTACT NAME: PHONE (A/C, No, Ext): (970)) 223-1804	FAX (A/C, No):		
2002 Caribou Drive, #101 P.O. Box 270550				E-MAIL ADDRESS:	,	(A/C, NO).	-	
Fort Collins, CO 80525					INCLIDED(C) AFFOR	RDING COVERAGE		NAIC #
				INSURER A : Valle				20508
				-				35289
Able Environmental				INSURER B : Conti				
Kodi Roberts				INSURER C : Kinsa	ile insurance	Company		38920
3225 North Richland Road				INSURER D:				<u> </u>
Yukon, OK 73099				INSURER E :				
				INSURER F:				L
COVERAGES CER	TIFI	CATE	NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY CONTR DED BY THE POL BEEN REDUCED B	RACT OR OTHER ICIES DESCRIE BY PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
CENTI ACCRECATE LIMIT APPLIES DED.							\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE		2,000,000
						PRODUCTS - COMP/OP AGG	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B AUTOMORIU E LIABILITY						COMBINED SINGLE LIMIT	\$	1,000,000
ACTOMODICE CIADICITY			F000400700	0/4/0000	0/4/0004	(Ea accident)	\$	1,000,000
X ANY AUTO OWNED SCHEDULED			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	F 000 00
B X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
DED X RETENTION \$ 10,000							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	N/A					E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
C Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC If required by written contract, signed by both General Liability: CNA75081XX (01/15) - Blanket Additional In CNA74705XX (01/15)- Waiver of Subrogation Auto Liability: SEE ATTACHED ACORD 101	oth pa	arties d - Ov	prior to loss, the following wners, Lessees or Contract	g endorsements ap tors - with Produc	pply on a blank ts-Completed (et basis: Operations Coverage		

CERTIFICATE HOLDER

Altus Environmental 4150 Darley Ave., Suite 1 Boulder, CO 80305 **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

AUTHORIZED REFRESENTATIVE

ACORD 25 (2016/03)

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AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, Ok 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance				
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery				

Excess Liability:

Following form over General Liability and Auto Liability



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

5,000,000

5,000,000

50,000

1,000,000

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.

If the cortificate holder is an ADDITIONAL INSURED the nolicy/ics) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain p	policies may			
Assi 2002 P.O.	DUCER uredPartners dba Front Range Ins Gro 2 Caribou Drive, #101 Box 270550	oup			CONTAI NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext): (970) 2	223-1804	FAX (A/C, N	lo):	
Fort	Collins, CO 80525						` '	RDING COVERAGE ance Co.		NAIC #
INSU	RED				INSURE	R B : Contine	ental Insura	nce Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURE	RD:				
	Yukon, OK 73099				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER	:	
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REMI ΓΑΙΝ, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RES	SPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	IMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Χ	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person	n) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	

9/1/2020

9/1/2020

9/8/2020

9/1/2021

9/1/2021

9/8/2021

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

5088462676

Χ

X

CLAIMS-MADE

10,000

General Liability:

В X

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

UMBRELLA LIAB

DED | X | RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

Equipment Floater Prof. & Pollution

X OCCUR

CERTIFICATE HOLDER	CANCELLATION
Apex Companies, LLC 4608 S. Garnett Rd., #100 Tulsa, OK 74146	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Talisa, STATITIO	AUTHORIZED REPRESENTATIVE
Ī	SASI

EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

OTH-ER

AGGREGATE

Aggregate



ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Certificate Holder is an Additional Insured as respects to the General Liability, Automobile, and Umbrella policies, pursuant to the policy terms, definitions, conditions and exclusions. Waiver of Subrogation applies to certificate holder as respects to the General Liability, Automobile, and Umbrella policies, pursuant to the policy terms, definitions, conditions, and exclusions.



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).					
PRODUCER	CONTACT NAME:				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):			
P.O. Box 270550	E-MAIL ADDRESS:				
Fort Collins, CO 80525	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Valley Forge Insurance Co.	20508			
INSURED	INSURER B: Continental Insurance Company	35289			
Able Environmental Kodi Roberts 3225 North Richland Road	INSURER C: Kinsale Insurance Company	38920			
	INSURER D:				
Yukon, OK 73099	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW! INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WIT	TH RESPECT TO WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EXP (MM/DD/YYYY) INSR LTR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) 1,000,000 Α X **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/1/2021 5088462631 9/1/2020 X Χ 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5088462676 9/1/2020 9/1/2021 5,000,000 **EXCESS LIAB** CLAIMS-MADE X X AGGREGATE 10,000 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 1,000,000 Prof. & Pollution 9/8/2021 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION		
Arcadis U.S., Inc. 630 Plaza Drive, Suite 200 Highlands Ranch, CO 80129-2379	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
riigilialias Kalisli, 66 60125 2015	AUTHORIZED REPRESENTATIVE		
Ī	SASM		



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Ingersoll-Rand Fort Smith", and Arcadis' project number OK001638 ARCADIS and Ingersoll-Rand Company are named as additional insured on all policies listed above except for Professional Liability and Workers' Compensation policies. Waiver of Subrogation applies in favor of ARCADIS and Ingersoll-Rand Company, their affiliates and their Directors, Officers, Employees, and Agents is included on all policies. Umbrella Policy follows form of the underlying General Liability and Auto Liability. All policies evidenced herein are primary and non-contributory to the other insurance available to the certificate holder but only to the extent required by written contract with the insured. In the event General Liability or Auto Liability coverage is cancelled for any reason, other than nonpayment of premium, 30 days advanced written notice will be mailed or delivered to the certificate holder listed below, when required by written contract or agreement.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not comer rights to the certificate holder in	i neu di such enudisement(s).						
PRODUCER	CONTACT NAME:						
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):					
P.O. Box 270550	E-MAIL ADDRESS:						
Fort Collins, CO 80525	INSURER(S) AFFORDIN	IG COVERAGE NAIC #					
	INSURER A: Valley Forge Insuran	ce Co. 20508					
INSURED	INSURER B : Continental Insurance	e Company 35289					
INSURED Able Environmental Kodi Roberts	INSURER C: Kinsale Insurance Co	ompany 38920					
3225 North Richland Road	INSURER D :						
Yukon, OK 73099	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	RE	VISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTER	D. BELOW HAVE BEEN ISSUED TO THE INSURED	NAMED ABOVE FOR THE POLICY PERIOD					

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 TYPE OF INSURANCE			SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	·s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIOT NOMBLIX	(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE		X	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
Α	Εqι	ipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION

ARCADIS U.S., Inc. Remediation Management Services Company 5100 E.Skelly Drive, Ste. 1000 Tulsa, OK 74135 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

515



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

ARCADIS U.S., INC., Remediation Management Services Company and their affiliates, directors, officers, employees, and agents are named as additional insurest. Waiver of Subrogation in favor of the Certificate Holder applies. Coverage is primary and non-contributory.

ACORD 101 (2008/01)





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

ADDITIONAL INCUDED

lf	SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of the	e policy, certaiı	n policies may			
PRO	DUCE	ER			CC	ONTACT AME:				
Ass	ured	dPartners dba Front Range Ins Gr ribou Drive, #101	oup			HONE /C, No, Ext): (970)	223-1804	FAX (A/C, No):		
P.O	. Box	x 270550 ´			E- AL	MAIL DDRESS:		. (, ,		
For	Col	llins, CO 80525				ı		NAIC #		
					IN	SURER A : Valley	Forge Insur	ance Co.		20508
INSU	JRED				IN	SURER B : Conti	nental Insura	nce Company		35289
		Able Environmental			IN	SURER C : Kinsa	le Insurance	Company		38920
		Kodi Roberts 3225 North Richland Road			IN	SURER D :		<u> </u>		
		Yukon, OK 73099			IN	SURER E :				
		•				SURER F:				
СО	VER	RAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	OF ANY CONTR D BY THE POLI EN REDUCED B	ACT OR OTHER CIES DESCRIB Y PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY				(,	, , , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			^					MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	02.	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						TRODUCTO COMITTO TROC	\$	
В	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000)						\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N						E.L. EACH ACCIDENT	\$	
	OFFI (Man	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater

Prof. & Pollution

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Arimar Rachal Roberts P. O. Box 538	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Coweta, OK 74429	AUTHORIZED REPRESENTATIVE
	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. DISEASE - EA EMPLOYEE \$

50,000

1,000,000

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

Aggregate

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
POLICY NUMBER					
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL DEMARKS	•				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery							

Excess Liability:

Following form over General Liability and Auto Liability



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

					terms and conditions of ficate holder in lieu of su				require an endorser	ment. A st	atement on
	PRODUCER					CONTA NAME: PHONE			FAX		
	AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 2.O. Box 270550						o, Ext): (9/0) 2	223-1804	(A/C,		
							SS:				1
FOIL	Collins, CO 80525						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	Forge Insur	ance Co.		20508
INSUF	RED					INSURE	R B : Contine	ental Insura	nce Company		35289
	Able Environm	ental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Ric	hland Road				INSURER D:					
	Yukon, OK 730					INSURER E :					
						INSURER F:					
COV	'ERAGES	CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
INE	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,										
	CLUSIONS AND CONDITION	ONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F					
INSR LTR	TYPE OF INSURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	I	LIMITS	
Α	X COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
		_	1	1			1			,	4 = 000

LTR	R TYPE OF INSURANCE		INSD	SUBR	POLICY NUMBER	POLICY EFF	(MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000)						\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	ipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
C	Pro	f. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Atwell, LLC Michael Koenig 7100 E. Pleasant Valley Rd.,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Independence, OH 44131	AUTHORIZED REPRESENTATIVE
	SASIL

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099	
SEE PAGE 1		Tukon, Ok 73099	
CARRIER	NAIC CODE		
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL DEMARKS	•		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subject sectificate does not confer rights							require an endorseme	nt. As	tatement on
PRODUCER			CONTA NAME:	СТ						
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101		PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):			:					
P.O.	3ox 270550 ´				E-MAIL ADDRE	SS:				
Fort	Collins, CO 80525					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSUR	ED				INSURE	R B : Contine	ental Insura	ance Company		35289
	Able Environmental				INSURER C : Kinsale Insurance Company					38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
Yukon, OK 73099		INSURER E :								
			INSURE	RF:						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS					WHICH THIS					
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								IO ALL	THE TERMS,
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS			
_	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
- 1								· · · · · · · · · · · · · · · · · · ·	1	4E 000

LTR	TYPE OF INSURANCE	INSD W	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(**************************************		EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	Ν/Α				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
C	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
August Mack Environmental, Inc. 1302 N. Meridian Street, Suite 300 Indianapolis, IN 46202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
110101101013, 114 40202	AUTHORIZED REPRESENTATIVE
	SASIL



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road	
SEE PAGE 1		Yukon, OK 73099	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL DEMARKS	•		

ADDITIONAL REMARKS

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

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

Description of Operations/Locations/Vehicles:

August Mack Environmental, Inc. is named as an additional insured if required by written contract.



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su				
	DUCER				CONTACT NAME:			
Ass	uredPartners dba Front Range Ins Gr 2 Caribou Drive, #101	oup			PHONE (A/C, No, Ext): (970) 2	223-1804	FAX (A/C, No):	
P.O.	Box 270550				E-MAIL ADDRESS:			
Fort	Collins, CO 80525					SURER(S) AFFO	RDING COVERAGE	NAIC #
					INSURER A : Valley I			20508
INSU	RED				INSURER B : Contine			35289
	Able Environmental				INSURER C : Kinsale			38920
Kodi Roberts			INSURER D :		,			
	3225 North Richland Road Yukon, OK 73099				INSURER E :			
	ranon, or roots				INSURER F:			
CO1	VERAGES CER	TIEI	^ A TI	E NUMBER:	INCONERT:		REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICI				HAVE BEEN ISSUED :	TO THE INSU		HE DOLICY DERIOD
IN	DICATED. NOTWITHSTANDING ANY F	EQU	REM	ENT, TERM OR CONDITION	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							O ALL THE TERMS,
INSR			SUBF		POLICY EFF (MM/DD/YYYY)			•
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1 000 000
^	CLAIMS-MADE X OCCUR			5000460604	0/4/0000	0/4/0004	EACH OCCURRENCE DAMAGE TO RENTED	100 000
	CLAIMS-MADE A OCCUR	X	X	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	15 000
							MED EXP (Any one person)	\$ 1,000,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
_	OTHER:						COMPINED CINCLE LIMIT	\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		N/A					E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
Α				01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000
	Prof. & Pollution			01001201130	0.0.00			-,,

ACORD 25 (2016/03)

Cardinal Engineering, Inc.

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY COST

ADDITIONAL REMARKS SCHEDULE

Page	1	Ωf	1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Certificate Holder and Project Owner-Fulkerson & Fulkerson Law Firm are listed as Additional Insured as applies to General Liability with a Waiver of Subrogation in their favor.



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tr	iis c	ertificate does not confer rights to	o tne	cert	ificate noider in lieu of su	icn end	iorsement(s)				
PRO	DUCE	:R				CONTA NAME:	СТ				
		lPartners dba Front Range Ins Gr	oup				o, Ext): (970) 2	223-1804	FAX (A/C, N	2)-	
		ribou Drive, #101 x 270550				E-MAIL ADDRE	SS.		(A/C, N	<i>.</i> ,.	
		lins, CO 80525				ADDRE		NIDED(E) AFFOR	DINC COVERACE		NAIC #
							R A : Valley F	•	RDING COVERAGE		20508
									ince Company		35289
INSU	INSURED Able Environmental										
	Kodi Roberts				R C : Kinsale	insurance	Company		38920		
		3225 North Richland Road				INSURE					
		Yukon, OK 73099				INSURE					
						INSURE	RF:				
					E NUMBER:				REVISION NUMBER:		
IN C	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	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LII	/ITS	
Α	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(MINUSSITE OF THE TENT	(MINUSO) I I I I	EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE X OCCUR	х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
			^						MED EXP (Any one person)	\$	15,00
									PERSONAL & ADV INJURY	\$	1,000,00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,00
	GLI	POLICY PRO- LOC							PRODUCTS - COMP/OP AG		2,000,00
		OTHER:							FRODUCTS - COMF/OF AG	\$	
В	A117	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,00
	X	ANY AUTO	v		5088462709		9/1/2020	9/1/2021	(Ea accident)		, ,
		OWNED SCHEDULED AUTOS ONLY	X		3000402703		3/1/2020	3/1/2021	BODILY INJURY (Per person		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)		
	_	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
В	Х	UMBRELLA LIAB X OCCUR								\$	5,000,00
_	_	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,00
		10.000	-		0000102010		0, 1, 2020	0,1,2021	AGGREGATE	\$	3,000,00
	WOE	BEB 21 RETERMONE ,							PER OTH	. \$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							STATUTE ER		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ves	s, describe under							E.L. DISEASE - EA EMPLOY		
Α.	DESCRIPTION OF OPERATIONS below A Equipment Floater 5088462631			9/1/2020	9/1/2021	E.L. DISEASE - POLICY LIM Leased/Rented Equi		50,00			
		f. & Pollution			01001261190				·	۳.	1,000,00
С	Pro	i. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,00
Gen CNA CNA	eral 17508 17470	CION OF OPERATIONS / LOCATIONS / VEHIC d by written contract, signed by bo Liability: B1XX (01/15) - Blanket Additional In D5XX (01/15)- Waiver of Subrogation	sure	d - Ov	wners, Lessees or Contrac	tors - w	vith Products-	-Completed C	perations Coverage		
		bility: 'ACHED ACORD 101									

CERTIFICATE HOLDER CANCELLATION

CH2M Hill Engineers, Inc. 135 S. 84th Street, #400 Milwaukee, WI 53214 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

SAS

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

_	_		_
Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER	3225 North Richland Road Yukon, OK 73099	
SEE PAGE 1	Tukon, OK 75055	
CARRIER	NAIC CODE	
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARK	S FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 2	FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Project: Schlumberger, 121 Industrial Drive, Sugarland, TX 77478 Holder is listed as an Additional Insured. Insurance is Primary and Non-Contributory.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

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tr	IIS C	ertificate does no	t conter rights to	o tne	cert	ificate noider in lieu of su	icn end	iorsement(s).				
PRODUCER				CONTACT NAME:								
		Partners dba Fro	nt Range Ins Gr	oup			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
		ribou Drive, #101 x 270550					E-MAIL ADDRESS:					
		lins, CO 80525					INSURER(S) AFFORDING COVERAGE				NAIC #	
								R A : Valley F	• •			20508
INSU	KED	Able Enviror	mental							nce Company		35289
		Kodi Roberts					INSURE	R C : Kinsale	insurance	Company		38920
	3225 North Richland Road						INSURER D:					
		Yukon, OK 7	3099				INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	E NUMBER:				REVISION NUMBE	R:	
IN C E	IDIC <i>I</i> ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH R SED HEREIN IS SUBJE	ESPECT T	O WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X	COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE	X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,00
										MED EXP (Any one perso	7	15,00
										PERSONAL & ADV INJUR		1,000,00
	GEN	N'L AGGREGATE LIMIT /	ADDI IES DER:							GENERAL AGGREGATE	\$	2,000,00
	OLI	POLICY PRO-	LOC							PRODUCTS - COMP/OP		2,000,00
										PRODUCTS - COMP/OF		
В	ALIT	OTHER: TOMOBILE LIABILITY								COMBINED SINGLE LIMI	\$ T	1,000,00
_	X	1				5088462709		9/1/2020	9/1/2021	(Ea accident)	\$,,
	_	ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS			5000402709		9/1/2020	9/1/2021	BODILY INJURY (Per per		
	_									BODILY INJURY (Per acc		
	Х	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
В			Y								\$	5,000,00
В	X	UMBRELLA LIAB	X OCCUR			E000460676		0/4/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,00
		EXCESS LIAB	CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,00
		DED X RETENTION	<u> </u>							DED O	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	I Y							PER O STATUTE E	TH- R	
	ANY	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDI Idatory in NH)	R/EXECUTIVE // N	N/A						E.L. EACH ACCIDENT	\$	
			_D:	,,,						E.L. DISEASE - EA EMPL	OYEE \$	
	If yes	s, describe under CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY L	IMIT \$	
Α	Equ	uipment Floater				5088462631		9/1/2020	9/1/2021	Leased/Rented Eq	uip.	50,00
С	Pro	f. & Pollution				01001261190		9/8/2020	9/8/2021	Aggregate		1,000,00
Gen CNA CNA	quire eral .7508 .7470	ed by written contra Liability: 81XX (01/15) - Blan 95XX (01/15)- Waive	act, signed by bo ket Additional In	oth pa	ırties I - Ov	o 101, Additional Remarks Schedu prior to loss, the following wners, Lessees or Contrac t, Primary And Non-Contril	g endor tors - w	rsements appl rith Products-	ly on a blank Completed C	et basis: Operations Coverage		
		bility: ACHED ACORD 10)1									
CE	CERTIFICATE HOLDER CANCELLATION											

Chapman Engineering
P. O. Box 1305
Boerne, TX 78006

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

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery							

Excess Liability:

Following form over General Liability and Auto Liability





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tr	iis c	ertificate does not confer rights to	o tne	cert	ificate noider in lieu of su		. , ,				
PRODUCER		CONTA NAME:	СТ								
		Partners dba Front Range Ins Gr	oup			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
		ribou Drive, #101 x 270550				(AUG, NG). (AUG, NG). (AUG, NG). (AUG, NG).					
		llins, CO 80525									NAIC #
						INSURER(S) AFFORDING COVERAGE INSURER A : Valley Forge Insurance Co.				20508	
INSU	IRED	Able Environmental							nce Company		35289
		Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company		38920
		3225 North Richland Road				INSURE	R D :				
	Yukon, OK 73099				INSURE	RE:					
						INSURE	RF:				
CO	COVERAGES CERTIFICATE NUMBER:				NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIE									
		ATED. NOTWITHSTANDING ANY R									
E	XCLI	FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	POLI	TAIN, CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.	ED HEKEIN IS SUBJECT	TO ALL	THE TERMS,
INSR		TYPE OF INSURANCE		SUBR			POLICY EFF	POLICY EXP	LIM	ITS	
LTR A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX		(MIM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	_	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIIVIS-IVIADE A OCCOR			300040203 I		9/1/2020	9/1/2021	PREMISES (Ea occurrence)	\$	15,000
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
В	AU	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident		
	X	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	1	
	<u> </u>	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
В	х	UMBRELLA LIAB X OCCUR								\$	5,000,000
-	_				5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			3000402070		3/1/2020	3/1/2021	AGGREGATE	\$	3,000,000
		DED X RETENTION \$ 10,000							DED OTH	\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	1	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
			,,,						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip) <u>-</u>	50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
Gen CNA	quire eral .7508	TION OF OPERATIONS / LOCATIONS / VEHICL ad by written contract, signed by bo Liability: B1XX (01/15) - Blanket Additional In 05XX (01/15)- Waiver of Subrogation	oth pa	arties d - Ov	prior to loss, the following vners, Lessees or Contrac	g endor tors - w	sements app oith Products	ly on a blank	et basis: Operations Coverage	,	
		bility: ACHED ACORD 101									

