



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2025

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		CONTACT NAME: Ross Power
Acentria 3231 Sunset Blvd, Suite B		PHONE (A/C, No, Ext): 8035132042
		E-MAIL ADDRESS: Ross.power@acentria.com
West Columbia SC 29169		INSURER(S) AFFORDING COVERAGE
		INSURER A: Canopy Specialty Insurance LLC
		INSURER B: Canopy Specialty Insurance LLC
		INSURER C: SummitPoint Insurance Company
		INSURER D:
		INSURER E:
		INSURER F:
INSURED		NAIC #
Brimer Construction, Inc., DBA R4 Construction		22608
450 Satellite Blvd NE Suite Q Suwanee GA 30024		22608
		15136
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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CSIEL02320-00	11/15/2025	11/15/2026	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
			MED EXP (Any one person)				\$ 10,000		
			PERSONAL & ADV INJURY				\$ 1,000,000		
			GENERAL AGGREGATE				\$ 2,000,000		
			PRODUCTS - COMP/OP AGG				\$ 2,000,000		
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CSIXEL00981-00	11/15/2025	11/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$	
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$	
	DED <input type="checkbox"/> RETENTION \$						PROPERTY DAMAGE (Per accident)	\$	
								\$	
								\$	
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			WCS3019779	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 1,000,000	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N	N/A	PER STATUTE				OTHE- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N		E.L. EACH ACCIDENT				\$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000						

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

THE FOLLOWING FORMS ARE PART OF THE POLICY AND APPLY WHERE REQUIRED BY WRITTEN CONTRACT:

Commercial General Liability Coverage Form (Occurrence) - GL CG 00 01 04 13 / Contractors Pollution Liability Occurrence Coverage Form CSI EL 000 0001 / Professional Liability Coverage Form CSI EL 000 0002 / Waiver of Subrogation CSI EL 000 0017 / Additional Insured - Blanket Endorsement CSI EL 000 0034 / Microbial Conditions Extension Endorsement CSI EL 000 0019 / Primary & Non-Contributory Endorsement CSI EL 000 0013 / WC waiver of Subrogation WC 00 03 13

CERTIFICATE HOLDER

CANCELLATION

Global Facility Management & Construction
525 Broadhollow Rd. Ste. 100

Melville NY 11747

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

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICROBIAL CONDITIONS COVERAGE EXTENSION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY

The following is added to **Section I – COVERAGES, Item 1. INSURING AGREEMENT:**

MICROBIAL CONDITIONS

A. We will pay those sums that the insured becomes legally obligated to pay as **damages** because of any **claim** arising from **microbial conditions** that results from a **professional services incident** to which this insurance applies. We will have the right and duty to defend the insured against any **suit** seeking those **damages**. However, we will have no duty to defend the insured against any **suit** seeking **damages** because of any **claim** that results from a **professional services incident** to which this insurance does not apply. We may, at our discretion, investigate any **professional services incident** and settle any **claim** or **suit** that may result. But:

- (1) The amount we will pay for **damages** and **claims expenses** is limited as described in **SECTION IV — LIMITS OF INSURANCE AND DEDUCTIBLE**; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments, settlements or **claims expenses**.

No other obligation or liability to pay sums or perform acts or services is covered.

B. This insurance applies to **damages or claims expenses** to the extent caused by microbial substances only if:

- (1) The **damages or claims expenses** is caused by a **microbial condition** that takes place in the coverage territory and is caused by an occurrence;
- (2) The **damages or claims expenses** first occurs during the policy period; and
- (3) The **damages or claims expenses** arises out of your work.

SCHEDULED LIMIT OF LIABILITY AND DEDUCTIBLE

LIMITS OF INSURANCE AND DEDUCTIBLE	
Each Microbial Condition Limit	\$1,000,000
Aggregate Limit	\$2,000,000
Deductible	\$5,000

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICROBIAL CONDITIONS COVERAGE EXTENSION

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY

The following is added to **Section I – COVERAGES, Item 1. INSURING AGREEMENT:**

MICROBIAL CONDITIONS

- A. We will pay those sums that the insured becomes legally obligated to pay as **damages** because of **bodily injury or property damage** in excess of the deductible or self-insured retention, resulting from **microbial conditions** to which this insurance applies. We will have the right and duty to defend the insured against any suit seeking those **damages**. However, we will have no duty to defend the insured against any suit seeking **damages** to which this insurance does not apply. We may, at our discretion, investigate any **microbial conditions** and settle any claim or suit that may result. But:
 - (1) The amount we will pay for **damages** is limited as described in the **Schedule** below; and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.
- B. This insurance applies to **bodily injury and property damage** to the extent caused by **microbial conditions** only if:
 - (1) The **bodily injury or property damage** is caused by a **microbial condition** that takes place in the coverage territory and is caused by an **occurrence**;
 - (2) The **bodily injury or property damage** first occurs during the policy period; and
 - (3) The **bodily injury or property damage** arises out of your work.

