



**ADDITIONAL REMARKS SCHEDULE**

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

**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

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





### ADDITIONAL REMARKS SCHEDULE

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

**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

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



**ADDITIONAL REMARKS SCHEDULE**

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

**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

Enterprise Holdings, Inc., its subsidiary & affiliated Co., LLC & EAN Trust are listed as Additional Insured and Loss Payee.



**ADDITIONAL REMARKS SCHEDULE**

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

**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**





**ADDITIONAL REMARKS SCHEDULE**

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

**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 contract. Coverage is primary and non-contributory. A waiver of subrogation in favor of JACOBS/CH2M and client applies.**



**ADDITIONAL REMARKS SCHEDULE**

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

**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**





## ADDITIONAL REMARKS SCHEDULE

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

## 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.





## ADDITIONAL REMARKS SCHEDULE

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

## 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.







## ADDITIONAL REMARKS SCHEDULE

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

## 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 insured. Waiver of Subrogation in favor of the Certificate Holder applies. Coverage is primary and non-contributory.



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



ABLEENV-01

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).

<b>PRODUCER</b> AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 223-1804</b>	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
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
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**

Atwell, LLC Michael Koenig 7100 E. Pleasant Valley Rd., Independence, OH 44131	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**

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

**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**





## ADDITIONAL REMARKS SCHEDULE

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

## 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

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





**ADDITIONAL REMARKS SCHEDULE**

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

**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.



**ADDITIONAL REMARKS SCHEDULE**

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

**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

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



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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





**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 their officers, directors, employees and representatives, with respect to the operations of the insured are named as additional insured as required by written contract.



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
							PER STATUTE	OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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
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

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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, INSURED, and CONTACT information. Includes AssuredPartners dba Front Range Ins Group and Able Environmental.

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 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.

Main table listing coverages: COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, Equipment Floater, Prof. & Pollution.

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

Auto Liability: SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

Table for Certificate Holder (Conestoga-Rovers and Associates, Inc.) and Cancellation details (Authorized Representative signature).



## ADDITIONAL REMARKS SCHEDULE

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

## 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.





# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
							PER STATUTE	OTH-ER
							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
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

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

**ADDITIONAL REMARKS SCHEDULE**

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

**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**





## ADDITIONAL REMARKS SCHEDULE

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

## 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.



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>
---

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS - COMP/OP AGG	\$ 2,000,000						
							\$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
							PER STATUTE	OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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
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

<b>EcoSystems Environmental Services, Inc.</b> <b>3920 North Wheatridge Road</b> <b>Enid, OK 73703</b>	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**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE	OTH-ER
							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
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

**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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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.



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, INSURED, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, and NAIC #.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS.

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

Table with CERTIFICATE HOLDER (Environmental Technologies Group, Inc.) and 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.)

**ADDITIONAL REMARKS SCHEDULE**

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

**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



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



ABLEENV-01

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.

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.

Table with PRODUCER, INSURED, and CONTACT information. PRODUCER: AssuredPartners dba Front Range Ins Group. INSURED: Able Environmental. CONTACT: Valley Forge Insurance Co.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, Equipment Floater, and Prof. & Pollution.

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

Table with CERTIFICATE HOLDER (Four Star Environmental, Inc.) and 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.)

**ADDITIONAL REMARKS SCHEDULE**

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

**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

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



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, CONTACT NAME, INSURER(S) AFFORDING COVERAGE, and INSURED information.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS.

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

Auto Liability: SEE ATTACHED ACORD 101

Table with CERTIFICATE HOLDER and CANCELLATION sections.

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, INSURED, and CONTACT information. Includes AssuredPartners dba Front Range Ins Group and Able Environmental.

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 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.

Main coverage table with columns for INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, and LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Equipment Floater.

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

Table with CERTIFICATE HOLDER (Genesis Enviro Solutions) and 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.)

**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE	OTH-ER
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
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

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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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.





**ADDITIONAL REMARKS SCHEDULE**

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

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



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.

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.

Table with PRODUCER, INSURED, and INSURER(S) AFFORDING COVERAGE information.

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.

Main table listing coverages (A, B, C), policy numbers, effective/expiration dates, and limits.

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

Auto Liability: SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

Table for Certificate Holder (GMR & Associates, Inc.) and Cancellation details.

**ADDITIONAL REMARKS SCHEDULE**

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

**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



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).

PRODUCER: AssuredPartners dba Front Range Ins Group
CONTACT NAME, PHONE (970) 223-1804, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #
INSURED: Able Environmental, Kodi Roberts, 3225 North Richland Road, Yukon, OK 73099
INSURER A: Valley Forge Insurance Co. 20508
INSURER B: Continental Insurance Company 35289
INSURER C: Kinsale Insurance Company 38920

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 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Equipment Floater, and Prof. & Pollution.