CERTIFICATE HOLDER CANCELLATION

Choctaw Nation of Oklahoma PO Box 1210 Durant, OK 74702 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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AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tr	iis ceri	tificate does not confer rights to	o tne	cert	ificate noider in lieu of su						
PRO	DUCER					CONTA NAME:	СТ				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525					PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):						
					E-MAIL ADDRESS:						
									NAIC #		
						INSURER(S) AFFORDING COVERAGE INSURER A : Valley Forge Insurance Co.					20508
INSURED								nce Company		35289	
INSC	Able Environmental						R C : Kinsale				38920
		Kodi Roberts						insurance	Company		30920
		3225 North Richland Road				INSURE					+
		Yukon, OK 73099				INSURE					
						INSURE	RF:				
	VERA				E NUMBER:				REVISION NUMBER:		
IN C	IDICATI ERTIFIC	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY R CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	ANY CONTRAC	CT OR OTHER	DOCUMENT WITH RESI	PECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
A	Хc	OMMERCIAL GENERAL LIABILITY	INSD	VVVD			(WIW/DD/1111)	(WINDERTITE)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					0000102001		0,1,2020	0,1,2021			15,000
	<u> </u>								MED EXP (Any one person)	\$	1,000,000
		4.0.0DE.0.4TE.1.W.IT. ADDITION DED							PERSONAL & ADV INJURY	\$	2,000,000
		AGGREGATE LIMIT APPLIES PER: OLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGO		
В		THER:							COMBINED SINGLE LIMIT	\$	1,000,000
-		MOBILE LIABILITY			5000400700		0/4/0000	0/4/0004	(Ea accident)	\$	1,000,000
		NY AUTO SCHEDULED			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)		
		WNED SCHEDULED AUTOS							BODILY INJURY (Per accident	t) \$	
	X	UTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_	.,									\$	E 000 000
В		MBRELLA LIAB X OCCUR			5000400070		0/4/0000	0/4/0004	EACH OCCURRENCE	\$	5,000,000
	E	XCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
	-	ED X RETENTION \$ 10,000								\$	
	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		R/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
			II., A						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, d DESCR	lescribe under IPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	г \$	
Α	Equip	ment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip).	50,000
С	Prof.	& Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
Gen CNA CNA	quired eral Lia 175081)	XX (01/15) - Blanket Additional In XX (01/15)- Waiver of Subrogation	oth pa	arties d - Ov	prior to loss, the following	g endor tors - w	sements app oith Products-	ly on a blank	et basis: Operations Coverage		
		CHED ACORD 101									

CERTIFICATE HOLDER CANCELLATION

Choctaw Nation of Oklahoma PO Box 1210 Durant, OK 74702 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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AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in lieu of su	uch endorsement(s).				
PRODUCER	CONTACT NAME:				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive. #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):			
P.O. Box 270550	E-MAIL ADDRESS:				
Fort Collins, CO 80525	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Valley Forge Insurance Co.	20508			
INSURED	INSURER B : Continental Insurance Company	35289			
Able Environmental	INSURER C : Kinsale Insurance Company	38920			
Kodi Roberts 3225 North Richland Road	INSURER D:				
Yukon, OK 73099	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WIT DED BY THE POLICIES DESCRIBED HEREIN IS SI	TH RESPECT TO WHICH THIS			

INSR LTR ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/1/2020 9/1/2021 5088462631 X 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5,000,000 5088462676 9/1/2020 9/1/2021 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 9/8/2021 1,000,000 Prof. & Pollution Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION			
CJF Associates, LLC PO Box 80815 St. Clair Shores, MI 48080	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
of old offices, in 40000	AUTHORIZED REPRESENTATIVE			
I	SASIL			



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

CJF Associates, LLC,OmniSource Corporation, Steel Dynamics, Inc., Sims Group USA Holding Corporation, SMM South Corporation, SMM Gulf Coast LLC, Proler Southwest Corporation, Metal Management Memphis, LLC, Schiabo Larovo Corporation, Metal Dynamics Detroit LLC, and Metal Management Ohio,Inc. and each of their owners, subsidiaries, affiliates, and each of theirofficers, directors, employees and representatives, with respect to the operations of the insured are named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subject sectificate does not confer rights							require an endorseme	nt. As	tatement on
PROD	JCER				CONTACT NAME:					
Assu	redPartners dba Front Range Ins G Caribou Drive, #101	roup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, No)	:	
P.O.	3ox 270550 ´				E-MAIL ADDRE	SS:				
Fort	Collins, CO 80525					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSUR	ED				INSURE	R B : Contine	ental Insura	ance Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E :					
					INSURE	RF:				
COV	ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
INE	S IS TO CERTIFY THAT THE POLICI	REQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								IO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
_	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
- 1								· · · · · · · · · · · · · · · · · · ·	1	4E 000

LTR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF	(MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000)						\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	ipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
C	Pro	f. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Clearwater Environmental Services, Inc. P. O. Box 720066 Norman, OK 73072-4050	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Normall, OK 15012-4050	AUTHORIZED REPRESENTATIVE
1	SASIL

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 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.

		BROGATION IS WAIVED, subject entificate does not confer rights to							require an endo	rsement	. A st	atement on
PROD	UCE	R				CONTACT NAME:						
Assu	red	Partners dba Front Range Ins Gr ribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804		FAX (A/C, No):		
P.O.	Box	c 270550				E-MAIL ADDRE	SS:					
Fort	Col	lins, CO 80525				INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURE	RA: Valley F	orge Insur	ance Co.			20508
INSU	RED					INSURE	R B : Contine	ental Insura	nce Company			35289
		Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company			38920
		3225 North Richland Road				INSURER D:						
		Yukon, OK 73099				INSURER E:						
						INSURE	RF:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		
IN	DIC	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH	RESPE	CT TO	WHICH THIS
ΕX		FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.		BJECT TO	C ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	Χ	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTEL PREMISES (Ea occurr	D rence)	\$	100,000
									MED EXP (Any one pe	erson)	\$	15,000
									DEDCONAL & ADVIN	LILIDV	¢	1,000,000

C	Pro	f. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,00
A	Equ	uipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,00
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
		ndatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A				E.L. EACH ACCIDENT	\$
	WOI	RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		DED X RETENTION \$ 10,000						\$
		EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,00
E	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00
								\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
E	AU	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
		OTHER:						\$
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
							PERSONAL & ADV INJURY	\$ 1,000,00
							MED EXP (Any one person)	\$ 15,00
		CLAIMS-MADE X OCCUR	х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
"	· X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Conestoga-Rovers and Associates, Inc. 11004 E. 51st Street Tulsa, OK 74146	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
14.54, 51() 4145	AUTHORIZED REPRESENTATIVE
1	Ham

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	
Description of Operations/Locations/Vehicles:	

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

Conestoga-Rovers and Associates, Inc. are named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If	SUI	BROGATION IS V	WAIVED, subject	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may				
PRO	DUCE	R					CONTAC NAME:	СТ					
Ass	ured	Partners dba Fron	nt Range Ins Gr	oup				o, Ext): (970) 2	223-1804	FA	XX /C, No):		
		ribou Drive, #101 (270550					E-MAIL ADDRES	ee.		1 (20	70, 140).		
		lins, CO 80525					ADDRE		TIDED(S) AFFOR	RDING COVERAGE			NAIC#
								R A : Valley I	` '				20508
	DED									ince Company			35289
INSU	KED	Able Environ	mental										10000
		Kodi Roberts						R C : Kinsale	insurance	Company			38920
			lichland Road				INSURE	R D :					+
		Yukon, OK 7	3099				INSURE	RE:					
							INSURE	RF:					
CO	VER	AGES	CER	TIFIC	ATE	NUMBER:				REVISION NUMB	ER:		
IN CI EX INSR	DIC/ ERTI	ATED. NOTWITHST FICATE MAY BE IS	TANDING ANY R SSUED OR MAY TIONS OF SUCH	EQUIF PERT POLIC	AIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE POLICY NUMBER	N OF A	NY CONTRAI THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH I	RESPE(OT TO	WHICH THIS
LTR A	х	COMMERCIAL GENER		INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
	<u> </u>		X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrer		\$	100,000
		OLAIWIO-IVIADE	X OCCOR			J000402031		9/1/2020	9/1/2021	,	·	\$	15,000
										MED EXP (Any one pers	son)	\$	1,000,000
										PERSONAL & ADV INJU	URY	\$	
	GEN	I'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGAT	E	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OF	P AGG	\$	2,000,000
		OTHER:										\$	
В	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIN (Ea accident)	MIT	\$	1,000,000
	X	ANY AUTO	_			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pe	erson)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per ad	ccident)	\$	
	Х	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
		AUTOS ONET	AUTOS ONET							(i or accidenty		\$	
В	Х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE		\$ \$	5,000,000
		EXCESS LIAB	CLAIMS-MADE			5088462676		9/1/2020	9/1/2021			•	5,000,000
		DED X RETENTION	40.000	1						AGGREGATE		\$	-,,-
	WOR		σιτφ ,							PER	OTH- ER	\$	
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY	Υ							STATUTE	ER		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Crosstimbers Environmental Management 3750 W. Main Norman, OK 73072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Norman, OK 73072	AUTHORIZED REPRESENTATIVE
	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

Aggregate

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099	
SEE PAGE 1		Tukon, OK 73099	
CARRIER	NAIC CODE		
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL DEMARKS	•		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in lieu of su	ich endorsement(s).			
PRODUCER	CONTACT NAME:			
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):		
P.O. Box 270550	E-MAIL ADDRESS:			
Fort Collins, CO 80525	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Valley Forge Insurance Co.	20508		
INSURED	INSURER B: Continental Insurance Company	35289		
Able Environmental	INSURER C: Kinsale Insurance Company	38920		
Kodi Roberts 3225 North Richland Road	INSURER D:			
Yukon, OK 73099	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:		
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 ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR 9/1/2020 9/1/2021 5088462631 X X 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 B Χ X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5,000,000 5088462676 9/1/2020 9/1/2021 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-FR PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 9/8/2021 1,000,000 Prof. & Pollution Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

Albuquerque, NM 87109	AUTHORIZED REPRESENTATIVE
Daniel B. Stephens & Associates, Inc. Accounts Payable 6020 Academy N.E., Suite 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION

LOC #: 1

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Holder is listed as an Additional Insured with regards to the General Liability Policy as required by written contract. Waiver of Subrogation Applies.



ACORD.

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su				
	DUCER				CONTACT NAME:			
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive. #101			PHONE (A/C, No, Ext): (970) 2	223-1804	FAX (A/C, No):			
P.O.	Box 270550				E-MAIL ADDRESS:			
Fort	Collins, CO 80525					SURER(S) AFFO	RDING COVERAGE	NAIC #
					INSURER A : Valley I			20508
INSURED				INSURER B : Contine			35289	
	Able Environmental				INSURER C : Kinsale			38920
	Kodi Roberts				INSURER D :			
	3225 North Richland Road Yukon, OK 73099				INSURER E :			
	. a, 6.1. 1 6666				INSURER F:			
CO	VERAGES CER	TIFI	^ A TI	E NUMBER:	INCORENT:		REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICE				HAVE BEEN ISSUED	TO THE INSU		HE POLICY PERIOD
IN	IDICATED. NOTWITHSTANDING ANY F	EQU	REM	ENT, TERM OR CONDITION	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							O ALL THE TERMS,
INSR			SUBF		POLICY EFF (MM/DD/YYYY)			•
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1 000 000
^	CLAIMS-MADE X OCCUR			E000400004	0/4/0000	0/4/0004	EACH OCCURRENCE DAMAGE TO RENTED	100 000
	CLAIIVIS-IVIADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	15 000
							MED EXP (Any one person)	\$ 1,000,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
_	OTHER:						COMPINED CINCLE LIMIT	\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		N/A					E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
Α				01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000
	Prof. & Pollution			01001201190	0,0,2020	0,0,202.	33 - 3	.,000,000

ACORD 25 (2016/03)

De Novo Constructors, Inc.

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099	
SEE PAGE 1		Tukon, Ok 73099	
CARRIER	NAIC CODE		
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL DEMARKS	•		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



ACORD[®]

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is certificate does not confer rights to	the c	ertificate holder in lieu of su						
	DUCER			CONTACT NAME:					
ASS 200	uredPartners dba Front Range Ins Gro 2 Caribou Drive, #101	oup		PHONE (A/C, No, Ext): (970) 2	223-1804	FAX (A/C,	No):		
P.O	Box 270550			E-MAIL ADDRESS:					
Fort	Collins, CO 80525			INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
				INSURER A : Valley I	Forge Insur	ance Co.		20508	
INSL	RED			INSURER B : Contine	ental Insura	ince Company		35289	
	Able Environmental			INSURER C : Kinsale				38920	
	Kodi Roberts 3225 North Richland Road			INSURER D :					
	Yukon, OK 73099			INSURER E :					
	, , , , , , , , , , , , , , , , , , , ,			INSURER F:					
CO	VERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER	·		
	HIS IS TO CERTIFY THAT THE POLICIE			HAVE BEEN ISSUED	TO THE INSUE			POLICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY R	EQUIR	EMENT, TERM OR CONDITION	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RE	SPECT 1	TO WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I					ED HEREIN IS SUBJEC	CT TO AL	_L THE TERMS,	
INSR		ADDL S	UBR	POLICY EFF	POLICY EXP				
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD V	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		IMITS	1,000,000	
^			F000460604	0/4/0000	0/4/0004	EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000	
	CLAIMS-MADE X OCCUR		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence		15,000	
						MED EXP (Any one person)	\$	1,000,000	
						PERSONAL & ADV INJURY	/ \$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	<u> </u>	
	POLICY PRO- LOC					PRODUCTS - COMP/OP A	GG \$	2,000,000	
	OTHER:					COMPINED ONIOLE LIMIT	\$		
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per perso	on) \$		
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accid	ent) \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
							\$		
В	X UMBRELLA LIAB X OCCUR				9/1/2021	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020		AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 10,000						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTI STATUTE ER	H-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLO	YEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIF			
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equ		50,000	
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000	
	FIOI. & FOIIULIOII		01001201190	3/0/2020	9/0/2021	Aggregate		1,000,	
DES If re	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL quired by written contract, signed by bo	ES (AC	CORD 101, Additional Remarks Scheduties prior to loss, the following	lle, may be attached if mor	e space is requir	red) et basis:			
.		-	•	•					
	eral Liability: 75081XX (01/15) - Blanket Additional Ins	sured .	- Owners I assess or Contrac	tors - with Products	Completed C	nerations Coverage			
	73061XX (01/15) - Blanket Additional IIIs 74705XX (01/15)- Waiver of Subrogation								
				•					
Auto	Liability:								

CERTIFICATE HOLDER

Earl Lee Dozer Service
PO Box 351
Drumright, OK 74030

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

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery						

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If the cortificate holder is an ADDITIONAL INSURED the nolicy/ics) must have ADDITIONAL INSURED provisions or be endorsed

If	SUI	BROGATION IS	s١	WAIVED,	, subjec	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain ¡ dorsement(s)	policies may			
Ass 2002 P.O.	PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550								CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS:					
Fort	Col	lins, CO 80525									SURER(S) AFFOR	RDING COVERAGE		NAIC #
									INSURE	R A: Valley F	orge Insur	ance Co.		20508
INSU	NSURED								INSURE	R B : Contine	ental Insura	nce Company		35289
		Able Envi							INSURE	R C : Kinsale	Insurance	Company		38920
		Kodi Robe 3225 Nort		-	Road				INSURE	RD:				
		Yukon, O							INSURER E:					
									INSURER F:					
CO	VER	AGES			CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	₹:	
IN C E	IDICA ERTI XCLU	ATED. NOTWIT FICATE MAY BI	HS E IS	TANDING SSUED C	S ANY R OR MAY F SUCH	EQUI PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW FENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RE	SPECT	TO WHICH THIS
INSR LTR		TYPE OF IN	NSU	RANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X	COMMERCIAL GE	NEF	RAL LIABIL	ITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MAD	E	X occi	UR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
												MED EXP (Any one person) \$	15,000
												PERSONAL & ADV INJUR	Y \$	1,000,000
	GEN	N'L AGGREGATE LIN		AP <u>PLIE</u> S PE	ER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PR	0- CT	LO	C							PRODUCTS - COMP/OP A	GG \$	2,000,000
		OTHER:											\$	
В	_	OMOBILE LIABILIT	Y									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		7				5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers	on) \$	
		OWNED AUTOS ONLY		SCHEDU AUTOS								BODILY INJURY (Per accid	dent) \$	
	X	HIRED AUTOS ONLY	X	NON-OW AUTOS C	NED ONLY							PROPERTY DAMAGE (Per accident)	\$	
													\$	
В	X	UMBRELLA LIAB		X occi	UR							EACH OCCURRENCE	\$	5,000,000
i	1	EVOCES LIAD		CLAU	MC MADE			5088462676		9/1/2020	9/1/2021			5 000 000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

DED X RETENTION\$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Equipment Floater Prof. & Pollution

10,000

CERTIFICATE HOLDER	CANCELLATION
EcoSystems Environmental Services, Inc. 3920 North Wheatridge Road Enid, OK 73703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lilid, OK 13103	AUTHORIZED REPRESENTATIVE
	ASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

PER STATUTE

Aggregate

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery						

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

5,000,000

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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, subjecting services to the subjection is certificate does not confer rights to	t to	the	terms and conditions of t	the po	licy, certain p	oolicies may			
Ass 2002	DDUCER SuredPartners dba Front Range Ins Gro 2 Caribou Drive, #101	oup			CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS:					
	. Box 270550 t Collins, CO 80525			_	INSURE	NAIC #				
INSU	JRED							nce Company		35289
Able Environmental Kodi Roberts						R C : Kinsale				38920
	3225 North Richland Road Yukon, OK 73099				INSURE					
				Γ	INSURER F:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN CI	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCHI	EQUII PERT POLIC	REME FAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RE ED HEREIN IS SUBJEC	SPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
						0, 1, 2020	0, .,_0	MED EXP (Any one person)		15,000
								PERSONAL & ADV INJURY		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000
_	OTHER:							COMPINED ON OUT UNIT	\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per perso	n) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	ent) \$	

5,000,000 5088462676 9/1/2020 9/1/2021 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 10,000 DED | X | RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ER PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater Prof. & Pollution 01001261190 9/8/2020 9/8/2021 1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

HIRED AUTOS ONLY

UMBRELLA LIAB

X

X

Χ

NON-OWNED AUTOS ONLY

OCCUR

CERTIFICATE HOLDER	CANCELLATION			
Enercon Services, Inc. Kennesaw, Georgia (Atlanta) 500 Townpark Lane Kennesaw. GA 30144	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Reiniedan, GA 66144	AUTHORIZED REPRESENTATIVE			
	950			

BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident)

E.L. DISEASE - EA EMPLOYEE

EACH OCCURRENCE

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery						

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endors	sement	. A Sta	atement on
PROD	UCE	R				CONTAI NAME:	СТ					
Assu	red Car	Partners dba Front Range Ins Gr ribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	F/	AX VC, No):		
P.O.	Box	c 270550				E-MAIL ADDRE	SS:					
Fort	Col	lins, CO 80525					INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
						INSURE	R A: Valley F	orge Insur	ance Co.			20508
INSUF	RED					INSURE	R B : Contine	ental Insura	ance Company			35289
		Able Environmental				INSURER C: Kinsale Insurance Company					38920	
		Kodi Roberts 3225 North Richland Road				INSURER D:						
		Yukon, OK 73099				INSURER E :						
						INSURER F:						
COV	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMB	BER:		
INI CE	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				POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	;	
A	Χ	COMMERCIAL GENERAL LIABILITY	11430	****				(181181/2/2/11111)	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR	v	v	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED		<u>Ф</u>	100,000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE		X	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 10,000							\$	
	WO ANE	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED? Indatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
	٠.	uipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	of. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Environmental Management, Inc. P. O Box 700 Guthrie, OK 73044	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Guillio, GN 70044	AUTHORIZED REPRESENTATIVE
I	SASM

AGENCY CUSTOMER ID: ABLEENV-01

C3CTRUJILLO

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER	3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles:						

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

Environmental Management, Inc. is named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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	SUBROGATION IS WAIVED, subje- s certificate does not confer rights t							require an endorser	ment. A s	statement on
PRODUCER				CONTA NAME:	СТ					
Assu	redPartners dba Front Range Ins Gr Caribou Drive, #101	oup			PHONE (A/C, No	PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):				
P.O. E	3ox 270550 ´				E-MAIL ADDRE	SS:				
Fort C	Collins, CO 80525					INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	rance Co.		20508
INSUR	ED				INSURE	R B : Contine	ental Insura	ance Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E:					
					INSURER F:					
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	R:	
IND CEF	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	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	Ι .	LIMITS	
-	X COMMERCIAL GENERAL LIABILITY					(111111)	(IIIII)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
								MED EVD (Any one nerson	<i>'</i>	15,000

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	Φ .	000,000
	CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	Φ .	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	a .	000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,0	000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000
	X ANY AUTO		ļ	5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,	000,000
	EXCESS LIAB CLAIMS-MADE		1	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,	000,000
	DED X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate	1,0	000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
Environmental Solutions Specialties Attn: Wesley Anderson PO Box 720796	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Oklahoma City, OK 73172	AUTHORIZED REPRESENTATIVE				
	SASM				

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

10/14/2020

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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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights	to the certificate holder in lieu of	f such endorsement(s).						
PRODUCER		CONTACT NAME:						
AssuredPartners dba Front Range Ins (2002 Caribou Drive, #101	Group	PHONE (A/C, No, Ext): (970) 223-1804						
P.O. Box 270550		E-MAIL ADDRESS:						
Fort Collins, CO 80525		INSURER(S) AFFORDING COV	/ERAGE	NAIC #				
		INSURER A: Valley Forge Insurance C	o. :	20508				
INSURED		INSURER B : Continental Insurance Co	mpany	35289				
Able Environmental Kodi Roberts 3225 North Richland Road		INSURER C : Kinsale Insurance Compa	38920					
		INSURER D:						
Yukon, OK 73099	•	INSURER E :						
		INSURER F:						
COVERAGES CE	ERTIFICATE NUMBER:	REVISION	ON NUMBER:					
		OW HAVE BEEN ISSUED TO THE INSURED NAM						
		TION OF ANY CONTRACT OR OTHER DOCUM ORDED BY THE POLICIES DESCRIBED HERI						
EXCLUSIONS AND CONDITIONS OF SUC			LIN IO GODGEOT TO ALL T	TIE TERRIO,				
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER	R POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS					

1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR 9/1/2020 9/1/2021 5088462631 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5,000,000 5088462676 9/1/2020 9/1/2021 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 9/8/2021 1,000,000 Prof. & Pollution Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Environmental Technologies Group, Inc. PO Box 548 Stillwater. OK 74076-0548	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Gallitation, GRA 14070 0040	AUTHORIZED REPRESENTATIVE
1	SASIL