SCHEDULED LIMIT OF LIABILITY & DEDUCTIBLE

LIMITS OF INSURANCE AND DEDUCTIBLE	
Each Microbial Condition Limit	\$1,000,000
Aggregate Limit	\$2,000,000
Deductible	\$5,000

For the purpose of this endorsement:

Our obligation to pay **damages** on your behalf applies only to the amount of **damages** in excess of any deductible amount shown in the Schedule of this endorsement as applicable to such coverage.

The Limits of Insurance applicable to Each Microbial Condition or Aggregate for such coverages are not reduced by the amount of the deductible. Moreover, the Limit of Insurance shown in the Schedule above, is included within, and not in addition to, the applicable Each Pollution Condition and Aggregate Limit shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
(BLANKET) ENDORSEMENT**

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Automatic status as required in written contract or agreement with you.	

- (1) **Section III – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed by that insured.
- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to **bodily injury or property damage** occurring after:

- A. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- B. That portion of **your work** out of which the **bodily injury or property damage** arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Projects:

Any project when the Named Insured agrees, in a written contract, to provide a separate Designated Construction Project General Aggregate Limit.

However, this status exists only for the project specified in that contract.

In no event shall the Aggregate Limit of Insurance provided by this endorsement exceed \$5,000,000 in total.

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

A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under COVERAGE A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under COVERAGE C regardless of the number of:

- a. Insureds;
- b. Claims made or "suits" brought; or
- c. Persons or organizations making claims or bringing "suits".

3. Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggre-

gate Limit for any other designated construction project shown in the Schedule above.

4. The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.

B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and

2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.

C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.

- D.** If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E.** The provisions of Limits Of Insurance (SECTION III) not otherwise modified by this endorsement shall continue to apply as stipulated.

Policy number: CSIEL02320-00

COMMERCIAL
GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	

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

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products- completed operations hazard".

CG 20 37 07 04

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1)** The additional insured is a Named Insured under such other insurance; and

- (2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

30 DAYS NOTICE OF CANCELLATION ENDORSEMENT - BLANKET

If this policy is cancelled prior to the expiration date, we will mail thirty (30) days written notice according to the following:

Notice Of Cancellation By Us To Additional Insured When Required By Written Contract

We will provide written Notice of Cancellation to an additional insured stating when, not less than the 30 days shown in the Schedule of this endorsement, cancellation will become effective.

This condition only applies if this policy is cancelled by us, and:

1. Cancellation is for reasons other than nonpayment of premium or any applicable deductible;
2. You are required by written contract to provide the additional insured with such notice; and
3. You agree to provide us with a list of the applicable additional insureds, including their complete mailing addresses, within seven (7) days of our request.

If notice is mailed, proof of mailing is sufficient proof of such notice.

If this policy is cancelled for non-payment of premium, we will mail ten (10) days written notice.

Failure to do so shall impose no obligation or liability of any kind upon the Company, its agents or representatives.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED WAIVER OF SUBROGATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

CONTRACTORS POLLUTION LIABILITY

TRANSPORTATION POLLUTION LIABILITY

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule below because of payments we make under this policy. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule below.

SCHEDULE

Name of Person or Organization:

If no person or organization is entered in the Schedule above, then the waiver applies to, any person or organization that is:

- (1) An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - (a) That request is made prior to the date your operations for that person or organization commenced; and
 - (b) A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
- (2) A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - (a) That request is made prior to the date your operations for that person or organization commenced; and
 - (b) A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY & NON-CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

CONTRACTORS POLLUTION LIABILITY

TRANSPORTATION POLLUTION LIABILITY

PROFESSIONAL LIABILITY

SCHEDULE

Name of Person or Organization:

If no person or organization is entered in the schedule above, then this endorsement applies to:

Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to provide Primary and/or Non-contributory status of this insurance. However, this status exists only for the project specified in that contract.

In consideration of the premium charged, it is hereby agreed that this policy shall be considered primary to any similar insurance held by third parties in respect to work performed by you under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and non-contributory to this insurance.

All other terms and conditions of this policy remain unchanged.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - BLANKET

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

State	Description
GA	Any party with whom the insured agrees to waive subrogation in a written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date:

Policy Number:

Endorsement No.:

Insured Name:

Premium:

Insurance Company:

Countersigned by

WC 00 03 13

(Ed. 4-84)