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

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.
AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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**





## ADDITIONAL REMARKS SCHEDULE

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

## 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

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 Liability, Auto Liability and Employers' Liability per policy provisions. 30 Day Notice of Cancellation Applies.





# 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).

<b>PRODUCER</b> AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>NAIC #</b> <b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
							PER STATUTE	OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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
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

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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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.



**ADDITIONAL REMARKS SCHEDULE**

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

**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.



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).

Table with PRODUCER, INSURED, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, and NAIC #.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS.

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

Table with Certificate Holder information (Innovative Corrosion Control, Inc.) and Cancellation notice.

**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A : Valley Forge Insurance Co.</b></td> <td style="text-align: center;"><b>20508</b></td> </tr> <tr> <td><b>INSURER B : Continental Insurance Company</b></td> <td style="text-align: center;"><b>35289</b></td> </tr> <tr> <td><b>INSURER C : Kinsale Insurance Company</b></td> <td style="text-align: center;"><b>38920</b></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A : Valley Forge Insurance Co.</b>	<b>20508</b>	<b>INSURER B : Continental Insurance Company</b>	<b>35289</b>	<b>INSURER C : Kinsale Insurance Company</b>	<b>38920</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A : Valley Forge Insurance Co.</b>	<b>20508</b>														
<b>INSURER B : Continental Insurance Company</b>	<b>35289</b>														
<b>INSURER C : Kinsale Insurance Company</b>	<b>38920</b>														
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>															

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>5088462631</b>	<b>9/1/2020</b>	<b>9/1/2021</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>100,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>15,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	<b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>100,000</b>	MED EXP (Any one person)	\$	<b>15,000</b>	PERSONAL & ADV INJURY	\$	<b>1,000,000</b>	GENERAL AGGREGATE	\$	<b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>		\$				
EACH OCCURRENCE	\$	<b>1,000,000</b>																													
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>100,000</b>																													
MED EXP (Any one person)	\$	<b>15,000</b>																													
PERSONAL & ADV INJURY	\$	<b>1,000,000</b>																													
GENERAL AGGREGATE	\$	<b>2,000,000</b>																													
PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>																													
	\$																														
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>5088462709</b>	<b>9/1/2020</b>	<b>9/1/2021</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	<b>1,000,000</b>	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$										
COMBINED SINGLE LIMIT (Ea accident)	\$	<b>1,000,000</b>																													
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	\$																														
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			<b>5088462676</b>	<b>9/1/2020</b>	<b>9/1/2021</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>5,000,000</b></td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>5,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>OTH-ER</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	<b>5,000,000</b>	AGGREGATE	\$	<b>5,000,000</b>		\$		PER STATUTE	\$		OTH-ER	\$		E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$	
EACH OCCURRENCE	\$	<b>5,000,000</b>																													
AGGREGATE	\$	<b>5,000,000</b>																													
	\$																														
PER STATUTE	\$																														
OTH-ER	\$																														
E.L. EACH ACCIDENT	\$																														
E.L. DISEASE - EA EMPLOYEE	\$																														
E.L. DISEASE - POLICY LIMIT	\$																														
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> N / A																														
<b>A</b>	<b>Equipment Floater</b>			<b>5088462631</b>	<b>9/1/2020</b>	<b>9/1/2021</b>	<b>Leased/Rented Equip.</b> <span style="float: right;"><b>50,000</b></span>																								
<b>C</b>	<b>Prof. &amp; Pollution</b>			<b>01001261190</b>	<b>9/8/2020</b>	<b>9/8/2021</b>	<b>Aggregate</b> <span style="float: right;"><b>1,000,000</b></span>																								

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**

**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



**ADDITIONAL REMARKS SCHEDULE**

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

**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**





**ADDITIONAL REMARKS SCHEDULE**

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

**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**

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



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, INSURED, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, and NAIC #.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS.

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

Table with CERTIFICATE HOLDER (Judy J. Hatfield Equity Commercial Realty II, LLC) and 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.)

**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> 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): <b>(970) 223-1804</b>	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
<b>INSURED</b> Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099	INSURER A : <b>Valley Forge Insurance Co.</b>		20508
	INSURER B : <b>Continental Insurance Company</b>		35289
	INSURER C : <b>Kinsale Insurance Company</b>		38920
	INSURER D :		
	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 PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
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
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**

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.
	AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