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts			
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099			
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL DEMARKS	•				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 contificate holder is an ADDITIONAL INSUIDED, the notice/(ice) must have ADDITIONAL INSUIDED provisions or be endorsed

lf	SUI	BROGATION IS V	WAI	VED, subject	ct to	the	terms and conditions of ficate holder in lieu of su	the po	licy, certain plorsement(s)	oolicies may			
_	DUCE							CONTA NAME:			1		
		lPartners dba Froi ribou Drive. #101	nt R	lange Ins Gr	oup			PHONE (A/C, No	o, Ext): (9/U) 4	23-1804	FAX (A/C,	No):	
P.O.	Box	k 270550 lins, CO 80525						E-MAIL ADDRE	SS:				
ron	COI	iins, CO 60525							INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
								INSURE	R A: Valley F	orge Insur	ance Co.		20508
INSU	RED							INSURE	R B : Contine	ental Insura	nce Company		35289
		Able Enviror Kodi Roberts		ntai				INSURE	R C : Kinsale	Insurance	Company		38920
		3225 North R	_	land Road				INSURE	R D :				
		Yukon, OK 7	309	9				INSURE	RE:				
								INSURE	RF:				
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	₹:	
IN C	IDIC <i>I</i> ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TAN SSU	DING ANY R ED OR MAY NS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OED BY	ANY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RE	SPECT	TO WHICH THIS
INSR LTR		TYPE OF INSU	RAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	LIMITS	
Α	Х	COMMERCIAL GENER	RALI						<u> </u>	······	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	Χ	OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	.) \$	100,000
											MED EXP (Any one person	.	15,000
											PERSONAL & ADV INJUR		1,000,000
	GEN	N'L AGGREGATE LIMIT A	APPL	JES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-		LOC							PRODUCTS - COMP/OP A	.GG \$	2,000,000
		OTHER:										\$	
В	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO					5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person	on) \$	
		OWNED AUTOS ONLY	SC	HEDULED TOS							BODILY INJURY (Per accid	dent) \$	
	Х	HIRED X		N-OWNED TOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		7.0100 0.1.2.	7									\$	
В	Х	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION	ON \$	10,000							-	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	, 1								PER OT STATUTE ER	H-	
				ECUTIVE // N							E.L. EACH ACCIDENT	\$	
	OFFI (Man	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE INDICATE OF THE PROPERTY IN THE PROPERT	ED?		N/A						E L DISEASE - EA EMPLO		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

If yes, describe under
DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Envirotech Engineering & Consulting 2500 North 11th Street Enid, OK 73701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lina, OK 75761	AUTHORIZED REPRESENTATIVE
1	Am

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. DISEASE - EA EMPLOYEE \$

50,000

1,000,000

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

Aggregate

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts			
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099			
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL DEMARKS	•				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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

lf	SUI	BROGATION IS WAIVED, subjectificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may	•		
Assi	PRODUCER AssuredPartners dba Front Range Ins Group						CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):				
P.O.	2002 Caribou Drive, #101 P.O. Box 270550 Fort Calling, CO 80575					(A/C, No, Ext): (970) 223-1804 (A/C, No): E-MAIL ADDRESS:					
ront	Fort Collins, CO 80525						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	Forge Insur	ance Co.		20508
INSU	RED					INSURE	R B : Contine	ental Insura	nce Company		35289
		Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road					INSURE	RD:				
	Yukon, OK 73099					INSURER E :					
						INSURER F:					
CO	VER	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						T TO WHICH THIS					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$	100,000
									MED EXP (Any one perso	, I	15,000
									PERSONAL & ADV INJU	JRY \$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000

OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х 9/1/2020 9/1/2021 ANY AUTO 5088462709 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5,000,000 5088462676 9/1/2020 9/1/2021 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 10,000 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ER PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater Prof. & Pollution 01001261190 9/8/2020 9/8/2021 1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Four Star Environmental, Inc. 16360 Park Ten Pl., #300 Houston, TX 77084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Houston, TX 17004	AUTHORIZED REPRESENTATIVE
1	SASIL

LOC #: 1

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,			
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance			
Description of Operations/Locations/Vehicles:			

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

CNA86104XX (04/17) - Additional Insured

Four Star Environmental, Inc, is listed as an Additional Insured with regards to the General Liability policy.



ACORD[®]

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

thi	s certificate does not confer rights							roquiro un ondorcon		tatomont on
PRODUCER		CONTACT NAME:								
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101				PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):						
P.O.	Box 270550				E-MAIL ADDRESS	:				
Fort	Collins, CO 80525				INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER	A: Valley F	orge Insur	ance Co.		20508
INSUF	RED				INSURER B: Continental Insurance Company				35289	
Able Environmental				INSURER C: Kinsale Insurance Company			38920			
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER	E:				
					INSURER	F:				
COV	YERAGES CE	RTIFIC	CATE	NUMBER:				REVISION NUMBER	:	
	IS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING ANY									
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								T TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		IMITS	
_ A	v						,			4 000 000

COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR 5088462631 9/1/2020 9/1/2021 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х 9/1/2020 9/1/2021 ANY AUTO 5088462709 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В X Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5088462676 9/1/2020 9/1/2021 5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 9/8/2021 1,000,000 Prof. & Pollution Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

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CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Freeport McMoRan Corporation 333 N. Central Avenue Phoenix. AZ 85004	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Thomas, AL 60004	AUTHORIZED REPRESENTATIVE
Ĭ	SASM

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance				
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery				

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to							require an endorseme	nt. As	statement on
PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550		CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS: FAX (A/C, No):								
Fort	Collins, CO 80525					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
							orge Insur			20508
INSU								nce Company		35289
	Able Environmental Kodi Roberts				INSURER	c : Kinsale	Insurance	Company		38920
	3225 North Richland Road			-	INSURER	D:				
	Yukon, OK 73099				INSURER					
					INSURER	F:				
				NUMBER:				REVISION NUMBER:	TUE D	
IN CI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF AN	Y CONTRACTHE POLICI	CT OR OTHER	DOCUMENT WITH RESP	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	(I	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
_	OTHER:							COMPINED OINOLE LIMIT	\$	4 000 000
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
В	V V								\$	5,000,000
Ь	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
	40.000			0000402070		37172020	37 17 2 3 2 1	AGGREGATE	\$	
	DED 21 RETENTION 7							PER OTH- STATUTE ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (DARTHER (EVECUTIVE)									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT		
Α	Equipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip		50,000
С	Prof. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
FRx, Inc. PO Box 498292 Cincinnati. OH 45249	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sillollinati, STI 45245	AUTHORIZED REPRESENTATIVE
I	SASI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su						
PRO	DUCE	R				CONTAC NAME:	СТ				
Ass	ured	Partners dba Front Range Ins Gr	oup				, Ext): (970) 2	23-1804	FAX (A/C, No):		
		ribou Drive, #101 c 270550				E-MAIL ADDRES	ss:		(4 4 4 , 114)		
Fort	Col	lins, CO 80525				INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURF	RA: Valley F				20508
INSU	RED								ince Company		35289
		Able Environmental					R C : Kinsale		•		38920
		Kodi Roberts				INSURE		mountainee	- Company		
	3225 North Richland Road Yukon, OK 73099					INSURE					
						INSURE					
	VED	AGES CER	TIEIC	· A TE	- NIIMDED.	INSURE	Kr.		DEVISION NUMBER.		
		IS TO CERTIFY THAT THE POLICII			ENUMBER:	UAVE BI	EEN ISSUED T		REVISION NUMBER:	HE DO	LICV DEDIOD
		ATED. NOTWITHSTANDING ANY R									
		FICATE MAY BE ISSUED OR MAY							ED HEREIN IS SUBJECT T	O ALL	THE TERMS,
INSR	KCLU	JSIONS AND CONDITIONS OF SUCH	ADDL INSD			BEEN K		POLICY EXP (MM/DD/YYYY)			
A A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	^				500040004		0///0000	0///000/	DAMAGE TO RENTED	\$	100.000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	15,000
									MED EXP (Any one person)	\$	1,000,000
		l							PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							OOMBINIED ONIOLE LIMIT	\$	
В	_	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000								\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
									E.L. EACH ACCIDENT	\$	
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		ipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
C Prof. & Pollution					01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORT	101. Additional Remarks Schedu	ile. mav h	e attached if mor	e space is requir	red)		
If red	quire	TION OF OPERATIONS / LOCATIONS / VEHIC ed by written contract, signed by bo	oth pa	rties	prior to loss, the following	gendor	sements app	ly on a blank	et basis:		
Gen	eral	Liability:									
CNA	7508	31XX (01/15) - Blanket Additional In									
CNA	7470	05XX (01/15)- Waiver of Subrogation	n - Bla	nke	t, Primary And Non-Contrib	butory 1	Γο Additional	Insured's Ins	surance		

CERTIFICATE HOLDER CANCELLATION

GA Windy Enterprise LLC 330 Huntsman Way SE Marietta, GA 30067-4965 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

ACORD 25 (2016/03)

Auto Liability:

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



ACORD[®]

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

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th	is certifi	cate does not confer rights to	the t	cert	ificate holder in lieu of su		. ,				
PRO	DUCER					CONTA NAME:	СТ				
		ners dba Front Range Ins Gr	oup				o, Ext): (970) 2	223-1804	FAX (A/C	No)-	
	2 Cariboi . Box 270	u Drive, #101 0550				(A/C, No, Ext): (9/0) 223-1804 (A/C, No): E-MAIL ADDRESS:					
		CO 80525				ADDRE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INCLIDE	RA: Valley F				20508
INSI	IRED								nce Company		35289
	INLD	Able Environmental									38920
		Kodi Roberts				INSURER C : Kinsale Insurance Company					30920
		3225 North Richland Road				INSURE					
		Yukon, OK 73099				INSURER E :					
						INSURE	RF:				
	VERAGE				E NUMBER:				REVISION NUMBE		
IN C	IDICATED ERTIFICA	D CERTIFY THAT THE POLICIE ON NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH R	ESPEC [*]	T TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X con	IMERCIAL GENERAL LIABILITY	IIIOD				(MINDED/1111)	(WINE DOTT TTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence		100 000
									MED EXP (Any one perso		15 000
	\Box								PERSONAL & ADV INJUR		1 000 000
	CENII AC	GREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2 000 000
	POL	DBO D									2,000,000
									PRODUCTS - COMP/OP		
В	OTH								COMBINED SINGLE LIMI	T .	1,000,000
_	X ANY AUTO				E000460700		9/1/2020	9/1/2021	(Ea accident)	\$	· · ·
		AUTO NED SCHEDULED OS ONLY AUTOS			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers		
									BODILY INJURY (Per acc PROPERTY DAMAGE (Per accident)		
	AÜŤ	OS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
В	V									\$	5 000 000
0		BRELLA LIAB X OCCUR			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
		ESS LIAB CLAIMS-MADE			3000402070		3/1/2020	3/1/2021	AGGREGATE	\$	3,000,000
	DED								PER O	TH-	
		S COMPENSATION LOYERS' LIABILITY Y/N							STATUTE E	R	
	ANY PROF	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? by in NH)	N/A						E.L. EACH ACCIDENT	\$	
		ry in NH)							E.L. DISEASE - EA EMPL	OYEE \$	
	DÉSCRIP1	ΓΙΟΝ OF OPERATIONS below			5000400004		0/4/0000	0/4/0004	E.L. DISEASE - POLICY L		
Α		ent Floater			5088462631		9/1/2020		Leased/Rented Eq	uıp.	50,000
С	Prof. &	Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
If re Gen CNA CNA	quired by eral Liabi .75081XX .74705XX o Liability	(01/15) - Blanket Additional In (01/15)- Waiver of Subrogation (:	th pa	arties d - Ov	prior to loss, the following wners, Lessees or Contrac	g endor tors - w	sements app	ly on a blank Completed C	et basis: Operations Coverage		
SEE	ATTACH	IED ACORD 101									

Genesis Enviro Solutions
2010 Exchange Avenue
Oklahoma City, OK 73108

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

CANCELLATION

CERTIFICATE HOLDER

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subjects certificate does not confer rights to							require an endorse	ement. A s	statement on
Assı	PRODUCER AssuredPartners dba Front Range Ins Group 002 Caribou Drive, #101 P.O. Box 270550 ort Collins, CO 80525					CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):				
2002 P.O.						SS:	.23-1004	(A/C	C, No):	
Fort	Collins, CO 80525					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSUI	RED				INSURE	R B : Contine	ental Insura	nce Company		35289
	Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company		38920
	3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E :					
					INSURER F:					
CO	/ERAGES CERT	ΓΙFΙC	CATE	NUMBER:				REVISION NUMBE	ER:	
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	EQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH F	RESPECT TO	WHICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH F							ED HEREIN IS SUBJ	IECT TO ALL	THE TERMS,
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$	100,000
								MED EXP (Any one person	on) \$	15,000
								PERSONAL & ADV INJU	JRY \$	1,000,000
1									T T	2 000 000

С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	DED X RETENTION \$ 10,000						\$	-
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
							\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	-
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	-
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	OTHER:						\$	
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
						PERSONAL & ADV INJURY	\$	1,000,000
						MED EXP (Any one person)	\$	15,000
	CLAIMS-MADE X OCCUR	х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	A Johnson Carlotte and Anna Carlotte					EACH OCCURRENCE	\$,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
GHD 2055 Niagara Falls Blvd. Ste 3 Niagara Falls, NY 14304	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Magara Falls, NT 14004	AUTHORIZED REPRESENTATIVE				
	discon				

1 of

Page

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED AGENCY Kamed INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 AssuredPartners dba Front Range Ins Group NAIC CODE SEE P 1

POLICY NUMBER SEE PAGE 1 CARRIER SEE PAGE 1 EFFECTIVE DATE: SEE PAGE 1 **ADDITIONAL REMARKS** THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance **Description of Operations/Locations/Vehicles:** CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery **Excess Liability:** Following form over General Liability and Auto Liability GHD and Baker Hughes, a GE Company, are named as additional insured as required by written contract.



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

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	SUBROGATION IS WAIVED, Subjecting to the subjection is certificate does not confer rights to							require an endorsement.	A statement on	
PRODUCER C					CONTAI NAME:	СТ				
Ass	uredPartners dba Front Range Ins Gro 2 Caribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	23-1804	FAX (A/C, No):		
P.O.	. Box 270550				E-MAIL ADDRE	SS:				
Fort	t Collins, CO 80525	ıs, CO 80525				INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
					INSURE	R A: Valley F	orge Insur	ance Co.	20508	
INSU	JRED				INSURE	RB: Contine	ental Insura	ince Company	35289	
	Able Environmental Kodi Roberts				INSURER C: Kinsale Insurance Company				38920	
	3225 North Richland Road				INSURE					
	Yukon, OK 73099				INSURER E:					
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Cl	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 B INSR						POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)		LIMITS	4 000 0	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,0	JUU

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY				<u>, , , , ,</u>	,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5	5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		C	01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
GHD Services Inc. 2055 Niagara Falls Blvd. Ste 3 Niagara Falls, NY 14304	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Magara Falls, NT 14004	AUTHORIZED REPRESENTATIVE
1	SASIL

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099
Tukon, ok 1900
ODE
P 1 EFFECTIVE DATE: SEE PAGE 1
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured						

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

GHD and Phillips 66 are named as additional insured as required by written contract.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subje- s certificate does not confer rights t							require an endorse	ement. A st	atement on
PROD	PRODUCER				CONTA NAME:	ст				
	redPartners dba Front Range Ins Gr Caribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C	(C, No):	
P.O.	Box 270550				E-MAIL ADDRE	SS:		`	•	
Fort	Collins, CO 80525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	Forge Insur	ance Co.		20508
INSUF	EED				INSURE	R B : Contine	ental Insura	nce Company		35289
	Able Environmental				INSURE	INSURER C : Kinsale Insurance Company				38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E :					
					INSURER F:					
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:	
	IS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R									
	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.						THE TERMS,			
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY						<u> </u>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	100,000
Ī								MED EXP (Any one person		15,000

INSR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY				(11111111111111111111111111111111111111	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		į	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	4 1		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
C	Prof. & Pollution		(01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
GMR & Associates, Inc. 2520 W. I-44 Service Rd, #200 Oklahoma City, OK 73112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Orianoma Orty, Ort 73112	AUTHORIZED REPRESENTATIVE
	ASIL

1 of 1

Page

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY

AssuredPartners dba Front Range Ins Group

POLICY NUMBER
SEE PAGE 1

CARRIER

NAIC CODE
SEE PAGE 1

NAMED INSURED
Able Environmental
Kodi Roberts
3225 North Richland Road
Yukon, OK 73099

EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

405-528-3346



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 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.

lf th	SU is c	BROGATION IS WAIVED, subjectificate does not confer rights to	ct to o the	the certi	terms and conditions of ficate holder in lieu of su	ch enc	lorsement(s)	policies may	require an endorsemen	t. As	statement on
PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525					CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
							R A : Valley F				20508
INSU	RED	Able Environmental							nce Company		35289
		Kodi Roberts					R C : Kinsale	insurance	Company		38920
		3225 North Richland Road				INSURE					_
		Yukon, OK 73099				INSURE					
	/	RAGES CER	TIFI	` A T F	NUMBER:	INSURE	:K F :		REVISION NUMBER:		
TI IN CI	IIS DIC ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TO	O WHICH THIS
LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	15,000
									MED EXP (Any one person)	\$	1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	ΔΙΙ	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOG ONET							,	\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000								\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	٠.	uipment Floater			5088462631		9/1/2020		Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
GSI Environmental, Inc 9600 Great Hills Trail #350E Austin. TX 78759	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Austin, 17 10100	AUTHORIZED REPRESENTATIVE
	SASIL

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to			ificate holder in lieu of su	ch end	lorsement(s)		require an endorseme	nt. As	tatement on
PRO	DUCE	ER				CONTA NAME:	СТ				
2002	AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101				PHONE (A/C, No	o, Ext): (970) 2	23-1804	FAX (A/C, No)			
		x 270550 llins, CO 80525				E-MAIL ADDRE	SS:				1
	00.								RDING COVERAGE		NAIC #
							RA: Valley F				20508
INSU	RED								nce Company		35289
		Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company		38920
		3225 North Richland Road				INSURE	RD:				
		Yukon, OK 73099				INSURE	RE:				
						INSURE	RF:				
CO	۷ER	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN CI	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR	COLC		ADDL	SUBR		DLLINI	POLICY FFF	POLICY EXP	LIMI	Te	
LTR A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1	1.000.000
^		CLAIMS-MADE X OCCUR	.,		E000463634		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIIVIS-IVIADE X OCCUR	X	X	5088462631		9/1/2020	9/1/2021	i i	\$	15,000
									MED EXP (Any one person)	\$	1,000,000
		J							PERSONAL & ADV INJURY	\$	2.000.000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							OOMBINIED ONLOUE LIMIT	\$	4 000 000
В	_	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000								\$	
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ť	
									E.L. EACH ACCIDENT	\$	
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	Ť	
	If ves	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE	Ť	
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip		50,000
	٠.	of. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
-							J. J. 1010		999~		.,555,566

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
GZA GeoEnvironmental 249 Vanderbilt Avenue Norwood, MA 02062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Not wood, MA 02002	AUTHORIZED REPRESENTATIVE
1	SASM

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Issued as Evidence of Insurance. GZA GeoEnvironmental, Inc. and Owner are listed as Additional Insured(s) with respect to General Liability and Auto Liability per policy provisions. Waiver of Subrogation applies to General Laibility, Auto Liability and Employers' Liability per policy provisions. 30 Day Notice of Cancellation Applies.



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

									require an endorse	ment.	A Sta	atement on
PRODU	JCE	:R				CONTA NAME:	СТ					
			Group			PHONE (A/C, No	o, Ext): (970) 2	23-1804	FAX (A/C,	, No):		
P.O. E	30)	x 270550 ´				E-MAIL ADDRE	SS:					
Fort (Col	lins, CO 80525					INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
						INSURE	RA: Valley F	orge Insur	ance Co.			20508
INSUR	ED		(A/C, No, Ext): (970) 223-1804 (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Valley Forge Insurance Co. 20508 INSURER B : Continental Insurance Company 35289 INSURER C : Kinsale Insurance Company 38920 INSURER D :									
	Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 COVERAGES CERTIFICATE NUMBER:		INSURER C : Kinsale Insurance Company						38920			
			d			INSURE	RD:					
						INSURE	RE:					
PRODUCER AssuredPartners dba Front Range Ins Grou 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525 INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 COVERAGES CERTIFORM THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECEPTIFICATE MAY BE ISSUED OR MAY PRECENTIFICATE MAY BE ISSUED OR MAY PRECENTIFICATE MAY DESCRIPTIONS AND CONDITIONS OF SUCH POLICIES INSIGNATION OF SUC				INSURE	RF:							
cov	ER	AGES C	ERTIF	CATE	E NUMBER:				REVISION NUMBER	R:		
IND	IC/	ATED. NOTWITHSTANDING AN'	Y REQL	IREM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RE	ESPEC	T TO	WHICH THIS
										CITO	ALLI	HE LEKINS,
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER										LIMITS		
-	Χ	COMMERCIAL GENERAL LIABILITY	- Intol				\	<u>,</u>	EACH OCCURRENCE	\$	<u> </u>	1,000,000
		CLAIMS-MADE X OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED	:e) \$	 S	100,000

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY				<u>, , , , , , , , , ,</u>	,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5	5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		C	01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Hart & Hickman 2923 South Tryon St., Ste. 100 Charlotte. NC 28203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Situations, NO 20200	AUTHORIZED REPRESENTATIVE
1	SASM

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

ASSURED ASSURE				
NAIC CODE				
SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles:								

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

Hart & Hickman is named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsem	ent. A	statement on
PROD	DUCER				CONTAC NAME:	СТ				
Assu	uredPartners dba Front Range Ins Gro ! Caribou Drive, #101	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, N	0):	
P.O.	Box 270550				E-MAIL ADDRES	SS:				
Fort	Collins, CO 80525						SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSU	RED							nce Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road	di Roberts								
	Yukon, OK 73099	223 North Richiana Roau								
					INSURE	RF:				
COV	/ERAGES CERT	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIE									
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY									
	(CLUSIONS AND CONDITIONS OF SUCH F				BEEN F					
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	MITS	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
Ì										2.000.000

Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		-				MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	Х	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE TY N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Hertz Equipment Rental 1702 N. Van Buren Enid, OK 73707	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lina, Ok 10101	AUTHORIZED REPRESENTATIVE
	dia

LOC #: 1

ADDITIONAL REMARKS SCHEDULE Page 1 of 1 NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 AssuredPartners dba Front Range Ins Group

POLICY NUMBER

SEE PAGE 1 CARRIER

SEE PAGE 1 SEE P 1 EFFECTIVE DATE: SEE PAGE 1

NAIC CODE

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

AGENCY

Following form over General Liability and Auto Liability

Holder is listed as an Additional Insured.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	t. As	tatement on
Ass 200	2 Ca	er dPartners dba Front Range Ins Gro ribou Drive, #101 x 270550	oup			CONTAI NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext): (970) 2	223-1804	FAX (A/C, No):		
		llins, CO 80525				ADDRE					11110 #
									RDING COVERAGE		NAIC #
11101							RA: Valley F				35289
INSU	IRED	Able Environmental							nce Company		
		Kodi Roberts					R C : Kinsale	insurance	Company		38920
		3225 North Richland Road				INSURE					
		Yukon, OK 73099				INSURE					
						INSURE	RF:				
					E NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR			ADDL INSD				POLICY EFF (MM/DD/YYYY)		LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IINSD	WVVD			(MIN/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							02020		MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	051	A CODECATE LIMIT ADDITED DED								\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	_	,,
В	A117	OTHER: FOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X	1			5088462709		9/1/2020	9/1/2021	(Ea accident)	\$	
	_	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			5000402709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	_								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
В	v									\$	5,000,000
D	X	UMBRELLA LIAB X OCCUR			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			JU00402010		3/1/2020	3/ 1/202 I	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							DED OTH	\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY	DRODRIETOR/DARTNER/EYECLITIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
1											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Innovative Corrosion Control, Inc. 1385 Wald Rd. New Braunfels, TX 78132	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Bradiners, TX 70132	AUTHORIZED REPRESENTATIVE
	SASIL

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery								

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

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tł	nis c	ertificate does not confer rights to	the	certi	ificate holder in lieu of su			•			
Ass 200 P.O	PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550			CONTAC NAME: PHONE (A/C, No E-MAIL ADDRES	o, Ext): (970) 2	223-1804	FAX (A/C, I	lo):			
For	Col	lins, CO 80525						SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A: Valley F	orge Insur	ance Co.		20508
INSU	IRED					INSURE	R B : Contine	ental Insura	ance Company		35289
		Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
		Kodi Roberts 3225 North Richland Road				INSURE	RD:				
		Yukon, OK 73099				INSURE	RE:				
						INSURE	RF:				
СО	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	:	
IN C E	IDICA ERTI XCLU	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equi Per Poli	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESECTION RESECTION OF THE RESECTION OF T	SPECT :	TO WHICH THIS
INSR LTR		I TPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	-,
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
_		OTHER:							COMBINED SINGLE LIMIT	\$	1.000.000
В	-	OMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per perso		
	X	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	ent) \$	
_										\$	F 000 000
В	X	UMBRELLA LIAB X OCCUR			F000400070		0/4/0000	0/4/0004	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 10,000							PER OTI	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER OTH STATUTE ER	-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If you	e describe under							E.L. DISEASE - EA EMPLO		
Α	DÉS	CRIPTION OF OPERATIONS below			5088462631		9/1/2020	9/1/2021	E.L. DISEASE - POLICY LIN		50,000
C		f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate	ι ρ .	1,000,000
Gen CNA CNA	quire eral 17508 17470 D Lia	TION OF OPERATIONS / LOCATIONS / VEHICLE by written contract, signed by both both by written contract, signed by both both by	th pa	ırties I - Ov	prior to loss, the following whers, Lessees or Contract	g endor tors - w	sements app	ly on a blank Completed C	et basis: Operations Coverage		

CERTIFICATE HOLDER CANCELLATION

Integral Consulting, Inc, 285 Century Place, Suite 190 Louisville, CO 80027 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

-1 -

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery								

Excess Liability:



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

CLAIMS-MADE X OCCUR X S088462631 9/1/2020 9/1/2021 9/1/2021 PREMISES (Ea occurrence) \$ 100,000	tł	nis certificate does	not confer rights t	o the	cert	ificate holder in lieu of su		(s).	,		
ASSURED THE OFFICE AT THE POLICIES OF INSURED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATE ANY BE ISSUED OR MAY PETAIN. THE INSURANCE AFFORDED BY THE POLICIES OF INSURANCE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY THE OF INSURANCE A COMMERCIAL GENERAL LIABILITY A COMMER	PRO	DUCER					CONTACT NAME:				
FOR Box 270550 Fort Collins, CO 80525 Fort Collins, Collins, CO 80525 Fort Collins, Coll	Ass	uredPartners dba F	ront Range Ins G	roup) 223-1804	FAX (A/C No.)		
NSURER SUBJECT SUBJE			01				E-MAIL	,	(A/C, NO)	•	
NSURER A : Valley Forge Insurance Co. 20508								INCLIDED(O) AFEC			NAIC #
Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 **COVERAGES*** **CERTIFICATE 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 PROCUMENT WITH RESPECT TO WHICH THIS SECRIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS SECRIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS SECRIFICATE BY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICE BY PAID CLAIMS. **ANY OR OWNERGIAL GENERAL LUMBILITY** **ALTOMOGRIE LUMBILITY** **ANY ALTOMOGRIE LUMBILITY** **ANY ALTOMO											
Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099 MSURER D MSURER D MSURER D MSURER D MSURER F MSURER D M		IDED					-				
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COVERAGES CERTIFICATE 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. Not commercial general limit in the insurance insurance in the insurance in							INSURER D :				
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A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X S088462631 9/1/2020 9/1/2021 EACH OCCURRENCE S 1,000,000	INSR LTR	TYPE OF IN	NSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFI (MM/DD/YYY	F POLICY EXP Y) (MM/DD/YYYY)	LIM	TS	
MED EXP (Any one person) \$ 15,000			NERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
MED EXP (Any one person) \$ 15,000		CLAIMS-MAD	E X OCCUR	X		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
Personal & Adv injury \$ 1,000,000										\$	15,000
GENTL AGGREGATE LIMIT APPLIES PER: POLICY											1,000,000
POLICY JECT Loc DTHER: S STATUTE S STATUTE S STATUTE S STATUTE S S S S S S S S S		GEN'I AGGREGATE LIN	ΛΙΤ ΔΡΡΙ IES PER:							Ť	2,000,000
B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTO										Ť	2,000,000
B			J1						TROBOOTO - GOIWIT /OF AGO		
X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED STATUS ONLY S SOBBLET S 5,000,000 AGGREGATE S 5,000,000 AGGREGATE S 5,000,000 S SOBBLET S 5,000,000 AGGREGATE S 5,000,000 S SOBBLET S SOBBLET S S 5,000,000 S SOBBLET S SO	В		v						COMBINED SINGLE LIMIT		1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater A UTOS ONLY B EACH OCCURRENCE A GAGREGATE S 5,000,000 A A EACH OCCURRENCE A GAGREGATE S 5,000,000 B SUTOS ONLY A UTOS ONLY A EACH OCCURRENCE S 5,000,000 A EACH OCCURRENCE S 5,000,000 B SUTOS ONLY A EACH OCCURRENCE S 5,000,000 B SUTOS ONLY A EACH OCCURRENCE A GAGREGATE S 5,000,000 B SUTOS ONLY A EACH OCCURRENCE S 5,000,000 B SUTOS ONLY B SU		34		v		5088462700	9/1/2020	9/1/2021	, ,	+*	
X HRED AUTOS ONLY X NON-OWNED AUTOS ONLY S			SCHEDULED	^		3000402703	3/1/2020	3/1/2021		Ť	
B X UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ 5,000,000									PROPERTY DAMAGE	<u> </u>	
B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below) A Equipment Floater 5,000,000 9/1/2021 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PPER STATUTE OTH- STATUTE OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ A Equipment Floater 5088462631 9/1/2020 9/1/2021 Leased/Rented Equip. 50,000,000		AUTOS ONLY	AUTOS ONLY						(Per accident)	Ť	
EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000	R	V	V							Ť	5 000 000
DED X RETENTION\$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater 5088462631 9/1/2020 9/1/2021 AGGREGATE \$ \$ PER STATUTE E.L. DOTH- E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 50,000	В					5088462676	9/1/2020	9/1/2021		Ť	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater PER OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. D				_		3000402070	3/1/2020	3/1/2021	AGGREGATE	\$	3,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater Continue of the c			itilioit	1					DER OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater 5088462631 9/1/2020 9/1/2021 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 50,000									STATUTE ER		
If yes, describe under DESCRIPTION OF OPERATIONS below A Equipment Floater 5088462631 9/1/2020 9/1/2021 Leased/Rented Equip. 50,000		ANY PROPRIETOR/PART OFFICER/MEMBER FXCI	NER/EXECUTIVE DED?	N/A					E.L. EACH ACCIDENT	\$	
A Equipment Floater 5088462631 9/1/2020 9/1/2021 Leased/Rented Equip. 50,00		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	E \$	
									E.L. DISEASE - POLICY LIMIT	\$	
C Prof. & Pollution 01001261190 9/8/2020 9/8/2021 Aggregate 1,000,00		• •	r							-	•
	С	Prof. & Pollution				01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000
	1										
	Gen CNA CNA	eral Liability: \\075081XX (01/15) - B \\074705XX (01/15)- Wa o Liability:	lanket Additional Ir aiver of Subrogatio	Isure	d - O	wners, Lessees or Contrac	tors - with Produc	ts-Completed	Operations Coverage		
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis: General Liability: CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance Auto Liability: SEE ATTACHED ACORD 101	CE	RTIFICATE HOLDE	ER				CANCELLATIO	N			
General Liability: CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance Auto Liability:											
General Liability: CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance Auto Liability: SEE ATTACHED ACORD 101							SHOULD ANY O	F THE ABOVE I	DESCRIBED POLICIES BE	CANCE	LLED BEFORE

ACORD 25 (2016/03)

Integral Consulting, Inc.

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles:								
CNA86104XX (04/17) - Additional Insured								

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Below listed certificate holder is named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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

tŀ	is ce	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su						
PRO	DUCE	R				CONTA NAME:	CT				
Ass	ured	Partners dba Front Range Ins Gr	oup			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
		ribou Drive, #101 c 270550				E-MAIL ADDRESS:					
		lins, CO 80525				ADDRE		TIDED(S) AFFOR	RDING COVERAGE		NAIC #
							R A : Valley F	•			20508
INSU	IRED	Able Environmental							nce Company		35289
		Kodi Roberts				INSURER C: Kinsale Insurance Company 38920					
	3225 North Richland Road				INSUR	RD:					
		Yukon, OK 73099				INSUR	ERE:				
						INSUR	ERF:				
CO	VER.	AGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIE									
		ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY									
		ISIONS AND CONDITIONS OF SUCH							LD TIEREIN IS SUBJEC	IOAL	L THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LII	MITS	
A		COMMERCIAL GENERAL LIABILITY	INOD	****			(WINTED)	(MINUSE/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000
					0000402001		37 172020	37172021		\$	15,000
									MED EXP (Any one person)	\$	1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	3 \$	2,000,000
_		OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000
В	AUT	OMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per persor) \$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	nt) \$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 10,000							NOOKEONIE	s	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH STATUTE ER		
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOY		
Α		CRIPTION OF OPERATIONS below lipment Floater			5088462631		9/1/2020	9/1/2021	E.L. DISEASE - POLICY LIM Leased/Rented Equi	T \$	50,000
C		f. & Pollution			01001261190		9/8/2020		•	۲.	1,000,000
C	FIOI	i. & Poliution			01001201190		9/0/2020	9/0/2021	Aggregate		1,000,000
DES	CRIPTI	ION OF OPERATIONS / LOCATIONS / VEHICE od by written contract, signed by bo	LES (A	ACORE	101, Additional Remarks Schedu	ile, may k	e attached if mor	e space is requir	ed)		
	quire	d by written contract, signed by bo	nii pe	ai tic3	prior to 1033, the rollowing	gendo	isements app	iy on a blank	et basis.		
		Liability:									
CNA	7508	B1XX (01/15) - Blanket Additional In: D5XX (01/15)- Waiver of Subrogation	sured	d - Ov	vners, Lessees or Contrac	tors - v	vith Products-	Completed C	perations Coverage		
CINA	., 4, 0	TOTA (01/13)- Walvel OI Sublogation	DI	anke	i, i ililary And Non-Contri	outor y	10 Additional	moureu 5 III	oui allot		
		oility:									
SEE	ATT	ACHED ACORD 101									
CF	RTIF	ICATE HOLDER				CAN	CELLATION				
JL	X 1 11	IOATE HOLDEN				CAN	JEELA HON				
						SHC	OULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE	CANCE	LLED BEFORE
ı		Jarren Lawler				THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILI		
		Janen Lawiel				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



ABLEENV-01

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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 field of	r such endorsement(s).							
PRODUCER	CONTACT NAME:							
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive. #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):						
P.O. Box 270550	E-MAIL ADDRESS:							
Fort Collins, CO 80525	INSURER(S) AFFORDING COV	ERAGE NAIC #						
	INSURER A: Valley Forge Insurance Co	20508						
INSURED	INSURER B: Continental Insurance Company 352							
Able Environmental	INSURER C: Kinsale Insurance Compa	ny 38920						
Kodi Roberts 3225 North Richland Road	INSURER D :							
Yukon, OK 73099	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISIO	ON NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELC								

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	****		(MINUDD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	iipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Jones Environmental, Inc. Accounts Payable 708 Milam St., #100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Shreveport, LA 71101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
	SASM

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, Ok 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If the cortificate holder is an ADDITIONAL INSURED, the policy/ics) must have ADDITIONAL INSURED provisions or be endersed

lf	SUBROGATION IS WAIVED, subjective to subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain p	policies may					
PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550					CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS:							
Fort Collins, CO 80525					INSURER(S) AFFORDING COVERAGE INSURER A : Valley Forge Insurance Co.					NAIC #		
INSU	RED							ince Company		35289		
	Able Environmental					R C : Kinsale				38920		
	Kodi Roberts 3225 North Richland Road				INSURE							
	Yukon, OK 73099				INSURE							
	, , ,				INSURE							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								SPECT	TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	!	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000		
								MED EXP (Any one person		15,000		
								PERSONAL & ADV INJUR	Y \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP A	AGG \$	2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers	on) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			

9/1/2020

9/1/2020

9/8/2020

9/1/2021

9/1/2021

9/8/2021

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462676

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

UMBRELLA LIAB

DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

Equipment Floater Prof. & Pollution

В X

CLAIMS-MADE

10,000

Χ OCCUR

CERTIFICATE HOLDER	CANCELLATION
Judy J. Hatfield Equity Commercial Realty II, LLC PO Box 1763	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Norman, OK 73070-1763	AUTHORIZED REPRESENTATIVE
	SASIL

OTH-ER

EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

AGGREGATE

Aggregate

5,000,000

5,000,000

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

5,000,000

5,000,000

50,000

1,000,000

DATE (MM/DD/YYYY) 10/14/2020

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

lf	SUBROGATION IS WAIVED, subjective conferrights	ct to	the	terms and conditions of	the po	licy, certain p	oolicies may				
PRO	DUCER				CONTA NAME:	СТ					
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):								
P.O.	Box 270550				E-MAIL ADDRE	SS:		•			
Fort	Collins, CO 80525					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: Valley F	orge Insur	ance Co.		20508	
INSU	RED				INSURE	R B : Contine	ental Insura	nce Company		35289	
	Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company		38920	
	3225 North Richland Road				INSURE	RD:					
	Yukon, OK 73099				INSURE	INSURER E:					
					INSURER F:						
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBI	ER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH F	RESPEC	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	9	1,000,00	0
	CLAIMS-MADE X OCCUR	Х	Х	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	100,00)0
								MED EXP (Any one pers	son) \$	15,00)0
								PERSONAL & ADV INJU	JRY \$	1,000,00)0
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$	2,000,00)0
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	AGG \$	2,000,00	0(
	OTHER:								\$;	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	ИΙΤ	1,000,00)Ō

AGGREGATE 10,000 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ER PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

9/1/2020

9/1/2020

9/1/2020

9/8/2020

9/1/2021

9/1/2021

9/1/2021

9/8/2021

BODILY INJURY (Per person)

BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident)

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

Aggregate

EACH OCCURRENCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

5088462709

5088462676

X

SCHEDULED AUTOS

NON-OWNED AUTOS ONLY

OCCUR

CLAIMS-MADE

X

Χ

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

ANY AUTO

OWNED AUTOS ONLY

HIRED AUTOS ONLY

UMBRELLA LIAB

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

Equipment Floater Prof. & Pollution

В X

CERTIFICATE HOLDER	CANCELLATION
Mustang Fuel Corporation 9800 North Oklahoma Ave. Oklahoma City, OK 73114-7406	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oklanoma oky, ok 13114-1400	AUTHORIZED REPRESENTATIVE
1	SASIL

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



____C3CTRUJILLO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2020

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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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	nis certificate does not confer rights to				ıch end	dorsement(s)		Toquire air chaorochien		
	DUCER				CONTA NAME: PHONE			FAX		
200	uredPartners dba Front Range Ins Gr 2 Caribou Drive, #101	oup			(A/C, No	o, Ext): (970) 2	23-1804	(A/C, No):		
	. Box 270550 t Collins. CO 80525				ADDRE	SS:				
. 51. 555, 55 55525					RDING COVERAGE		NAIC #			
			RA: Valley F				20508			
INSU	JRED				INSURE	R в : Contine	ental Insura	ince Company		35289
	Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company		38920
	3225 North Richland Road				INSURE	RD:				
	Yukon, OK 73099				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQU	IREM	ENT, TERM OR CONDITION	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMO,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000
	POLICY PRO- LOC							GENERAL AGGREGATE	·	2,000,000
								PRODUCTS - COMP/OP AGG	\$	
В	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
_	X ANY AUTO			E000460700		0/4/2020	0/4/2024	(Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
ь									\$	5,000,000
В	X UMBRELLA LIAB X OCCUR			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			3000402070		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Equipment Floater			5088462631		9/1/2020		Leased/Rented Equip.		50,000
С	Prof. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
If re	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI quired by written contract, signed by bo eral Liability:	LES (A	ACORE arties	0 101, Additional Remarks Schedu prior to loss, the following	ıle, may b g endoi	e attached if mor rsements app	e space is requir ly on a blank	red) et basis:		
CNA Auto	.75081XX (01/15) - Blanket Additional In .74705XX (01/15)- Waiver of Subrogation o Liability: . ATTACHED ACORD 101									
	RTIFICATE HOLDER				CANO	CELLATION				
~_	······································				<u> </u>	<u> </u>				

ACORD 25 (2016/03)

NIBAC

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

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Assured Partners aba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL DEMARKS			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance					
Description of Operations/Locations/Vehicles:					

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

CNA86104XX (04/17) - Additional Insured

The land at 3233 North Richland Rd. Yukon, OK 73099 is included on the General Liability coverage.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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lf th	SUI is c	BROGATION IS WAIVED, su ertificate does not confer righ	bject to	the cert	ificate holder in lieu of su	ch end	dorsement(s)	policies may	require an endorsemer	nt. As	tatement on
PRO	DUCE	ER				CONTA NAME:	СТ				
2002	ssuredPartners dba Front Range Ins Group 002 Caribou Drive, #101					PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, No):		
		x 270550				E-MAIL ADDRE	SS:				
FOIT	COI	llins, CO 80525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	Forge Insur	ance Co.		20508
INSU	RED					INSURE	R B : Contine	ental Insura	ince Company		35289
		Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
		Kodi Roberts 3225 North Richland Roa	А			INSURE	RD:				
		Yukon, OK 73099	u			INSURE	RE:				
						INSURE	RF:				
CO	VER	RAGES (ERTIFI	CATI	E NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POI				HAVE B	EEN ISSUED			THE PC	LICY PERIOD
IN	DICA	ATED. NOTWITHSTANDING AN	Y REQU	IIREM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
		IFICATE MAY BE ISSUED OR M USIONS AND CONDITIONS OF SU								TO ALL	THE TERMS,
INSR		TYPE OF INSURANCE		L SUBF		DELIVI	POLICY EFF	POLICY EXP	LIMI	re	
A A	х	COMMERCIAL GENERAL LIABILITY	INSL	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
, ,		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					0000402001		37 172020	J/1/2021			15,000
									MED EXP (Any one person)	\$	1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$	2,000,000
В		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
В	_	TOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-N			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,0	000							\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
			/N						E.L. EACH ACCIDENT	\$	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N / A	`					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.	Ť	50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
Oklahoma Environmental Services 4415 N. Classen Oklahoma City, OK 73118	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Granding Gry, Great C	AUTHORIZED REPRESENTATIVE				
1	Ham				

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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tl	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su			<u> </u>			
PRC	DUC	ER				CONTAC NAME:	T				
Ass	AssuredPartners dba Front Range Ins Group					PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.0	z Ca . Bo	ribou Drive, #101 x 270550				E-MAIL	E-MAIL ADDRESS:				
	ort Collins, CO 80525							LIPER(S) AFFOR	RDING COVERAGE		NAIC #
						INCLIDE	RA: Valley F				20508
INICI	JRED								ince Company		35289
INS	JKED	Able Environmental							•		
		Kodi Roberts				R C : Kinsale	insurance	Company		38920	
		3225 North Richland Road			INSURE	RD:					
		Yukon, OK 73099			INSURE	RE:					
						INSURE	RF:				
CO	VEF	RAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBE	R:	
		IS TO CERTIFY THAT THE POLICIE									
		ATED. NOTWITHSTANDING ANY R									
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								CITOAL	L THE TERMS,
INSR		TYPE OF INSURANCE	ADDL	SUBR			POLICY FEE	POLICY EXP		LIMITS	
LTR A	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EAGU GOOURRENOE		1,000,000
	<u> </u>	CLAIMS-MADE X OCCUR			E000460634		0/4/2020	0/4/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$	100,000
		CLAIMS-MADE A OCCUR			5088462631		9/1/2020	9/1/2021	PREMISES (Ea occurrence		15,000
									MED EXP (Any one perso	n) \$	
									PERSONAL & ADV INJUI	RY \$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
		OTHER:								\$	
В	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	T \$	1,000,000
	Х	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per per	son) \$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acc		
	X	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	7, ,	
	Ť	AUTOS ONLY							(Per accident)	\$	
В	X	UMBRELLA LIAB X OCCUR								\$	5,000,000
-	<u> </u>	-			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5.000.000
		EXCESS LIAB CLAIMS-MADE			3000402070		3/1/2020	3/1/2021	AGGREGATE	\$	3,000,000
		DED X RETENTION \$ 10,000							DED O	\$	
	ANE	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER O E	TH- R	
	ANY	PROPRIETOR PACIFICACION Y/N	N/A						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPL	OYEE \$	
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I	IMIT \$	
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Ed	Juip.	50,000
С	Pro	of. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DE2	CDID:	TION OF OPERATIONS (1 OCATIONS (1/Ellio		A C O D !	A 404 A delikional Damanic California						
If re	quir	TION OF OPERATIONS / LOCATIONS / VEHIC ed by written contract, signed by bo	oth p	arties	יוטד, Additional Remarks Schedu prior to loss, the following	uie, may be g endors	e attached if more sements app	e space is requir ly on a blank	et basis:		
			•			-	• •	-			
		Liability: 81XX (01/15) - Blanket Additional In	CHEC	4 - O	whore Laccace or Contrac	tore w	ith Draduata	Completed C	Inorations Coverage		
		סואא (פון/ופ) - Blanket Additional in 05XX (01/15)- Waiver of Subrogation									
		(3 2 2, 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			,,						
Aut	Lia	bility:									

CERTIFICATE HOLDER CANCELLATION

Oklahoma Historical Society 800 Nazih Zundi Dr. Oklahoma City, OK 73105-7917 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

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, Ok 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





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	SUBROGATION IS WAIVED, subje is certificate does not confer rights t							require an endorsem	ent. A	statement on
Assı	DUCER UredPartners dba Front Range Ins Gr	roup			CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.O.	Caribou Drive, #101 Box 270550	E-MAIL ADDRE		.20 100-1	(A/C, N	10):				
Fort	Collins, CO 80525		INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #			
					INSURE	R A: Valley F	Forge Insur	ance Co.		20508
INSU	RED				INSURE	R B : Contine	ental Insura	nce Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURER D:					
	Yukon, OK 73099				INSURER E :					
					INSURER F:					
CO	/ERAGES CER	RTIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN Ce	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)	LI	мітѕ	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000

Α	X COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	x	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		^				MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
Oklahoma Turnpike Authority PO Box 11357 Oklahoma City, OK 73111	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Oktanoma oky, ok 70111	AUTHORIZED REPRESENTATIVE				
	SASIL				

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
CARRIER NAIC CODE					
SEE PAGE 1		Tukon, Ok 73033			
POLICY NUMBER	3225 North Richland Road Yukon, OK 73099				
AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts				
=					

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Oklahoma Turnpike Authority is named as additional insured as required by written contract.