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

**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**





### ADDITIONAL REMARKS SCHEDULE

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

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



**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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**







### ADDITIONAL REMARKS SCHEDULE

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

**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

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



# 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).

<b>PRODUCER</b> AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (970) 223-1804</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A :</b> Valley Forge Insurance Co.</td> <td style="text-align: center;"><b>20508</b></td> </tr> <tr> <td><b>INSURER B :</b> Continental Insurance Company</td> <td style="text-align: center;"><b>35289</b></td> </tr> <tr> <td><b>INSURER C :</b> Kinsale Insurance Company</td> <td style="text-align: center;"><b>38920</b></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b> (970) 223-1804	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b> Valley Forge Insurance Co.	<b>20508</b>	<b>INSURER B :</b> Continental Insurance Company	<b>35289</b>	<b>INSURER C :</b> Kinsale Insurance Company	<b>38920</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>CONTACT NAME:</b>																					
<b>PHONE (A/C, No, Ext):</b> (970) 223-1804	<b>FAX (A/C, No):</b>																				
<b>E-MAIL ADDRESS:</b>																					
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>																				
<b>INSURER A :</b> Valley Forge Insurance Co.	<b>20508</b>																				
<b>INSURER B :</b> Continental Insurance Company	<b>35289</b>																				
<b>INSURER C :</b> Kinsale Insurance Company	<b>38920</b>																				
<b>INSURER D :</b>																					
<b>INSURER E :</b>																					
<b>INSURER F :</b>																					
<b>INSURED</b>  Able Environmental Kodi Roberts 3225 North Richland Road Yukon, OK 73099																					

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 15,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
MED EXP (Any one person)	\$ 15,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PER STATUTE</td><td>OTH-ER</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
PER STATUTE	OTH-ER																				
E.L. EACH ACCIDENT	\$																				
E.L. DISEASE - EA EMPLOYEE	\$																				
E.L. DISEASE - POLICY LIMIT	\$																				
<b>A</b>	<b>Equipment Floater</b>			5088462631	9/1/2020	9/1/2021	<b>Leased/Rented Equip.</b> 50,000														
<b>C</b>	<b>Prof. &amp; Pollution</b>			01001261190	9/8/2020	9/8/2021	<b>Aggregate</b> 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

<b>CERTIFICATE HOLDER</b>  OPES, Inc. 330 W. Gray St., #135 Norman, OK 73069	<b>CANCELLATION</b>  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**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>	
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

<b>Petroleum Marketers Equipment</b> <b>2010 Exchange Avenue</b> <b>Oklahoma City, OK 73108</b>	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**

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

**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 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
							PER STATUTE	OTH-ER
							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
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

**Pollution Management, Inc.**  
**3512 S. Shackelford Rd.**  
**Little Rock, 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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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**





**ADDITIONAL REMARKS SCHEDULE**

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

**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**

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





## ADDITIONAL REMARKS SCHEDULE

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

## 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 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





## ADDITIONAL REMARKS SCHEDULE

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

## 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 the loss payee on the 2017 Dodge Ram 2500 3C6UR5JL7HG678448 Deductibles: \$1,000 30 Day  
Written Notice of Cancellation Applies





## ADDITIONAL REMARKS SCHEDULE

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

## 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 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







## ADDITIONAL REMARKS SCHEDULE

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

## 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. 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



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

**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.

AUTHORIZED REPRESENTATIVE



## ADDITIONAL REMARKS SCHEDULE

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

## 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 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





## ADDITIONAL REMARKS SCHEDULE

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

## 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 named as additional insured and loss payee. RE: 1994 Mitsubishi FH100 #01959 and Deeprrock Auger Rick #DR10K; \$39,000, Deductible \$500



**ADDITIONAL REMARKS SCHEDULE**

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

**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 the loss payee on the 2007 KW T300. Deductibles: \$1,000 30 Day Written Notice of Cancellation Applies





**ADDITIONAL REMARKS SCHEDULE**

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

**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





### ADDITIONAL REMARKS SCHEDULE

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

**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

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



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Valley Forge Insurance Co.</b>			<b>20508</b>
<b>INSURER B : Continental Insurance Company</b>			<b>35289</b>
<b>INSURER C : Kinsale Insurance Company</b>			<b>38920</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**

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

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
							PER STATUTE	OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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
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

<b>Sample</b>	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**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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

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





**ADDITIONAL REMARKS SCHEDULE**

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

**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

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.



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

Table with PRODUCER (AssuredPartners dba Front Range Ins Group), CONTACT NAME, PHONE (970) 223-1804, INSURER(S) AFFORDING COVERAGE (Valley Forge Insurance Co., Continental Insurance Company, Kinsale Insurance Company), and INSURED (Able Environmental).

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 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.

Main table listing coverages: A COMMERCIAL GENERAL LIABILITY (5088462631), B AUTOMOBILE LIABILITY (5088462709), B UMBRELLA LIAB (5088462676), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, A Equipment Floater (5088462631), and C Prof. & Pollution (01001261190).

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

Table with CERTIFICATE HOLDER (Stantech, LLC) and 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.)