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

u	iio c	er tillicate does no	it comer rights t	Jule	eru	ilicate fiolider ill lied of St	ich enc	iorsement(s).	•			
PRO	DUCE	ER .					CONTA NAME:	СТ				
		lPartners dba Fro ribou Drive, #101		oup				o, Ext): (970) 2	23-1804	FAX (A/C, N	o):	
P.O	. Bo	x 270550					E-MAIL ADDRE	SS:		•		
Fort	Col	lins, CO 80525							URER(S) AFFOI	RDING COVERAGE		NAIC #
							INSURE	R A: Valley F	orge Insur	ance Co.		20508
INSL	IRED									ince Company		35289
Able Environmental					INSURER C : Kinsale Insurance Company					38920		
		Kodi Robert	s Richland Road				INSURE	R D :		· ·		
		Yukon, OK 7					INSURE	RE:				
							INSURE	RF:				
СО	VER	RAGES	CER	TIFICA	ATE	NUMBER:				REVISION NUMBER		•
IN C E	IDIC <i>I</i> ERTI	ATED. NOTWITHS	STANDING ANY R ISSUED OR MAY	EQUIRI PERTA POLICII	EME AIN, ES.	URANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES SED HEREIN IS SUBJEC	SPECT 1	O WHICH THIS
INSR LTR		TYPE OF INSU	JRANCE	ADDL SU	VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	4 000 00
Α	X	COMMERCIAL GENE								EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE	X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
										MED EXP (Any one person)	\$	15,00
										PERSONAL & ADV INJURY	\$	1,000,00
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,00
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AG	G \$	2,000,00
		OTHER:									\$	
В	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
	X	ANY AUTO	_			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per persor	n) \$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$	
	X	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
В	X	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	5,000,00
	EXCESS LIAB CLAIMS-MADE				5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,00	
		DED X RETENT	ION \$ 10,000								\$	
	WOF	RKERS COMPENSATIO	N TY							PER OTH STATUTE ER	-	
				N/A						E.L. EACH ACCIDENT	\$	
		PROPRIETOR/PARTNE ICER/MEMBER EXCLUD Idatory in NH)	DED?	N/A						E.L. DISEASE - EA EMPLOY	EE \$	
	If yes	s, describe under CRIPTION OF OPERAT	TONS below							E.L. DISEASE - POLICY LIM	IT \$	
Α	Εqι	uipment Floater				5088462631		9/1/2020	9/1/2021	Leased/Rented Equ	p.	50,00
С	Pro	f. & Pollution				01001261190		9/8/2020	9/8/2021	Aggregate		1,000,00
If red Gen CNA	quire eral 7508	ed by written contr Liability: 81XX (01/15) - Blar	ract, signed by bonket Additional In	oth part sured -	ties · Ov	on 101, Additional Remarks Schedu prior to loss, the following whers, Lessees or Contrac r, Primary And Non-Contril	g endor tors - w	rsements appl rith Products-	ly on a blank Completed C	et basis: Operations Coverage		
		bility: ACHED ACORD 1	01									
CE	RTIF	ICATE HOLDER					CANO	CELLATION				

330 W. Gray St., #135 Norman, OK 73069

OPES, Inc.

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

ACORD 25 (2016/03)

ACORD'

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099					
CARRIER	NAIC CODE					
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

lf th	SU is c	BROGATION IS ertificate does no	WAIVE ot confe	D, subject er rights to	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may	require an endorsem	ent. A	statement on	
Ass 2002 P.O.	PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525							CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS:				0):		
								INGUE	INS	•	EDING COVERAGE		NAIC #	
INSU	RFD										nce Company		35289	
		Able Enviro		al					R C : Kinsale				38920	
		Kodi Robert 3225 North I		d Poad				INSURE			, , , , , , , , , , , , , , , , , , ,			
		Yukon, OK 7		iu Noau				INSURE						
								INSURE	RF:					
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER			
IN CI E)	DIC.	ATED. NOTWITHS FICATE MAY BE I	TANDIN SSUED	IG ANY R OR MAY OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW FENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RES	PECT T	O WHICH THIS	
INSR LTR		TYPE OF INSU	JRANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS		
Α	X	COMMERCIAL GENE									EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X oc	CCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
											MED EXP (Any one person)	\$	15,000	
											PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
	GEI	N'L AGGREGATE LIMIT									GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP AG		2,000,000	
В		OTHER:									COMBINED SINGLE LIMIT	\$	1,000,000	
Ь	X	OMOBILE LIABILITY					F000400700		0/4/0000	0/4/0004	(Ea accident)	\$	1,000,000	
	^	ANY AUTO OWNED AUTOS ONLY	SCHE	DULED			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person			
	Х	AUTOS ONLY HIRED AUTOS ONLY X		S DWNED S ONLY							PROPERTY DAMAGE (Per accident)			
	_	AUTOS ONLY	AUTOS	SONLY							(Per accident)	\$		
В	Х	UMBRELLA LIAB	X oc	CCUR							EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB		AIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000	
		DED X RETENT	ION \$	10,000							AGGREGATE	\$		
	WOI	RKERS COMPENSATION									PER OTH STATUTE ER			
				TIVE Y/N	N						E.L. EACH ACCIDENT	\$		
	OFF (Mai	PROPRIETOR/PARTNE ICER/MEMBER EXCLUD Idatory in NH)	ED?		N/A						E.L. DISEASE - EA EMPLOY	EE \$		
	If ye	s, describe under CRIPTION OF OPERAT	IONS belo	ow							E.L. DISEASE - POLICY LIM			
	Equ	uipment Floater					5088462631		9/1/2020		Leased/Rented Equi	р.	50,000	
С	Pro	f. & Pollution					01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION					
Petroleum Marketers Equipment 2010 Exchange Avenue Oklahoma City, OK 73108	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oktationia Oky, Ok 70100	AUTHORIZED REPRESENTATIVE					
1	SASIL					

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery							

Excess Liability:

Following form over General Liability and Auto Liability



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tł	is c	ertificate does not	t confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)				
	DUCE						CONTA NAME:	СТ				
Ass	ured	dPartners dba Froi Iribou Drive, #101	nt Range Ins Gr	oup			PHONE (A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, No):		
P.O	. Box	x 270550					E-MAIL ADDRE	SS:				
For	Col	llins, CO 80525						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
							INSURE	R A : Valley I	Forge Insur	ance Co.		20508
INSU	IRED						INSURE	R B : Contine	ental Insura	ince Company		35289
		Able Enviror					INSURE	R C : Kinsale	Insurance	Company		38920
		Kodi Roberts	s Richland Road				INSURE	RD:		<u> </u>		
		Yukon, OK 7					INSURE	RE:				
							INSURE	RF:				
СО	VER	RAGES	CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
Т	HIS I	IS TO CERTIFY TH	IAT THE POLICI	ES O	F INS	SURANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INSUF	RED NAMED ABOVE FOR T	HE PO	DLICY PERIOD
						ENT, TERM OR CONDITION THE INSURANCE AFFOR						
						, THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE					O ALL	. THE TERMS,
INSR LTR		TYPE OF INSU	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENER	AL LIABILITY					\	, <u>,</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000	
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	OL.	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								TROBUSTO COMITOT ACC	\$	
В	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO				5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOSONLT	AUTOS ONLT							(i di doddeni)	\$	
В	Х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION	10,000							AGGREGATE	\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILIT								PER OTH- STATUTE ER	Ψ	
										E.L. EACH ACCIDENT	\$	
	OFFI (Mar	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE INDICATE OF THE PROPERTY OF THE PROPERT	ED?	N/A						E.L. DISEASE - EA EMPLOYEE		
		s, describe under CRIPTION OF OPERATI								E.L. DISEASE - POLICY LIMIT		
Α		uipment Floater	O140 below			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.	Ψ	50,000
С	Pro	f. & Pollution				01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DES	CRIPT	TION OF OPERATIONS /	I OCATIONS / VEHIC	IFS (ACORI	D 101. Additional Remarks Schedu	ile. may h	e attached if mor	re snace is requir	red)		
If re	quire	ed by written contra	act, signed by bo	oth p	arties	D 101, Additional Remarks Schedu s prior to loss, the following	gendor	sements app	ly on a blank	et basis:		
Gen	eral	Liability:										
		•	ket Additional In	sure	d - Ov	wners, Lessees or Contrac	tors - w	ith Products	-Completed C	Operations Coverage		

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Pollution Management, Inc. 3512 S. Shackleford Rd. Littlerock, AR 72205	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Entitiorous, Alt 12200	AUTHORIZED REPRESENTATIVE
	SASIL

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery							

Excess Liability:

Following form over General Liability and Auto Liability



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is c	ertificate does r	not co	nfer rights to	o the	certi	ficate holder in lieu of su		. , ,					
PRO	DUCE	ER .						CONTA NAME:	СТ					
AssuredPartners dba Front Range Ins Group						PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):								
		ribou Drive, #10 x 270550)1					E-MAIL ADDRE	ee.			(A/O, 14O).		
		lins, CO 80525						ADDRE		SUBERIES AFEOR	RDING COVERAGE			NAIC #
									R A : Valley F					20508
10101	DED										ince Company			35289
INSU	KED	Able Envir	onme	ental										10000
	Kodi Roberts								R C : Kinsale	insurance	Company			38920
3225 North Richland Road						INSURE	R D :							
		Yukon, OK	7309	9				INSURE	RE:					
								INSURE	RF:					
CO	VER	RAGES		CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN CI	DIC/ ERTI	ATED. NOTWITH	HSTAN ISSU	DING ANY R ED OR MAY	EQUI PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WIT	H RESPE	CT T	O WHICH THIS
INSR LTR		TYPE OF IN	SURAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	Х	COMMERCIAL GEN	IERAL I	LIABILITY					,	,	EACH OCCURRENC	E	\$	1,000,000
		CLAIMS-MADE	X	OCCUR	х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$	100,000
				'							MED EXP (Any one p	· 1	\$	15,000
											PERSONAL & ADV II		\$	1,000,000
	GEN	N'L AGGREGATE LIM	ΙΤ ΔΡΡΙ	IES DER:							GENERAL AGGREG		\$	2,000,000
	GLI	POLICY PROJECT		LOC							PRODUCTS - COMP		\$	2,000,000
		OTHER:	' -								FRODUCTO - COIVIF	/OF AGG	\$	
В	ALIT	TOMOBILE LIABILITY									COMBINED SINGLE	LIMIT	\$	1,000,000
	X	ANY AUTO					5088462709		9/1/2020	9/1/2021	(Ea accident)	\		
		OWNED AUTOS ONLY	şc	HEDULED			3000402703		3/1/2020	3/1/2021	BODILY INJURY (Per		\$	
	Х										BODILY INJURY (Per PROPERTY DAMAG		\$	
	^	HIRED AUTOS ONLY	^ AC	N-OWNED ITOS ONLY							(Per accident)		\$	
В	v		V										\$	5,000,000
В	X	UMBRELLA LIAB	X	OCCUR			5088462676		9/1/2020	9/1/2021	EACH OCCURRENC	E	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE			3000402070		9/1/2020	9/1/2021	AGGREGATE		\$	3,000,000
			ITION \$	10,000							PER	OTH	\$	
		RKERS COMPENSATI EMPLOYERS' LIABII		Y/N							STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNICER/MEMBER EXCLUNICATION	NER/EXI	ECUTIVE 17 N	N/A						E.L. EACH ACCIDEN	IT	\$	
		ndatory in NH) s. describe under	JULU.								E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉS	CRIPTION OF OPERA	ATIONS	below							E.L. DISEASE - POLI		\$	
		uipment Floater					5088462631		9/1/2020		Leased/Rented	Equip.		50,000
С	Pro	f. & Pollution					01001261190		9/8/2020	9/8/2021	Aggregate			1,000,000
Gend CNA CNA	quire eral 7508 7470	ed by written con Liability: B1XX (01/15) - Bla 05XX (01/15)- Wa bility:	itract, anket iver o	signed by bo	oth pa	arties d - Ov	o 101, Additional Remarks Schedu prior to loss, the following wners, Lessees or Contract c, Primary And Non-Contrib	g endor tors - w	rsements app vith Products-	ly on a blank -Completed C	et basis: Operations Covera	age		
SEE	ATT	ACHED ACORD	101											

323 New Albany Road Moorestown, NJ 08057

ACORD 25 (2016/03)

Property Solutions, Inc. Debbie Anderson

CERTIFICATE HOLDER

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

CANCELLATION

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER			
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
Description of Operations/Locations/Vehicles:									
CNA86104XX (04/17) - Additional Insured									

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Below listed certificate holder is named as additional insured as required by written contract.



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

					ficate holder in lieu of su				require an endors	sement. A	statement on
PRO	DUCER	-				CONTA NAME:	СТ				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550							o, Ext): (970) 2	223-1804	FA (A/	X /C, No):	
							SS:			•	
Fort	Collins, CO 8	0525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	Forge Insur	ance Co.		20508
INSU						INSURE	R B : Contine	ental Insura	nce Company		35289
Able Environmental Kodi Roberts 3225 North Richland Road							INSURER C: Kinsale Insurance Company 38920				
							INSURER D:				
	Yuko	on, OK 73099				INSURE	RE:				
						INSURE	RF:				
CO	VERAGES	CEF	RTIFIC	ATE	NUMBER:				REVISION NUMB	ER:	
IN	IDICATED. NO	TWITHSTANDING ANY F	REQUI	REME	SURANCE LISTED BELOW ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH I	RESPECT TO	O WHICH THIS
					THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE					JECT TO ALL	THE TERMS,
INSR LTR	TYP	E OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERC	AL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		74		1				l	DAMAGE TO DENITED		100 000

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				, , , , ,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equipment Floater	X		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Quail Creek Bank P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oktanoma oky, ok ronov	AUTHORIZED REPRESENTATIVE
1	SASIL

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts	
POLICY NUMBER	3225 North Richland Road Yukon, OK 73099	
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARK	S FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 2	FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank is listed as a Loss Payee on the following equipment: 1. Lincoln/Welder/Generator Mounted on 2003 Ford F-350/VIN# 19370 2. Speedstar Drill Rig Mounted on 1991 International/VIN# 51556 3. 1991 International 9000 Series/VIN# 42565-\$1,000 Comprehensive/Collision



ABLEENV-01

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

CERTIFICATE OF LIABILITY INSURANCE

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 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

PRODUCER CONTACT	
PRODUCER NĂME:	
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):	
P.O. Box 270550 E-Mail ADDRESS:	
Fort Collins, CO 80525 INSURER(S) AFFORDING COVERAGE NAIC	#
INSURER A: Valley Forge Insurance Co. 20508	
INSURER B : Continental Insurance Company 35289	
Able Environmental Kodi Roberts INSURER C : Kinsale Insurance Company 38920	
3225 North Richland Road INSURER D:	
Yukon, OK 73099 INSURER E :	
INSURER F:	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER	

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	****		(MINUDD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	iipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Quail Creek Bank P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oklanoma oky, ok 70100	AUTHORIZED REPRESENTATIVE
1	SASIL



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is listed as the loss payee on the 2017 Dodge Ram 2500 3C6UR5JL7HG678448 Deductibles: \$1,000 30 Day Written Notice of Cancellation Applies



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

			t confer rights t	o the	cert	ificate holder in lieu of su						
PROI		^{ER} dPartners dba Fro	nt Range Ins Gr	oun			CONTA NAME: PHONE	(070) (200 4004	FAX		
2002	2 Ca	aribou Drive, #101	in italige ilio Oi	oup			(A/C, No	o, Ext): (970) 2	223-1804	FAX (A/C, No):		
		x 270550 Ilins. CO 80525					E-MAIL ADDRE					
		,								RDING COVERAGE		NAIC#
								RA: Valley F				20508
INSU	RED		montal							nce Company		35289
	Able Environmental Kodi Roberts							R C : Kinsale	Insurance	Company		38920
			Richland Road				INSURE	RD:				+
		Yukon, OK 7	3099				INSURE	RE:				
							INSURE	RF:				
CO	/EF	RAGES	CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN CI E)	DIC.	ATED. NOTWITHS	TANDING ANY R SSUED OR MAY	PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT T	O WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	15,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GE	:N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
_		OTHER:								COMBINED SINGLE LIMIT	\$	4 000 000
В	-	TOMOBILE LIABILITY								(Ea accident)	\$	1,000,000
	X					5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_											\$	F 000 000
В	Х		X OCCUR			5000 1000 70		0446555	0/4/555	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	CLAIMS-MADE	_		5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTI									\$	
	WO	RKERS COMPENSATION D EMPLOYERS' LIABILIT	Y Y							PER OTH- STATUTE ER		
	ANY	Y PROPRIETOR/PARTNER FICER/MEMBER EXCLUDI Indatory in NH)	R/EXECUTIVE // N	N/A						E.L. EACH ACCIDENT	\$	
			LD:	,,						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	es, describe under SCRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
	٠.	uipment Floater				5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	of. & Pollution				01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DESC If rec	RIP	TION OF OPERATIONS / ed by written contr	LOCATIONS / VEHIC act, signed by bo	LES (A	ACORI arties	D 101, Additional Remarks Schedu prior to loss, the following	ıle, may b g endoi	e attached if mor rsements app	e space is requi ly on a blank	red) et basis:		
Gene	eral	Liability:										

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
Quail Creek Bank na P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
onanoma ony, on rono	AUTHORIZED REPRESENTATIVE				
	SASIL				



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank na is named as additional insured and leinholder. RE:3225 North Richland Rd, Yukon, OK 73099, Building \$40,000, \$1000 ded; 3217 North Richland Rd Yukon, OK 73099, Building \$40,000, \$1000 ded Loan #189253 405-254-5359



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101	PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.O. Box 270550	E-MAIL ADDRESS:					
Fort Collins, CO 80525	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Valley Forge Insurance Co.		20508			
INSURED	INSURER B: Continental Insurance Company	/	35289			
Able Environmental	INSURER C: Kinsale Insurance Company		38920			
Kodi Roberts 3225 North Richland Road	INSURER D:					
Yukon, OK 73099	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	/IBER:				
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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α X **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/1/2020 9/1/2021 5088462631 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5,000,000 5088462676 9/1/2020 9/1/2021 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED X RETENTION\$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater X 01001261190 9/8/2020 9/8/2021 1,000,000 Prof. & Pollution Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION				
Quail Creek Bank, N.A. P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Oklahoma Oity, Ok 10100	AUTHORIZED REPRESENTATIVE				
	SASIL				
·					

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED			
AssuredPartners dba Front Range Ins (Group	Able Environmental Kodi Roberts			
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099			
SEE PAGE 1		Tukon, Ok 75099			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS	·				
THIS ADDITIONAL REMARKS FORM IS A S	CHEDULE TO ACORD FORM				

FORM NUMBER		FORM TITLE: Certificate of Liability Insurance	
Description of	Operations	/Locations/Vehicles:	

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is listed as loss payee on the following. 1. 2010 Ford F-350 UT Bed/Last Four Digits of VIN# 7207. Deductibles: \$1,000 Comprehensive and \$1,000 Collision 30 Day Notice of Cancellation Applies



C3CTRUJILLO

DATE (MM/DD/YYYY)

10/14/2020

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 t		uch endorsement(s).				
PRODUCER		CONTACT NAME:				
AssuredPartners dba Front Range Ins Gi 2002 Caribou Drive, #101	roup	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):			
P.O. Box 270550		E-MAIL ADDRESS:				
Fort Collins, CO 80525		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Valley Forge Insurance Co.		20508		
INSURED		INSURER B: Continental Insurance Company	/	35289		
Able Environmental		INSURER C: Kinsale Insurance Company				
Kodi Roberts 3225 North Richland Road		INSURER D:				
Yukon, OK 73099		INSURER E :				
		INSURER F:				
COVERAGES CER	RTIFICATE NUMBER:	REVISION NUI	MBER:			
INDICATED. NOTWITHSTANDING ANY F	REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABO N OF ANY CONTRACT OR OTHER DOCUMENT WI	TH RESPECT TO	WHICH THIS		
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH		DED BY THE POLICIES DESCRIBED HEREIN IS S BEEN REDUCED BY PAID CLAIMS.	UBJECT TO ALL	THE TERMS,		
INSR TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS			

INSR	SR TYPE OF INSURANCE		UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION			
Quail Creek Bank, N.A. P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Oklahoma Oky, Ok 70100	AUTHORIZED REPRESENTATIVE			
	SASIL			



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road	
SEE PAGE 1		Yukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is named as loss payee and additional insured. RE: 2005 Atlas Copco Trailer Mounted/Pull Behind Air Compressor Model #XAH5863CD SN #YA306269640464681, \$27,500, \$500 Deductible Loan#190232



C3CTRUJILLO

DATE (MM/DD/YYYY)

10/14/2020

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 t		uch endorsement(s).							
PRODUCER		CONTACT NAME:							
AssuredPartners dba Front Range Ins Gi 2002 Caribou Drive, #101	roup	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):						
P.O. Box 270550		E-MAIL ADDRESS:							
Fort Collins, CO 80525		INSURER(S) AFFORDING COVERAGE		NAIC #					
		INSURER A: Valley Forge Insurance Co.		20508					
INSURED		INSURER B: Continental Insurance Company	35289						
Able Environmental		INSURER C: Kinsale Insurance Company	38920						
Kodi Roberts 3225 North Richland Road		INSURER D:							
Yukon, OK 73099		INSURER E :							
		INSURER F:							
COVERAGES CER	RTIFICATE NUMBER:	REVISION NUI	MBER:						
INDICATED. NOTWITHSTANDING ANY F	REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABO N OF ANY CONTRACT OR OTHER DOCUMENT WI	TH RESPECT TO	WHICH THIS					
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH		DED BY THE POLICIES DESCRIBED HEREIN IS S BEEN REDUCED BY PAID CLAIMS.	UBJECT TO ALL	THE TERMS,					
INSR TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS						

INSR	TYPE OF INSURANCE	ADDL S	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPEOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION					
Quail Creek Bank, N.A. P. O. Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oklahoma Oky, Ok 70100	AUTHORIZED REPRESENTATIVE					
	SASIL					



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is named as additional insured and loss payee. RE: 1994 Mitsubishi FH100 #01959 and Deeprock Auger Rick #DR10K; \$39,000, Deductible \$500



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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

th	nis certificate does not confer rights to				ıch end	lorsement(s)		require air endorsemer		
	DUCER				CONTAC NAME:			FAY		
Ass 200	uredPartners dba Front Range Ins Gro 2 Caribou Drive, #101	up			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.O.	. Box 270550				E-MAIL ADDRES	SS:				
Fort	ort Collins, CO 80525					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Valley F	orge Insur	ance Co.		20508
INSU	IRED				INSURE	R B : Contine	ental Insura	ince Company		35289
	Able Environmental				INSURE	R C : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURE	RD:				
	Yukon, OK 73099				INSURE					
	,				INSURE					
CO	VERAGES CERT	TIFIC	ΔΤΕ	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				HAVE B	EEN ISSUED 1			HE PC	LICY PERIOD
IN.	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIR	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	WHICH THIS
E.	XCLUSIONS AND CONDITIONS OF SUCH P	POLIC	IES.	LIMITS SHOWN MAY HAVE		REDUCED BY I	PAID CLAIMS.			
INSR LTR		ADDL S	MAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS			5000 1021 00		02020	0, .,_0	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
В	X UMBRELLA LIAB X OCCUR							FACIL COCUPATIVAT	\$	5,000,000
_	EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
	10,000			5000 10201 0		02020	0, .,_0	AGGREGATE	\$	
	DED 21 RETERTION 7							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	· ·		E000463634		0/4/2020	0/4/2024	E.L. DISEASE - POLICY LIMIT	\$	50,000
A	Equipment Floater	X		5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		•
С	Prof. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI quired by written contract, signed by bot	ES (A	CORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
n rec	quired by written contract, Signed by bot	ıı par	แยร	prior to ioss, the rollowing	y endor	эспісніх арр	iy Uli a Diank	EL NG919.		
Gen	eral Liahility:									

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION					
Quail Creek Bank, N.A. PO Box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oktanoma oky, ok ronoc	AUTHORIZED REPRESENTATIVE					
1	SASM					



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
CARRIER	NAIC CODE	
SEE PAGE 1		Tukon, Ok 13033
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
4 OF MAY		NAMES WOULDES

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is listed as the loss payee on the 2007 KW T300. Deductibles: \$1,000 30 Day Written Notice of Cancellation Applies



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

	SU	BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of t	he po	licy, certain p	oolicies may		nt. A	statement on
Ass 2002 P.O	PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins. CO 80525					CONTA NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext): (970) 2	223-1804	FAX (A/C, No	:	
. 0.	001				-			` '	RDING COVERAGE		NAIC#
							RA: Valley F				20508
INSU	RED	Able Environmental							nce Company		35289
		Kodi Roberts					R C : Kinsale	insurance	Company		38920
		3225 North Richland Road				INSURE					+
		Yukon, OK 73099				INSURE					+
	VED	14050	TIE1/	> A T		INSURE	RF:		DEVICION NUMBER		
				_	NUMBER:	A \ / E B	EEN IOOUED 3		REVISION NUMBER:	TUE D	OLIOV PEDIOD
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	Х	COMMERCIAL GENERAL LIABILITY					<u> </u>	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		2,000,000
В	4117	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	(Ea accident)	\$	
	_	OWNED SCHEDULED AUTOS ONLY			3000402709		9/1/2020	3/1/2021	BODILY INJURY (Per person)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)) \$ \$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000)						AGGREGATE	\$	
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ	
	AND	PROPRIETOR/PARTNER/EXECUTIVE // N							E.L. EACH ACCIDENT	\$	
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	Ť	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip		50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION					
Quail Creek Bank, N.A. PO box 20160 Oklahoma City, OK 73156	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oktationia oity, Ok 70100	AUTHORIZED REPRESENTATIVE					
	SASIL					

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

	Page	1	of	1
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AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Quail Creek Bank, N.A. is listed as loss payee on the following.

1. 2016 Lincoln Navigator, VIN# 5LMJJ3JTXGEL04065, Deductibles: \$1,000 Comprehensive and \$1,000 Collision, 30 Day Notice of Cancellation Applies

ACORD 101 (2008/01)





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If	SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of t ificate holder in lieu of suc	the po	licy, certain p lorsement(s).	oolicies may			
PRO	DUCE	ER				CONTA NAME:	СТ				
Ass	ured	dPartners dba Front Range Ins G ribou Drive, #101	oup				o, Ext): (970) 2	23-1804	FAX (A/C, N	No):	
P.O	. Box	x 270550 ´				E-MAIL ADDRE	SS:				
Fort	Col	llins, CO 80525					NAIC #				
						INSURE	R A: Valley F		RDING COVERAGE ance Co.		20508
INSURED INSURER B : Continental Insurer B								ntal Insura	nce Company		35289
Able Environmental							R C : Kinsale	Insurance	Company		38920
		Kodi Roberts 3225 North Richland Road				INSURE	RD:				
		Yukon, OK 73099				INSURE					
					Γ	INSURE					
CO	VER	RAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER	:	
IN C E	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	OT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RE	SPECT T	O WHICH THIS
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			IMITS	rs		
Α	Х	COMMERCIAL GENERAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AC		2,000,000
		OTHER:								\$	
В	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per perso	n) \$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		NOTES ONE!								\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000	Ī							\$	
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T	l						E.L. EACH ACCIDENT	\$	
	OFFI	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLO		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Ramboll Environ 1807 Park 270 Drive Suite 320	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
St. Louis, MO 63146	AUTHORIZED REPRESENTATIVE
	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

Aggregate

50,000

1,000,000



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099				
CARRIER	NAIC CODE				
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 2	5 FORM TITLE: Certificate of Liability Insurance								

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Ramboll Environ is named as an additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tl	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su						
	DUCER				CONTAC NAME:	СТ				
Ass	uredPartners dba Front Range Ins Gro	oup				o, Ext): (970) 2	23-1804	FAX (A/C,	No)-	
	2 Caribou Drive, #101 . Box 270550				E-MAIL ADDRESS:					
	t Collins, CO 80525				ADDITE		URFR(S) AFFOR	DING COVERAGE		NAIC#
					INCLIDE	R A : Valley F				20508
INISI	JRED							nce Company		35289
	Able Environmental							• •		38920
	Kodi Roberts				INSURER C : Kinsale Insurance Company					30920
	3225 North Richland Road			INSURE						
	Yukon, OK 73099				INSURE					
					INSURE	RF:			_	
				NUMBER:				REVISION NUMBE		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY F	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RE	SPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	.) \$	100,000
								MED EXP (Any one persor		15,000
								PERSONAL & ADV INJUR		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO LOC							PRODUCTS - COMP/OP A		2,000,000
								PRODUCTS - COMP/OP A		
В	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	. \$	1,000,000	
_				5088462709		9/1/2020	9/1/2021	(Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS		5088462709			9/1/2020	3/1/2021	BODILY INJURY (Per pers		
								BODILY INJURY (Per acci PROPERTY DAMAGE (Per accident)		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
В	Y Y								\$	5,000,000
Ь	X UMBRELLA LIAB X OCCUR			E000462676		0/4/2020	0/4/2024	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000							DED O	**************************************	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OT STATUTE EF	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLO	YEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L		
Α	Equipment Floater			5088462631		9/1/2020		Leased/Rented Eq	up.	50,000
С	Prof. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
If re Gen CNA CNA	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL quired by written contract, signed by bo eral Liability: 1.75081XX (01/15) - Blanket Additional Ins. 1.74705XX (01/15)- Waiver of Subrogation 1. Liability: 1. ATTACHED ACORD 101	th pa	arties d - Ov	prior to loss, the following vners, Lessees or Contract	g endor tors - w	sements appl	y on a blank Completed C	et basis: Operations Coverage		
JEE	ATTACILED ACCIDE TO									
CE	RTIFICATE HOLDER				CANC	ELLATION				
					ı					

ACORD 25 (2016/03)

Sample

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

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts				
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099				
SEE PAGE 1		Tukon, OK 73099				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL DEMARKS	•					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery								

Excess Liability:

Following form over General Liability and Auto Liability





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 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.

						terms and conditions of ificate holder in lieu of su				require an endorser	ment. A st	atement on	
PROI	DUCER						CONTACT NAME:						
Assi	ssuredPartners dba Front Range Ins Group 002 Caribou Drive, #101						PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):						
P.O.	P.O. Box 270550 Fort Collins, CO 80525						E-MAIL ADDRESS:					I	
1 011	ort comms, co ouses							INSURER(S) AFFORDING COVERAGE					
								R A: Valley F	Forge Insur	ance Co.		20508	
INSU	RED						INSURE	R B : Contine	ental Insura	nce Company		35289	
	Able Environmental						INSURE	R C : Kinsale	Insurance	Company		38920	
		Kodi Roberts 3225 North Rich	land Road				INSURE	RD:					
		Yukon, OK 7309					INSURE	RE:					
							INSURER F:						
CO	VERAG	ES	CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIONS OF MAY PERTAIN, THE INSURANCE AFFI						ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RE	SPECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURAN	CE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	ı	LIMITS		
Α	X cor	MMERCIAL GENERAL	LIABILITY	III	****			(MINI/DD/1111)	(MINIOD) I I I I	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X	OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000	
										MED EXP (Any one person	s) \$	15,000	
										PERSONAL & ADV INJUR'	Y \$	1,000,000	
	GEN'L AG	GGREGATE LIMIT APPI	LIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POI	PRO-								DDODUCTO COMPIOD A	.00 6	2,000,000	

	OLI IIII III III IX	Λ.	3000-02031	3/1/2020	3/1/2021	PREMISES (Ea occurrence)	\$,
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION		
SandRidge Energy Inc. 123 Robert S. Kerr Ave. Oklahoma City, OK 73102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Orianoma Orty, Ort 70102	AUTHORIZED REPRESENTATIVE		
	SASIL		



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER SEE PAGE 1		3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

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

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Description of Operations/Locations/Vehicles:

Excess Liability: Following form over General Liability and Auto Liability

SandRidge Energy Inc. is named as additional insured as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

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	ertificate does not confer right					squire un enuercement 71 c	
PRODUCER	?			CONTACT NAME:			
	Partners dba Front Range In	s Group		PHONE (A/C, No, Ext): (970) 2			
2002 Caribou Drive, #101 P.O. Box 270550				E-MAIL ADDRESS:			
Fort Collins, CO 80525			INSURER(S) AFFORDING COVERAGE			NAIC #	
			INSURER A : Valley F	nce Co.	20508		
INSURED			INSURER B : Contine	35289			
Able Environmental Kodi Roberts 3225 North Richland Road				INSURER C: Kinsale	38920		
				INSURER D :			
	Yukon, OK 73099			INSURER E :			
				INSURER F:			
COVERA	AGES	CERTIFICATE NUM	BER:		R	EVISION NUMBER:	
	S TO CERTIFY THAT THE PO TED. NOTWITHSTANDING AN						
	FICATE MAY BE ISSUED OR I SIONS AND CONDITIONS OF SI					O HEREIN IS SUBJECT TO ALL	THE TERMS,
INSR	TYPE OF INQUEANOE	ADDL SUBR	DOLLOY NUMBER	POLICY EFF	POLICY EXP	LIMITO	

LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR 9/1/2021 9/1/2020 Χ 5088462631 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/1/2020 9/1/2021 ANY AUTO 5088462709 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5088462676 9/1/2020 9/1/2021 5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 5088462631 9/1/2020 9/1/2021 50,000 Leased/Rented Equip. Equipment Floater 01001261190 9/8/2020 1,000,000 Prof. & Pollution 9/8/2021 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION		
Seneca Companies, Inc. Seneca Waste Solutions, Inc. PO Box 3360 Des Moines. IA 50316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Des montes, in coord	AUTHORIZED REPRESENTATIVE		
1	SASM		



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Seneca Companies is named as additional insured as required by written contract. Waiver of Subrogation applies in favor of Seneca Companies, its subsidiaries and affiliates with respect to Workers' Compensation.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

lf	SUE	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of i	the po	licy, certain lorsement(s)	policies may			
PRO	DUCE	:R				CONTAC NAME:	СТ				
	AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101						o, Ext): (970) 2	223-1804	FAX (A/C	(C, No):	
P.O.	.O. Box 270550					E-MAIL ADDRES				-	
Fort	Coll	lins, CO 80525					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	RA: Valley F	` '			20508
INSU	RED								nce Company		35289
		Able Environmental			T		R C : Kinsale				38920
		Kodi Roberts 3225 North Richland Road				INSURE			, , , , , , , , , , , , , , , , , , ,		
		Yukon, OK 73099				INSURE					
						INSURE					
CO	VFR	AGES CER	TIFIC	`ATE	NUMBER:	IIIOOIIL			REVISION NUMBE		
IN C	DICA ERTII	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH R ED HEREIN IS SUBJE	RESPECT ECT TO A	TO WHICH THIS
LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	100,000
									MED EXP (Any one perso	on) \$	15,000
									PERSONAL & ADV INJUI	RY \$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
		OTHER:								\$	
В	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per per	rson) \$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per acc	cident) \$	
	X	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	:		5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000	Ī							\$	
	WOR	RKERS COMPENSATION							PER O STATUTE E	OTH-	
	AND	EMPLOYERS' LIABILITY	1						SIMIUIE E	-11	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Southwest GEO Science 2351 NW Hwy, Ste. 3321 Dallas, TX 75247	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Danas, IX 13241	AUTHORIZED REPRESENTATIVE
	ASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

Aggregate

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

50,000

1,000,000

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery									

Excess Liability:

Following form over General Liability and Auto Liability





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tł	nis c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su						
PRO	DUCE	R				CONTAC NAME:	СТ				
AssuredPartners dba Front Range Ins Group							o, Ext): (970) 2	23-1804	FAX (A/C, No)		
2002 Caribou Drive, #101 P.O. Box 270550					E-MAIL ADDRESS:						
Fort Collins, CO 80525						ADDRE		PUDED(E) AFFOR	DINC COVERAGE		NAIC #
						INSURER(S) AFFORDING COVERAGE					20508
						INSURER A: Valley Forge Insurance Co. INSURER B: Continental Insurance Company					
INSU	JRED	Able Environmental									35289
		Kodi Roberts			INSURE	R C : Kinsale	Insurance	Company		38920	
		3225 North Richland Road				INSURER D :					
	Yukon, OK 73099						INSURER E:				
							RF:				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:			
IN C	IDIC/ ERTI	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(MINUS D/1111)	(IIIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					0000102001		0, 1, 2020	0/1/2021			15,000
									MED EXP (Any one person)	\$	1.000.000
		·							PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
_		OTHER:							COMPINED OINOLE LIMIT	\$	4 000 000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		NOTES ONE!							,	\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021			5,000,000
		DED X RETENTION\$ 10,000							AGGREGATE	\$	
	WOE	DED 11 RETERMINITY ,							PER OTH- STATUTE ER	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N									
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYE	\$	
	DÉS	CRIPTION OF OPERATIONS below					2///2222		E.L. DISEASE - POLICY LIMIT		
C		ipment Floater f. & Pollution			5088462631 01001261190		9/1/2020 9/8/2020	9/1/2021 9/8/2021	Leased/Rented Equip Aggregate	-	50,000 1,000,000
Gen CNA CNA	quire eral \7508 \7470	TION OF OPERATIONS / LOCATIONS / VEHIC and by written contract, signed by bo Liability: B1XX (01/15) - Blanket Additional In D5XX (01/15)- Waiver of Subrogation bility:	oth pa	arties d - Ov	prior to loss, the following	g endor tors - w	sements app	ly on a blank Completed C	et basis: Operations Coverage	1	
SEE	ATT	ACHED ACORD 101				04110	NELL ATION:				
ÜĖ	KIIF	ICATE HOLDER				CANC	ELLATION				

Stantech, LLC
PO Box 607
Norman, OK 73070

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

AGENCI

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts			
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099			
SEE PAGE 1		Tukon, OK 73099			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL DEMARKS	•				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery									

Excess Liability:

Following form over General Liability and Auto Liability



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endo	rsemen	t. Ast	tatement on
PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525						CONTACT NAME: PHONE (0.70) 000 4004 FAX					
						o, Ext): (9/0) 2	223-1804		FAX (A/C, No):		
						SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	RA: Valley F	Forge Insur	ance Co.			20508
INSU	RED				INSURE	R B : Contine	ental Insura	nce Company			35289
	Able Environmental Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company			38920
	3225 North Richland Road				INSURER D:						
	Yukon, OK 73099				INSURER E :						
		INSURER F:									
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		
	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE										
CE	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F	PER ³	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	IES DESCRIB	ED HEREIN IS SU			
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	E	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTE PREMISES (Ea occur		\$	100,000
								MED EXP (Any one pe	·	\$	15,000
								DEDOONAL & ADVIA		Φ.	1,000,000

С	Prof. & Pollution			01001261190	9/8/2020	9/8/2021	Aggregate	1,00	00,000
Α	Equipment Floater			5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NI / A					E.L. EACH ACCIDENT	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	DED X RETENTION \$ 10,000							\$	
	EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,00	00,000
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,00	00,000
								\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	OWNED SCHEDULED AUTOS	_					BODILY INJURY (Per accident)	\$	
	X ANY AUTO	Х		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	OTHER:							\$	
	POLICY PRO-						PRODUCTS - COMP/OP AGG	Ψ	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		00,000
							PERSONAL & ADV INJURY		00,000
		^	^				MED EXP (Any one person)		15,000
	CLAIMS-MADE X OCCUR	Х	X	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	טטט,טטן

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

CERTIFICATE HOLDER	CANCELLATION
Talon/LPE, Ltd. 921 N. Bivins Street Amarillo, TX 79107-6806	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Amamo, 1X Potor coo	AUTHORIZED REPRESENTATIVE
1	SASM



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Talon/LPE, Ltd. is hereby named as an Additional Insured in regards to the General Liability and Auto Liability Policies. Coverage is Primary and Non- Contributory in regards to the General Liability Policy. A Waiver of Subrogation is in favor of Talon/LPE, Ltd. in regards to the General Liability and Auto Liability Policies.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If the cortificate holder is an ADDITIONAL INSURED the nolicy/ics) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUI	BROGATION IS \	WAIVED, subject	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may			
PRO	DUCE	R					CONTA NAME:	СТ				
		Partners dba Fro	nt Range Ins Gr	oup				o, Ext): (970) 2	223-1804	FAX (A/C, N	lo)·	
	002 Caribou Drive, #101 .O. Box 270550						E-MAIL ADDRE	-		1 (200,1		
Fort	Col	lins, CO 80525							SURER(S) AFFOR	RDING COVERAGE		NAIC#
							INSURE	RA: Valley F	` '			20508
INSURED							INSURE	R B : Contine	ental Insura	ince Company		35289
		Able Enviror						R C : Kinsale				38920
		Kodi Roberts	s Richland Road				INSURE	RD:				
		Yukon, OK 7					INSURE					
		•					INSURE					
CO	VER	AGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOI 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.						O WHICH THIS						
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	мітѕ	
Α	X	COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR	Х	X	5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	15,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGR <u>EGAT</u> E LIMIT /	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AC	G \$	2,000,000
_		OTHER:								COMBINED SINGLE LIMIT	\$	1,000,000
В		OMOBILE LIABILITY								(Ea accident)	\$	1,000,000
	X	ANY AUTO		X		5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per perso	n) \$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$	
	Х	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_			\								\$	E 000 000
В	Х	UMBRELLA LIAB	X OCCUR		.,	E000460676		0/4/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	CLAIMS-MADE	X	X	5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION	- •							DED OT	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	Y V/N							PER OTH STATUTE ER	1-	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION				
Terracon Consultants, Inc. 10841 S. Ridgeview Rd. Olathe, KS 66061-2861	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Sidnis, No 3000 : 200 :	AUTHORIZED REPRESENTATIVE				
1	Ham				