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



ABLEENV-01

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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A : <b>Valley Forge Insurance Co.</b></b>		<b>NAIC #</b> <b>20508</b>
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER B : <b>Continental Insurance Company</b></b>		<b>35289</b>
	<b>INSURER C : <b>Kinsale Insurance Company</b></b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
								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 <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:									\$
B	X	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>	X		5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
								\$	
B	X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
								AGGREGATE	\$ 5,000,000
DED <input checked="" type="checkbox"/> RETENTION \$ 10,000									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below								N/A	
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 / 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**

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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

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

**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.







## ADDITIONAL REMARKS SCHEDULE

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

## 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

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.



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).

Table with PRODUCER, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, and INSURER B, C, D, E, 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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS.

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

Table with CERTIFICATE HOLDER (Tetra Tech EM, Inc.) and 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 signature).



### ADDITIONAL REMARKS SCHEDULE

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

**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**



**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).

<b>PRODUCER</b> 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): <b>(970) 223-1804</b>	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>Valley Forge Insurance Co.</b>	NAIC # <b>20508</b>
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	INSURER B : <b>Continental Insurance Company</b>	<b>35289</b>
	INSURER C : <b>Kinsale Insurance Company</b>	<b>38920</b>
	INSURER D :	
	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 PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
							PER STATUTE	
							OTH-ER	
							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
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**

Tetra Tech, Complex World Clear Solutions 1230 Columbia Street, #100 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.
	AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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.





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.

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.

Table with columns for PRODUCER, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, and INSURED.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS.

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

Table with columns: CERTIFICATE HOLDER (The Phoenix Group) and 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. Includes signature).

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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.

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.

Table with PRODUCER, INSURED, and INSURER(S) AFFORDING COVERAGE sections.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS.

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 and CANCELLATION sections.

**ADDITIONAL REMARKS SCHEDULE**

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

**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.



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below N / A						PER STATUTE	OTH-ER
							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
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**

<b>Trileaf Corporation</b> <b>10845 Olive Blvd.</b> <b>Suite 260</b> <b>St. Louis, MO 63141</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
--	---

**ADDITIONAL REMARKS SCHEDULE**

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

**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**







## ADDITIONAL REMARKS SCHEDULE

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

## 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

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



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 15,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
							\$		
							PER STATUTE	OTH-ER	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below								N / A
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 / 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

<b>TTL, Inc.</b> <b>3516 Greensboro Avenue</b> <b>Tuscaloosa, AL 35401</b>	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**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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 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).

<b>PRODUCER</b> AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 223-1804</b>	FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below N / A						PER STATUTE	OTHER
							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
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**

<b>United Consulting</b> <b>625 Holcomb Bridge Road</b> <b>Norcross, GA 30071</b>	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**

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

**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**





**ADDITIONAL REMARKS SCHEDULE**

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

**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**

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



# 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).

<b>PRODUCER</b> AssuredPartners dba Front Range Ins Group 2002 Caribou Drive, #101 P.O. Box 270550 Fort Collins, CO 80525	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 223-1804</b>	FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE	OTH-ER
							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
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

URS Corporation  
Mary Cierget  
10801 Exec. Ctr. Dr., Ste. 202  
Little Rock, AR 72211

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**

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

**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**

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



# 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

### 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					
	OTHER:							
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
							PER STATUTE	OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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
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

<b>US Oil Reclaimers, LLC</b> <b>PO Box 1155</b> <b>Drumright, OK 74030</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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

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





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).

Table with PRODUCER, INSURED, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, and INSURER A-F details.

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 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Equipment Floater, and Prof. & Pollution.

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

Table with Certificate Holder (Whiterock Resources) and 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 signature).

**ADDITIONAL REMARKS SCHEDULE**

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

**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**





## ADDITIONAL REMARKS SCHEDULE

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

## 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.



## 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).

<b>PRODUCER</b> <b>AssuredPartners dba Front Range Ins Group</b> <b>2002 Caribou Drive, #101</b> <b>P.O. Box 270550</b> <b>Fort Collins, CO 80525</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (970) 223-1804</b>		<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>	
<b>INSURED</b>  <b>Able Environmental</b> <b>Kodi Roberts</b> <b>3225 North Richland Road</b> <b>Yukon, OK 73099</b>	<b>INSURER A : Valley Forge Insurance Co.</b>		<b>20508</b>	
	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>	
	<b>INSURER C : Kinsale Insurance Company</b>		<b>38920</b>	
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
	<b>INSURER F :</b>			

## 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			5088462631	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 15,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5088462709	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5088462676	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below N / A								
							PER STATUTE	OTH-ER	
							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	
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

<b>YDF, Inc.</b> <b>PO Box 850680</b> <b>Yukon, OK 73085</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

**ADDITIONAL REMARKS SCHEDULE**

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

**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**



**ADDITIONAL REMARKS SCHEDULE**

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

**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

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