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. EACH ACCIDENT

Aggregate

E.L. DISEASE - EA EMPLOYEE \$

50,000

1,000,000

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

ACORD°

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER NAIC CODE			
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARK	S FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 2	FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Terracon Consultants, Inc. is additional insured as respects to the Commercial General Liability, Automobile Liability, and Excess/Umbrella Liability. Waiver of

subrogation in favor of Terracon Consultants, Inc. applies to Commercial General Liability, Automobile Liability, Excess/Umbrella Liability and Professional Liability.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su						
PRODUCER				CONTACT NAME:							
		Partners dba Front Range Ins Gr	oup				o, Ext): (970) 2	23-1804	FAX (A/C, No):		
		ribou Drive, #101 x 270550				E-MAIL ADDRESS:					
		lins, CO 80525				ADDRE		UDED(0) A FEO	DINO COVEDACE		NAIG #
									RDING COVERAGE		NAIC #
							RA: Valley F				20508
INSU	RED	Abla Environmental							ince Company		35289
		Able Environmental Kodi Roberts				INSURER C : Kinsale Insurance Company				38920	
		3225 North Richland Road				INSURER D:					
	Yukon, OK 73099						INSURER E :				
						INSURE	RF:				
CO	VER	AGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	S O EQUI PER	F INS IREMI TAIN,	SURANCE LISTED BELOWN ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	O WHICH THIS
	XCLL	JSIONS AND CONDITIONS OF SUCH				BEEN					
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000
	GEN	DBO							GENERAL AGGREGATE		2,000,000
									PRODUCTS - COMP/OP AGG	\$	_,,,,,,,,
В		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
В	_	OMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 10,000							AGGREGATE		
	WOR								PER OTH- STATUTE ER	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY									
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s. describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Equ	uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
Gen CNA CNA	quire eral I 7508 7470 Lial	TION OF OPERATIONS / LOCATIONS / VEHICL I'd by written contract, signed by bo Liability: 31XX (01/15) - Blanket Additional In 95XX (01/15)- Waiver of Subrogation bility: CACHED ACORD 101	oth pa	arties d - Ov	prior to loss, the following	g endoi tors - v	rsements app	ly on a blank Completed C	et basis: Operations Coverage		
CE	CERTIFICATE HOLDER CANCELLATION										

ACORD 25 (2016/03)

Tetra Tech EM, Inc. 415 Oak Street Kansas City, MO 64111

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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

CORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER			
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

816-410-1748





C3CTRUJILLO

1,000,000

DATE (MM/DD/YYYY) 10/14/2020

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 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.

lf th	SUI is c	BROGATION IS WAIVED, subjectificate does not confer rights	ct to	the certi	terms and conditions of ificate holder in lieu of su	ch end	lorsement(s)	oolicies may	require an endorseme	nt. As	tatement on
PRODUCER AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525					CONTACT NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
INSL	PED								ince Company		35289
	KLD	Able Environmental					R C : Kinsale				38920
		Kodi Roberts						mourance	Company		30320
		3225 North Richland Road Yukon, OK 73099				INSURE					1
		1 ukon, OK 73099				INSURE					+
CO	/FP	AGES CEF	TIFIC	`ATE	NUMBER:	INSUKL	NT.		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICI				HAVF R	FEN ISSUED 1			THE PC	LICY PERIOD
IN C E	DIC/ ERTI	ATED. NOTWITHSTANDING ANY FIFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000)							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/ N	N/A						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below					244222		E.L. DISEASE - POLICY LIMIT		
Α	Eqι	uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip	-	50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

01001261190

General Liability:

C Prof. & Pollution

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION				
Tetra Tech, Complex World Clear Solutions 1230 Columbia Street, #1000 San Diego, CA 92101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Guil Diego, GA GETOT	AUTHORIZED REPRESENTATIVE				
	dia				

9/8/2020

Aggregate

9/8/2021

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not comer rights to the certificate holder in field of	r such endorsement(s).							
PRODUCER	CONTACT NAME:							
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive. #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):						
P.O. Box 270550	E-MAIL ADDRESS:							
Fort Collins, CO 80525	INSURER(S) AFFORDING COVE	RAGE NAIC#						
	INSURER A: Valley Forge Insurance Co.	20508						
INSURED	INSURER B : Continental Insurance Com	npany 35289						
Able Environmental	INSURER C: Kinsale Insurance Compan	y 38920						
Kodi Roberts 3225 North Richland Road	INSURER D :							
Yukon, OK 73099	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION	N NUMBER:						
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LISTED BELO	NW HAVE BEEN ISSUED TO THE INSURED NAME	AROVE FOR THE POLICY PERIOD						

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.

	XCLUSIONS AND CONDITIONS OF SUCH						
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTHER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CENTIFICATE HOLDEN	CANCELLATION
The City of Oklahoma City and The Oklahoma City Airport Trust 7100 Terminal Drive, Unit 937	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oklahoma City, OK 73159-0937	AUTHORIZED REPRESENTATIVE
	SASM

CANCELL ATION

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099			
CARRIER	NAIC CODE			
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

THE CITY OF OKLAHOMA CITY AND THE OKLAHOMA CITY AIRPORT TRUST ARE ADDITIONAL INSUREDS, WITH RESPECT TO LIABILITY. CONTRACTUAL LIABILITY INCLUDED.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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If	SUI	RTANT: If the certificate holds BROGATION IS WAIVED, subje ertificate does not confer rights i	ct to t	he	terms and conditions of	the pol	icy, certain p orsement(s).	oolicies may			
PRO	DUCE	ER .				CONTACT NAME:					
Ass	AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550						, Ext): (970) 2	23-1804	FAX (A/C, N	٥).	
P.O.							S:		1 (140, 14	٥,.	
Fort Collins, CO 80525						ADDICE		URER(S) AFFOR	DING COVERAGE		NAIC #
								orge Insur			20508
INSU	INSURED								nce Company		35289
		Able Environmental						Insurance			38920
		Kodi Roberts 3225 North Richland Road				INSURE					
		Yukon, OK 73099				INSURE					
		, , , , , , , , , , , , , , , , , , , ,				INSURE					
CO	VER	AGES CEF	RTIFICA	ATE	NUMBER:				REVISION NUMBER:		'
CI	ERTI	ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERTA	AIN, ES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIB PAID CLAIMS. POLICY EXP	ED HEREIN IS SUBJEC		ALL THE TERMS,
Α	X	COMMERCIAL GENERAL LIABILITY					` '	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
		OTHER:								\$	
В	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per persor) \$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$	
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

DED X RETENTION\$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Equipment Floater

Prof. & Pollution

10,000

CERTIFICATE HOLDER	CANCELLATION
The Phoenix Group 5725 SW 21st Oklahoma City, OK 73128	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Okianoma Oity, Oit 10120	AUTHORIZED REPRESENTATIVE
	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

PER STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$

Aggregate

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099
SEE PAGE 1		Tukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL DEMARKS	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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IMPORTANT: If the contificate holder is an ADDITIONAL INSURED, the notice/(ice) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUI	BROGATION IS	W	AIVED, subje	ct to	the	terms and conditions of the life in the li	the po	licy, certain	policies may			
PRO	DUCE	R						CONTA NAME:	.CT				
2002	2 Cai	IPartners dba Fi ribou Drive, #10 x 270550	ron 1	t Range Ins Gr	oup			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No): E-MAIL ADDRESS:					
Fort Collins, CO 80525						ADDRE		NIDED(E) AFFOR	DING COVERAGE		NAIC#		
								RA: Valley I	•	RDING COVERAGE		20508	
											35289		
INSU	Able Environmental						T				nce Company		
		Kodi Robe		nomai					R C : Kinsale	insurance	Company		38920
				chland Road				INSURE	ER D :				
		Yukon, OK	73	099				INSURE	RE:				
								INSUR	ERF:				
CO	VER	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBE	R:	
IN CI EX	IDIC <i>I</i> ERTI	ATED. NOTWITH FICATE MAY BE	IST.	ANDING ANY F SUED OR MAY	PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION, THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OED B	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH R	ESPECT	TO WHICH THIS
INSR LTR		TYPE OF IN	SUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X	COMMERCIAL GEN	ERA	AL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE		X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrenc	ne) \$	100,000
											MED EXP (Any one person	<i>'</i>	15,000
											PERSONAL & ADV INJUR		1,000,000
	GEN	N'L AGGREGATE LIMI	ΤΔΕ	DDI IES DER:							GENERAL AGGREGATE		2,000,000
	OLI	POLICY PROJECT		LOC							PRODUCTS - COMP/OP		2,000,000
		OTHER:										\$	
В	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMI (Ea accident)		1,000,000
	X	ANY AUTO					5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers	son) \$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per acci	eident) \$	
	Х	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_			1									\$	E 000 000
В	Х	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE	_		5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETEN	ITIOI	_{N\$} 10,000								\$	
	WOR	RKERS COMPENSATI EMPLOYERS' LIABII	ON LITY								PER O'STATUTE EI	TH- R	
	ANY	PROPRIETOR/PARTN CER/MEMBER EXCLU Idatory in NH)	JER/	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under									E.L. DISEASE - EA EMPL	OYEE \$	
	DES	S, describe under CRIPTION OF OPERA	OITA	NS below							E.L. DISEASE - POLICY L	IMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater Prof. & Pollution

CERTIFICATE HOLDER	CANCELLATION		
The Roberts Group, LLC PO Box 31625 Edmond, OK 73003	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Editiona, OK 75005	AUTHORIZED REPRESENTATIVE		
	SASIL		

50,000

1,000,000

Leased/Rented Equip.

Aggregate

9/1/2021

9/8/2021

9/1/2020

9/8/2020

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

If	SU	BROGATION IS	S WA	NVED, subje	ct to	the	DITIONAL INSURED, the particular terms and conditions of the ificate holder in lieu of such	he po	licy, certain p dorsement(s)	oolicies may			
	DUCE							CONTA NAME:	СТ				
Ass	urec	dPartners dba F ribou Drive, #10	ront	Range Ins Gr	oup				e _{o, Ext):} (970) 2	23-1804	FAX (A/C,	No):	
P.O.	Bo	x 270550	UI					E-MAIL ADDRE	SS:			,	
Fort	Col	llins, CO 80525								URER(S) AFFOR	DING COVERAGE		NAIC #
								INSUR	ER A: Valley F	orge Insur	ance Co.		20508
INSU	IRED							INSUR	ER B : Contine	ental Insura	nce Company		35289
		Able Envi		ental				INSUR	ER C : Kinsale	Insurance	Company		38920
		Kodi Robe		hland Road				INSUR	ER D :		. ,		
		Yukon, Ol						INSUR	ER E :				
		•					Γ	INSUR					
СО	VER	RAGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	 ₹:	
IN C E	IDIC/ ERTI	ATED. NOTWIT	HSTA E ISS	NDING ANY F UED OR MAY	PER POLI	IREMI TAIN, CIES	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RE	SPECT	TO WHICH THIS
INSR LTR		TYPE OF IN	ISURAI	NCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X	COMMERCIAL GEI	NERAL	LIABILITY					,	, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MAD	E X	OCCUR	Х		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
											MED EXP (Any one person)		15,000
											PERSONAL & ADV INJURY	/ \$	1,000,000
	GEI	N'L AGGREGATE LIM	/IIT APF	PLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PROJECT	O-	LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000
		OTHER:										\$	
В	AUT	TOMOBILE LIABILITY	Y								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO					5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per perso	on) \$	
		OWNED AUTOS ONLY	S	CHEDULED UTOS							BODILY INJURY (Per accid	lent) \$	
	Х	T		ION-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
]		.0.00 0.12.							,	\$	
В	Х	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETE	NTION	\$ 10,000	Ī							\$	
	WOF	RKERS COMPENSAT DEMPLOYERS' LIAB									PER OT STATUTE ER	H- T	
	ANY	PROPRIETOR/PART	NER/E	KECUTIVE // N	l						E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCL ndatory in NH)	UDED?		N/A						E.L. DISEASE - EA EMPLO		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater

Prof. & Pollution

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Trihydro Corporation 1252 Commerce Drive Laramie, WY 82070	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Laranne, W1 02070	AUTHORIZED REPRESENTATIVE
	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

Aggregate

E.L. DISEASE - EA EMPLOYEE \$

50,000

1,000,000

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group	NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER SEE PAGE 1	3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Trihydro Corporation and Owner, their parents, affiliates and subsidiary companies, and their respective directors, employees and agents are named as additional insured as required by written contract. Coverage is primary non-contributory. Waiver of subrogation applies.



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	uch endo	rsement(s).	-			
PRO	DUCER				CONTACT NAME:	•				
	uredPartners dba Front Range Ins Gr	oup				_{ext):} (970) 2	23-1804	FAX (A/C, No):		
	2 Caribou Drive, #101 . Box 270550				E-MAIL ADDRESS	-xi). (0.0) <u>-</u>		(A/C, NO).		
	Collins, CO 80525				ADDRESS					T
	·							RDING COVERAGE		NAIC#
						orge Insur			20508	
INSU	NSURED			INSURER	в : Contine	ental Insura	nce Company		35289	
	Able Environmental				INSURER	c : Kinsale	Insurance	Company		38920
	Kodi Roberts 3225 North Richland Road				INSURER	D:				
	Yukon, OK 73099				INSURER	E:				
	·				INSURER					
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE			-	UAVE DEE	EN ICCLIED T			UE D	
IN C	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF AN	Y CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			VIIVI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		100.000
	A second			3000402031		3/ 1/2020	3/1/2021		\$	15,000
								MED EXP (Any one person)	\$	1.000.000
								PERSONAL & ADV INJURY	\$,,
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS								\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
В	V V								\$	5,000,000
В	X UMBRELLA LIAB X OCCUR			E000400070		0/4/0000	0/4/0004	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		N						E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Equipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.	Ψ	50,000
	Prof. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
J	Ton a renation			0.00.120.100		0,0,2020	0,0,2021	7.99.09a.0		1,000,000
If red Gene CNA CNA	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI quired by written contract, signed by bo eral Liability: .75081XX (01/15) - Blanket Additional In: .74705XX (01/15)- Waiver of Subrogation b Liability: ATTACHED ACORD 101	oth pa	arties d - Ov	prior to loss, the following wners, Lessees or Contract	g endorse ctors - witl	ements appl	ly on a blank Completed O	et basis: perations Coverage		
CE	DTICICATE HOI DED				CANCE	HOLTALLE				

ACORD 25 (2016/03)

Trileaf Corporation 10845 Olive Blvd. Suite 260

St. Louis, MO 63141

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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

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tl	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su			<u> </u>			
PRC	DUCE	ER .				CONTAC NAME:	т				
AssuredPartners dba Front Range Ins Group					PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):						
P.0	2002 Caribou Drive, #101 P.O. Box 270550						E-MAIL ADDRESS:				
For	Fort Collins, CO 80525							URER(S) AFFOR	RDING COVERAGE		NAIC #
							RA: Valley F				20508
INSI	JRED								ance Company		35289
	,,,,,	Able Environmental					R C : Kinsale				38920
		Kodi Roberts						msurance	Company		30320
		3225 North Richland Road Yukon, OK 73099				INSURE					
		1 ukon, OK 73099				INSURER E :					
						INSURE	RF:		DE1//01011111111111		
					E NUMBER:				REVISION NUMBE		
		IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R									
C	ERT	IFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS SUBJE		
INSR		USIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN R	POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR	_	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	4 000 004
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
									MED EXP (Any one perso	n) \$	15,000
									PERSONAL & ADV INJUR	RY \$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
		OTHER:								\$	
В	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)		1,000,000
	Х	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per pers	Ť	
		OWNED SCHEDULED AUTOS						*********	BODILY INJURY (Per acc		
	Х	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	<u> </u>	AUTOS ONLY							(Per accident)	\$	
В	Х	UMBRELLA LIAB X OCCUR							EAGU GOOURRENOE		5,000,000
	_	EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5.000.000
		10.000					0, = 0 = 0		AGGREGATE	\$	5,000,000
	WO	DED 21 RETERMINITY							PER O	TH- R	
	1	RKERS COMPENSATION) EMPLOYERS' LIABILITY Y/N									
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPL	OYEE \$	
_		s, describe under SCRIPTION OF OPERATIONS below			E000400004		0/4/0000	0/4/0004	E.L. DISEASE - POLICY L		E0 000
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Eq	uip.	50,000
С	Pro	of. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may be	attached if more	e space is requir	red)		
ıt re	quire	ed by written contract, signed by bo	otn p	arties	prior to loss, the following	g endors	sements appl	iy on a blank	et pasis:		
Gen	eral	Liability:									
		81XX (01/15) - Blanket Additional In									
CNA	(47)	05XX (01/15)- Waiver of Subrogation	n - Bl	anke	t, Primary And Non-Contri	butory T	o Additional	insured's ins	surance		
Auto	Lia	bility:									

CERTIFICATE HOLDER

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

PO Box 1629 Enid, OK 73702

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

SEE ATTACHED ACORD 101

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

TSC Environmental is named as additional insured as required by written contract.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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.

lf	SUI	BROGATION IS V	W.A	IVED, subjec	t to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may				
PRO	DUCE	R						CONTA NAME:	СТ					
	AssuredPartners dba Front Range Ins Group							o, Ext): (970) 2	223-1804		FAX (A/C, No):			
2002 P.O.	Z Cai	ribou Drive, #101 c 270550						E-MAIL ADDRE				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		lins, CO 80525						ADDICE		SURFR(S) AFFOI	RDING COVERAGE			NAIC #
								INSLIDE	R A : Valley I	. ,				20508
INSU	RFD										ance Company			35289
		Able Environ	nm	ental					R C : Kinsale					38920
		Kodi Roberts	_							insurance	Company			30320
		3225 North R Yukon, OK 7						INSURE						
		rukon, OK 7.	30	99				INSURE						
								INSURE	:R F :		DE: //0/01/01/01			
		AGES					NUMBER:				REVISION NUM			
IN CI E	IDIC <i>A</i> ERTI XCLL	ATED. NOTWITHST FICATE MAY BE IS	TA SS	NDING ANY R JED OR MAY ONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH SED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS
INSR LTR		TYPE OF INSUR	RA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X	COMMERCIAL GENER	RAL	LIABILITY					,		EACH OCCURRENCE	E	\$	1,000,000
		CLAIMS-MADE	X	OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000
											MED EXP (Any one po	, i	\$	15,000
											PERSONAL & ADV IN		\$	1,000,000
	GEN	'L AGGREGATE LIMIT A	ΔΡΕ	DI IES DER:							GENERAL AGGREGA		\$	2,000,000
	OLI	POLICY PRO-	Ϋ́	LOC							PRODUCTS - COMP/		\$	2,000,000
		OTHER:											\$	
В	AUT	OMOBILE LIABILITY									COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	Х	ANY AUTO					5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per	person)	\$	
		OWNED AUTOS ONLY] S	CHEDULED UTOS							BODILY INJURY (Per		\$	
	Х	HIRED AUTOS ONLY		ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
		AUTOS ONLY	┪″	.0105 ONL1							(i ci accident)		\$	
В	х	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE	_	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	_	\$ \$	5,000,000
		DED X RETENTION	ON	40.000							AGGKEGATE		•	. , ,
	WOR										PER	OTH- ER	\$	
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY	Ϋ́								STATUTE	l ER		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

Equipment Floater

Prof. & Pollution

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION			
TTL, Inc. 3516 Greensboro Avenue Tuscaloosa, AL 35401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1 430410034, AL 33401	AUTHORIZED REPRESENTATIVE			
	SASIL			

9/1/2020

9/8/2020

9/1/2021

9/8/2021

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

Aggregate

E.L. DISEASE - POLICY LIMIT

Leased/Rented Equip.

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER NAIC CO				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance					
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery					

Excess Liability:



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

						ificate holder in lieu of su	ıch end	dorsement(s)		require an endorsemer	ii. A S	iaieillelli Uli
PRO							CONTA NAME:					
Ass	ured	lPartners dba Fro ribou Drive, #101	nt Range Ins G	roup			PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):					
P.O.	Box	k 270550					E-MAIL ADDRE	SS:				
Fort	ort Collins, CO 80525						INSURER(S) AFFORDING COVERAGE				NAIC #	
							INSURE	RA: Valley F				20508
INSU	RED									ince Company		35289
		Able Enviro	nmental					R C : Kinsale				38920
		Kodi Robert	-				INSURE		mourance	Company		30320
		3225 North I Yukon, OK 7	Richland Road									
		i ukon, ok i	3099				INSURE					
							INSURE	:R F :				
		AGES				E NUMBER:				REVISION NUMBER:		
IN CI	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 INSU	JRANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	Χ	COMMERCIAL GENE	RAL LIABILITY	III	11112			(MINITED) 1111)	(MIND D) 1 1 1 1 j	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	15,000
										PERSONAL & ADV INJURY	\$	1,000,000
	051		ADDI IEO DED:								\$	2,000,000
	GEN	POLICY PROJECT	LOC							GENERAL AGGREGATE		2,000,000
										PRODUCTS - COMP/OP AGG	\$	_,,,,,,,
В	4117	OTHER:								COMBINED SINGLE LIMIT	\$	1,000,000
_	X					F0004C0700		0/4/0000	0/4/0004	(Ea accident)	\$	1,500,000
	^	ANY AUTO OWNED	SCHEDULED			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
	V	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_											\$	E 000 000
В	Х	UMBRELLA LIAB	X OCCUR			F000400070		0/4/0000	0/4/0004	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENT	· · · · · · · · · · · · · · · · · · ·)						DED OTH	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	N TY V.S.							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)		", "						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
Α		ipment Floater				5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	C Prof. & Pollution				01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000	
DES	RIPT	ION OF OPERATIONS	/ LOCATIONS / VEHIC	CLES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)		
If red	luire	ed by written contr	act, signed by b	oth p	arties	s prior to loss, the following	g endoi	rsements app	ly on a blank	et basis:		
Gen	eral I	Liability:										

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION			
Underground Services P. O. Box 344 Allen, TX 74825	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
7.110-11, 17.110-20	AUTHORIZED REPRESENTATIVE			
	at the			

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER NAIC CO				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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 contificate holder is an ADDITIONAL INSURED, the notice/(ice) must have ADDITIONAL INSURED provisions or be endorsed

If	SUI	BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of the ficate holder in lieu of sucl	ne po h enc	licy, certain lorsement(s)	policies may			
PRO	DUCE	:R			l c	ONTA	СТ				
Ass	AssuredPartners dba Front Range Ins Group						o, Ext): (970) 2	223-1804	FAX (A/C, No	n):	
P.O	2 Cai	ribou Drive, #101 x 270550			E	-MAIL DDRE	ss.		(700)	·/·	
Fort	Col	lins, CO 80525				, DDI (L		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					<u>,</u>	NSLIDE	R A : Valley F				20508
INSL	IRED								nce Company		35289
		Able Environmental					R C : Kinsale				38920
		Kodi Roberts				NSURE		mourance	Company		00020
		3225 North Richland Road Yukon, OK 73099									
		Tukon, ok 73039				NSURE NSURE					
	VED	AGES CER	TIEI	`		NOUKE	KF.		DEVISION NUMBER		
		IS TO CERTIFY THAT THE POLICI			NUMBER:	\\/F D	EEN ISSUED :		REVISION NUMBER:	THE D	
IN C	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDE	OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RES	PECT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	NITS	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIN/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED	\$	100,000
					0000402001		3/1/2020	3/1/2021	PREMISES (Ea occurrence)	\$	15,000
									MED EXP (Any one person)	Ť	1,000,000
		l							PERSONAL & ADV INJURY	\$	2,000,000
	GEN	V'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGO	1	_,,,,,,,,
В	ALIT	OTHER:							COMBINED SINGLE LIMIT	\$	1.000.000
	X	1			E009462700		0/4/2020	0/4/2024	(Ea accident)	\$	-,,
	-	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person		
	_								BODILY INJURY (Per accider PROPERTY DAMAGE		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
В	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									\$	5,000,000
В	Х	UMBRELLA LIAB X OCCUR			E000460676		0/4/2020	0/4/2024	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000	'						DED OTH	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOY	EE \$	
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	т \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

5088462631

01001261190

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

A Equipment Floater

Prof. & Pollution

CERTIFICATE HOLDER	CANCELLATION
United Consulting 625 Holcomb Bridge Road Norcross, GA 30071	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
Ī	SASIL

9/1/2020

9/8/2020

9/1/2021

9/8/2021

Leased/Rented Equip.

Aggregate

50,000

1,000,000

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts				
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099				
SEE PAGE 1		Tukon, Ok 75055				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL DEMARKS	•					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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

tł	nis c	ertificate does not confer rights to	o the	certi	ificate holder in lieu of su			•				
PRO	DUCE	R				CONTACT NAME:	Т					
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101					Ext): (970) 2	223-1804	FA (A	AX /C, No):				
P.O. Box 270550			E-MAIL ADDRESS:									
For	Fort Collins, CO 80525					7.55.1.20		SURER(S) AFFOI	RDING COVERAGE			NAIC #
								Forge Insur				20508
INSI	JRED								ince Company			35289
		Able Environmental						Insurance				38920
		Kodi Roberts						mourance	Company			30320
		3225 North Richland Road Yukon, OK 73099				INSURER						+
		Tukon, OK 73099				INSURER						+
	VED	A050 05D	TIF1		- NUMBED.	INSURER	F:		DEVICION NUMB			
					E NUMBER:	LIAVE DE	EN IOOUED 3	TO THE INIOHI	REVISION NUMB		IE DO	OLIOV PEDIOD
IN C	IDICA ERTI XCLU	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN	Y CONTRAC	CT OR OTHER	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TO	O WHICH THIS
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3	4 000 00
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,00
		CLAIMS-MADE X OCCUR	X		5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,00
									MED EXP (Any one per	son)	\$	15,00
									PERSONAL & ADV INJ	URY	\$	1,000,00
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGAT	TE.	\$	2,000,00
		POLICY PRO- LOC							PRODUCTS - COMP/O	P AGG	\$	2,000,00
		OTHER:									\$	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$	1,000,00
	X ANY AUTO			5088462709			9/1/2020	9/1/2021	BODILY INJURY (Per p	erson)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a	ccident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
		ACTOS GNET							(* 5. 5.5.5)		\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	5,000,00
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE		\$	5,000,00
		DED X RETENTION\$ 10,000							NOCKEONIE		\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ	
									E.L. EACH ACCIDENT	EK	\$	
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMI	DI OVEE	•	
	If you	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY			
Α		lipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented E		\$	50,00
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate	• •		1,000,00
•									39 9			1,000,00
Gen CNA CNA	quire eral .7508 .7470	ION OF OPERATIONS / LOCATIONS / VEHICLE of by written contract, signed by both both both both both both both both	oth pa	arties d - Ov	prior to loss, the following vners, Lessees or Contrac	g endors ctors - wit	ements app th Products-	ly on a blank Completed C	et basis: Operations Coverag	je		
		ACHED ACORD 101										

CERTIFICATE HOLDER CANCELLATION

> **United Rentals** 201 North Sara Rd Yukon, OK 73099

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

1 of

Page

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY
AssuredPartners dba Front Range Ins Group

POLICY NUMBER
SEE PAGE 1

CARRIER
NAIC CODE
SEE PAGE 1

NAMED INSURED
Able Environmental
Kodi Roberts
3225 North Richland Road
Yukon, OK 73099

EFFECTIVE DATE: SEE PAGE 1

SEE PAGE 1 ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability: Following form over General Liability and Auto Liability

Description of Operations/Locations/Vehicles:

United Rentals is named as additional insured and loss payee as required by written contract.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in field of	r such endorsement(s).					
PRODUCER	CONTACT NAME:					
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive. #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):				
P.O. Box 270550	E-MAIL ADDRESS:					
Fort Collins, CO 80525	INSURER(S) AFFORDING COV	ERAGE NAIC #				
	INSURER A: Valley Forge Insurance Co	20508				
INSURED	INSURER B : Continental Insurance Co	mpany 35289				
Able Environmental	INSURER C: Kinsale Insurance Compa	ny 38920				
Kodi Roberts 3225 North Richland Road	INSURER D :					
Yukon, OK 73099	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISIO	ON NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELC						

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.

	XCLUSIONS AND CONDITIONS OF SUCH						
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		5088462676	9/1/2020	9/1/2021	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTHER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.	50,000
С	Prof. & Pollution		01001261190	9/8/2020	9/8/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
URS Corporation Mary Cierget 10801 Exec. Ctr. Dr., Ste. 202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Little Rock, AR 72211	AUTHORIZED REPRESENTATIVE
	ASIL

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	
CARRIER	NAIC CODE	
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles:							
CNA86104XX (04/17) - Additional Insured							

Excess Liability:

Following form over General Liability and Auto Liability

CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Below listed certificate holder is named as additional insured as required by written contract.



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

th	is c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su						
PRO	DUCE	R				CONTAC NAME:	СТ				
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550						, Ext): (970) 2	23-1804	FAX (A/C, No):			
						(AC, NO, EA). (AC, NO). E-MAIL ADDRESS:					
Fort	Col	lins, CO 80525				INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURF	RA: Valley F				20508
INSU	RED								ince Company		35289
	Able Environmental						R C : Kinsale		•		38920
		Kodi Roberts				INSURE		mountainee	- Company		
		3225 North Richland Road Yukon, OK 73099				INSURE					
		rukon, ok 73033				INSURE					
	VED	AGES CER	TIEIC	· A TE	- NIIMDED.	INSURE	Kr.		DEVISION NUMBER.		
		IS TO CERTIFY THAT THE POLICII			ENUMBER:	UAVE BI	EEN ISSUED T		REVISION NUMBER:	HE DO	LICV DEDIOD
		ATED. NOTWITHSTANDING ANY R									
		FICATE MAY BE ISSUED OR MAY							ED HEREIN IS SUBJECT T	O ALL	THE TERMS,
INSR	KCLU	JSIONS AND CONDITIONS OF SUCH	ADDL INSD			BEEN K		POLICY EXP (MM/DD/YYYY)			
A A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	^				500040004		0///0000	0///000/	DAMAGE TO RENTED	\$	100.000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	15,000
									MED EXP (Any one person)	\$	1,000,000
		l							PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							OOMBINIED ONIOLE LIMIT	\$	
В	_	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000								\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
									E.L. EACH ACCIDENT	\$	
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		ipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate		1,000,000
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORT	101. Additional Remarks Schedu	ile. mav h	e attached if mor	e space is requir	red)		
If red	quire	TION OF OPERATIONS / LOCATIONS / VEHIC ed by written contract, signed by bo	oth pa	rties	prior to loss, the following	gendor	sements app	ly on a blank	et basis:		
Gen	eral	Liability:									
CNA	7508	31XX (01/15) - Blanket Additional In									
CNA	7470	05XX (01/15)- Waiver of Subrogation	n - Bla	nke	t, Primary And Non-Contrib	butory 1	Γο Additional	Insured's Ins	surance		

CERTIFICATE HOLDER

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

ACORD 25 (2016/03)

Auto Liability:

SEE ATTACHED ACORD 101

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ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
POLICY NUMBER				
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

tł	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su			•				
PRO	DUCE	R				CONTAC NAME:	СТ					
Ass	AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101					(A/C, No, Ext): (970) 223-1804 (A/C, No):						
		ribou Drive, #101 c 270550				E-MAIL ADDRESS:						
		lins, CO 80525				ADDRES		HIDED(S) AEEO	RDING COVERAGE			NAIC #
						INIQUIDE	RA: Valley F	` '				20508
												35289
INSU	IRED	Able Environmental							nce Company	<u> </u>		
		Kodi Roberts				INSURE	R C : Kinsale	insurance	Company			38920
		3225 North Richland Road				INSURE	RD:					
		Yukon, OK 73099				INSURE	RE:					
						INSURE	RF:					
					NUMBER:				REVISION NUM			
I C	IDICA ERTI XCLU	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT SED HEREIN IS SI	TH RESPE	CT TO	O WHICH THIS
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENT PREMISES (Ea occi	rrence)	\$	100,000
									MED EXP (Any one	person)	\$	15,000
									PERSONAL & ADV	INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREC	SATE	\$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
		OTHER:									\$	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	Х	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Pe	er person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)		\$	
		ACTOS GNET							(* 5* 5*5*5****)		\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	`E	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021	AGGREGATE	JL	\$	5,000,000
		DED X RETENTION\$ 10,000							AOOREGATE		\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER	OTH- ER	φ	
									E.L. EACH ACCIDE		\$	
	OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A									
	If you	doscribo undor							E.L. DISEASE - EA I		•	
Α		CRIPTION OF OPERATIONS below			5088462631		9/1/2020	9/1/2021	E.L. DISEASE - POL Leased/Rented		\$	50,000
C		f. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate	9		1,000,000
"		. a r olladoli			01001201100		3/0/2020	3/3/2321	Aggregate			1,000,000
Gen CNA CNA	quire eral .7508 .7470	ion of operations / Locations / vehicle d by written contract, signed by bo Liability: 11XX (01/15) - Blanket Additional In 15XX (01/15)- Waiver of Subrogation bility:	oth pa	arties d - Ov	prior to loss, the following vners, Lessees or Contract	g endor	sements app	ly on a blank Completed C	et basis: Operations Cover	rage		
SEE	ATT	ACHED ACORD 101										

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPRATION DATE THEREOF NOTICE WILL BE DELIVERED IN

Whirlpool Corporation 150 Hilltop St. Joseph, MI 40085 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

A COMMENT

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 2	FORM TITLE: Certificate of Liability Insurance					

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Whirlpool Corporation is named as an additional insured as required by written contract.



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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

tl	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su		. , ,	•				
PRO	DUC	ER				CONTAC NAME:	СТ					
Ass	AssuredPartners dba Front Range Ins Group				PHONE (A/C, No, Ext): (970) 223-1804 FAX (A/C, No):							
200 P O	2 Ca Ro	ribou Drive, #101 x 270550				E-MAIL ADDRESS:						
		llins, CO 80525				ADDRES		CURER(E) AFFOR	RDING COVERAGE			NAIC#
								Forge Insur				20508
INSU	JRED	Able Environmental							nce Company			35289
		Kodi Roberts				INSURE	R C : Kinsale	Insurance	Company			38920
		3225 North Richland Road				INSURE	RD:					
		Yukon, OK 73099				INSURE	RE:					
						INSURE	RF:					
СО	VEF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
Т	HIS	IS TO CERTIFY THAT THE POLICIE	s o	F INS	SURANCE LISTED BELOW I	HAVE BE	EEN ISSUED 1	TO THE INSUF	RED NAMED ABO\	/E FOR T	HE PO	LICY PERIOD
C	ERT	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	IES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE JBJECT T	CT TO O ALL	WHICH THIS THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	1111			(WINDE/TTTT)	(MINUBERT TTT)	EACH OCCURRENC	·E	\$	1,000,000
		CLAIMS-MADE X OCCUR			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTE PREMISES (Ea occu			100,000
					0000402001		3/1/2020	3/1/2021			\$	15,000
									MED EXP (Any one p		\$	1.000.000
									PERSONAL & ADV II	NJURY	\$	2,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$	2,000,000
		OTHER:									\$	
В	AU	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X	ANY AUTO			5088462709		9/1/2020	9/1/2021	BODILY INJURY (Pe	r person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
		AGTOG GIVET							,		\$	
В	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENC	`E	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676		9/1/2020	9/1/2021		,L		5,000,000
		40,000							AGGREGATE		\$	
	wo	DED 71 RETERMINE							PER	OTH-	\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER STATUTE	ÉR		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
		ndatory in NH) s, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$	
Α		uipment Floater			5088462631		9/1/2020	9/1/2021	Leased/Rented	l Equip.		50,000
С	Pro	of. & Pollution			01001261190		9/8/2020	9/8/2021	Aggregate			1,000,000
If re Gen	quir eral \750	TION OF OPERATIONS / LOCATIONS / VEHIC ed by written contract, signed by bo Liability: 81XX (01/15) - Blanket Additional In 05XX (01/15)- Waiver of Subrogatio	oth pa	arties d - Ov	prior to loss, the following whers, Lessees or Contrac	g endors stors - w	sements app	ly on a blank Completed C	et basis: Operations Cover	age		
Auto	o Lia	bility: FACHED ACORD 101			, ,.							

Whiterock Resources PO Box 5907 Enid, OK 73702

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

CANCELLATION

CERTIFICATE HOLDER

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
POLICY NUMBER				
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:



C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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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 certificate does not confer rights to th	e certificate noider in fied of S	such endorsemeni(s).					
PRODUCER		CONTACT NAME:					
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101)	PHONE (A/C, No, Ext): (970) 223-1804					
P.O. Box 270550		E-MAIL ADDRESS:					
Fort Collins, CO 80525		INSURER(S) AFFORDING COVE	RAGE	NAIC #			
		INSURER A: Valley Forge Insurance Co.		20508			
INSURED		INSURER B: Continental Insurance Com	35289				
Able Environmental		INSURER C: Kinsale Insurance Compan	у	38920			
Kodi Roberts 3225 North Richland Road		INSURER D:					
Yukon, OK 73099		INSURER E :					
		INSURER F:					
COVERAGES CERTIF	ICATE NUMBER:	REVISION	NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES (OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAME	ABOVE FOR THE F	OLICY 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			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVVD		(WIW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α					5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	Pro	f. & Pollution	Х		01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
WSP USA Corp. 13530 Dulles Technology Drive Suite 300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Herndon, VA 20171	AUTHORIZED REPRESENTATIVE
, 	SASIL

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1	NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099		
CARRIER	NAIC CODE		
SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

WSP USA Corp. and Stanley Black and Decker are named as additional insured as required by written contract. Waiver of subrogation applies. Coverage is primary and non-contributory.





C3CTRUJILLO

DATE (MM/DD/YYYY) 10/14/2020

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).

	DUCE		110		omer ngmes u		5611	ificate holder in lieu of su	CONTA NAME:		•			
		lPartners dba ribou Drive, #1	Fro	nt I	Range Ins Gr	oup			NAME: PHONE (A/C, No, Ext): (970) 223-1804 E-MAIL ADDRESS:					
2002	2 Ca	ribou Drive, #1 x 270550	101		J	•								
Fort	Col	lins, CO 80525	5						ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIO#
										R A : Valley I				NAIC #
INSU	DED											ince Company		35289
INSU	KED	Able Env	iror	ıme	ental					R C : Kinsale				38920
		Kodi Rob									HISUIAIICE	Company		30920
	3225 North Richland Road Yukon, OK 73099						INSURE							
							INSURE							
	/FD	ACEC			CED	TIFI	~ A TI	T NUMBER.	INSURE	:K F :		DEVICION NUMBER.		
		RAGES	/ TL	T				ENUMBER: SURANCE LISTED BELOW!	U / \ / E D	EEN IGGLIED :		REVISION NUMBER:	TIE DC	N ICV BEBIOD
								ENT, TERM OR CONDITION						
								, THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE					O ALL	THE TERMS,
INSR	CLU					ADDL INSD			BEEN	POLICY EFF	POLICY EXP			
LTR A	Х	TYPE OF I				INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
<i></i>	_	CLAIMS-MAI	г	X	7			5088462631		9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAINS-MAL		^	JOCCOR			306646263 I		9/1/2020	9/1/2021		\$	15,000
										MED EXP (Any one person)		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PERSONAL & ADV INJURY	\$	2,000,000				
									GENERAL AGGREGATE	\$	2,000,000			
			CT	L	LOC							PRODUCTS - COMP/OP AGG	\$	_,000,000
В	A117	OTHER:	rv.									COMBINED SINGLE LIMIT	\$	1,000,000
_	X	ANY AUTO	I T					5088462709		9/1/2020	9/1/2021	(Ea accident)	\$	-,,,,,,,,
	_	OWNED AUTOS ONLY		Ş	CHEDULED UTOS			3000402703		3/1/2020	3/1/2021	BODILY INJURY (Per person)	\$	
	Х	HIRED AUTOS ONLY	X		ON-OWNED UTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	_	AUTOS ONLY	_	A	UTOS ONLY							(Per accident)	\$	
В	Х	UMBRELLA LIAB		X	OCCUR							5.40U.000UDD5N05	\$	5,000,000
_	_	EXCESS LIAB	ŀ	^	CLAIMS-MADE		5088462676			9/1/2020	9/1/2021	EACH OCCURRENCE	\$	5,000,000
		DED X RETE	ENITI	ON 6	40.000							AGGREGATE	\$	-,,
	WOF	RKERS COMPENSA EMPLOYERS' LIAE		_	φ,							PER OTH- STATUTE ER	\$	
	AND	DECEMBLE TO BY BAR	BILIT	Υ >/⊏∨	YECUTIVE Y/N									
	OFFI (Mar	PROPRIETOR/PAR ICER/MEMBER EXC Indatory in NH)	LUDI	ED?	CECOTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT					
Α	A Equipment Floater				5088462631		9/1/2020	9/1/2021	Leased/Rented Equip.	\$	50,000			
	C Prof. & Pollution				01001261190	9/8/2020		9/8/2021	Aggregate		1,000,000			
•														, ,
DES	דחוםי	TION OF OPERATIO	MC '		CATIONS (VELUO	LEC 4	VCCC.	D 404 Additional Demands Calculus	do mari	o ottoobed if we re	o anaga la rasculu	rod)		
If red	quire	ed by written co	ontra	act	, signed by bo	oth pa	arties	D 101, Additional Remarks Schedu ຣ prior to loss, the following	g endo	sements app	ly on a blank	et basis:		
Gen	aral I	Liability:												
			Blan	ket	Additional In	sure	d - O	wners, Lessees or Contrac	tors - v	ith Products	-Completed C	perations Coverage		
								t. Primary And Non-Contrib						

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION					
YDF, Inc. PO Box 850680 Yukon, OK 73085	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
raken, ere recor	AUTHORIZED REPRESENTATIVE					
1	Ham					

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group		NAMED INSURED Able Environmental Kodi Roberts		
POLICY NUMBER		3225 North Richland Road Yukon, OK 73099		
SEE PAGE 1		Tukon, OK 73099		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	•			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery								

Excess Liability:



1 C3CTRUJILLO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2020

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101	PHONE (A/C, No, Ext): (970) 223-1804	FAX (A/C, No):					
P.O. Box 270550	E-MAIL ADDRESS:						
Fort Collins, CO 80525	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Valley Forge Insurance Co.		20508				
INSURED	INSURER B : Continental Insurance Company	/	35289				
Able Environmental	INSURER C: Kinsale Insurance Company		38920				
Kodi Roberts 3225 North Richland Road	INSURER D:						
Yukon, OK 73099	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:					
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.							
- CENTILICATE MAT DE 1330ED ON MAT FERTAIN. THE INSURANCE AFFUR	DED DI THE FOLICIES DESCRIDED HEREINISS	JUJECT TO ALL	TITE TEIXIVIO.				

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

		JSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		5088462631	9/1/2020	9/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			5088462709	9/1/2020	9/1/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	A Equipment Floater				5088462631	9/1/2020	9/1/2021	Leased/Rented Equip.		50,000
С	C Prof. & Pollution				01001261190	9/8/2020	9/8/2021	Aggregate		1,000,000
							l .			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, signed by both parties prior to loss, the following endorsements apply on a blanket basis:

General Liability:

CNA75081XX (01/15) - Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage CNA74705XX (01/15)- Waiver of Subrogation - Blanket, Primary And Non-Contributory To Additional Insured's Insurance

Auto Liability:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION			
Zia Construction Rick Trepagnier 6600 South Council	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Oklahoma City, OK 73169	AUTHORIZED REPRESENTATIVE			
	SASIL			

ACORD'

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY AssuredPartners dba Front Range Ins Group POLICY NUMBER SEE PAGE 1		NAMED INSURED Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: CNA86104XX (04/17) - Additional Insured CA 04 44 (10/13) - Waiver of Transfer of Rights of Recovery

Excess Liability:

Following form over General Liability and Auto Liability

Zia Construction is named as additional insured as required by written contract. 405-745-6816