



CITY OF BELLE ISLE
NEIGHBORHOOD PRIDE GRANTS

Grant Application

Submit the original application along with any attachments to The City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809. Grants will be awarded on a first come, first served basis by district.

PLEASE PRINT

Applicant Contact Information

Applicant Organization Name: Conway Groves
Project Contact Name: Lynn Bronson, HOA President
Mailing Address: 4132 Bell Tower Ct, Belle Isle, FL
Belle Isle 32812
City, State Zip
Daytime Phone: 548-762-8700 Evening Phone: SAME
Email: lynn-bronson@yahoo.com

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: John Weather
Daytime Phone: 937-317-8925 Evening Phone: SAME
Email: johnkwole@gmail.com

GRANT INFORMATION

Type of Project — please select all that apply:

- Landscaping
- Reader Board Sign
- Ground Lighting
- Wall/Fence pressure washing and or painting
- Irrigation "Repairs"
- Fountains
- Other (please explain)
- Project Street Address or Nearest Intersection: Judge of Conway (Conway Isles)
- Total amount of project: \$51,541.68
- Grant amount requested: \$14,000
- Neighborhood participation amount (remainder of invoice) \$37,541.68

PROJECT INFORMATION

Please provide the answers to the following questions.

1. Description of the Project. - This summary should provide an overview of the entire project; include what improvements will be constructed, installed, or applied. Remember to demonstrate the need for the project.
Removal of dead landscape at front entry of Conway Isles, Addition of new landscaping as outlined in the attached diagram
2. State the location and land ownership of the proposed project - Is the project on public property? (Right-of-way use agreement/permit will be required.) Please state the exact location of the project, including an address or cross streets.
front entrance of Conway Groves, HOA off of Judge Road, Conway Ret to as Conway Isles
3. Attach 2-5 photos, and include a brief description of each photo. Please also provide the original color photos.
4. Project Maintenance: Describe how the property has been maintained in the past, and how the project will be maintained and by whom after it is completed.
Conway Isles Contracts with a Commercial Landscaping Company who is responsible for the care & maintenance of the project services in the community's common areas
5. Describe why this project is important to the community. Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives? (i.e., to improve neighborhood communication and participation).
The existing landscape was planted in 1990's. It has deteriorated over time, impacting the overall appearance at the entry and exit of Conway Isles. Restoring the landscaping is necessary to maintain property values

BING TEAM ROSTER

Each organization is required to have at least a 3 to 5 member team who will help plan and implement your community project. Team members will be required to sign the team member roster as a part of the grant application. Each team member must indicate his or her role/responsibility on the team.

PRINT NAME & SIGNATURE	ADDRESS/PHONE/EMAIL	ROLE/RESPONSIBILITY
Print <i>Lynn Branson</i> Signature <i>Lynn Branson</i>	<i>4132 Bell Tower Ct Belle Isle, FL 32812 248-762-8700 lynn-branson@yahoo.com</i>	<i>Project Coordinator working w/ vendors overseeing project</i>
Print <i>CHRISTIE CRISBY</i> Signature <i>Christie Crisby</i>	<i>4241 Cranmore Ct, BI 407-922-5751 ccrisbyconwaygroves@gmail.com</i>	<i>ASST. Proj. Coordinator Same as Above</i>
Print <i>John Wetherley</i> Signature <i>John Wetherley</i>	<i>4223 Cranmore Ct. Belle Isle, FL 32812 johnw06@gmail.com</i>	<i>Historian ensuring integrity</i>
Print <i>Elisa Wolf</i> Signature <i>Elisa Wolf</i>	<i>4113 Bell Tower Ct, BI 678-910-7788 elissaw14@gmail.com</i>	<i>Social Coordinator before/after photos</i>
Print		
Signature		

SUGGESTED TEAM ROLES: **PROJECT MANAGER** — Team Captain. Responsible for leading project, getting a group consensus on which project the group wants to pursue. **ASST PROJECT MANAGER** — Co-Captain. Will work in concert with the project manager and assist obtaining quote(s) once the project idea has been decided upon. This position can also serve as the "Fund Watcher" monitoring project expenses. **APPLICATION WRITER** — will work with project manager in organizing and developing BING application and submitting final report and pictures upon completion of project.

BELLE ISLE NEIGHBORHOOD GRANTS (BING)

BUDGET AND GRANT REQUEST		
NAME OF BUSINESS	TOTAL COST	DESCRIPTION OF SERVICES
Down to Earth Landscaped Irrigation	\$51,541.68	Quote attached for Detailed Reference
TOTAL AMOUNT OF PROJECT		
GRANT AMOUNT REQUESTED		
NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)		

VENDOR ACKNOWLEDGEMENT FORM

Your company is bidding to be selected to perform services for a neighborhood organization as part of Belle Isle Neighborhood Grant (BING).

Please read this acknowledgement in its entirety before proceeding with any activity. By the below form you are accepting the terms set forth:

- Please attach proof of insurance for workman compensation (waiver of subrogation), Commercial General Liability and Business Automobile Liability policies with submission of your quote. *(see attached sample)*
- You acknowledge that you will comply with all vendor requirements.
- You **are not** to start any work on the proposed project until you have been granted permission by The City of Belle Isle.
- The quote provided by your organization should include all costs associated with completing this project, i.e. — labor, material, permitting, engineering and design.
- You understand that if you are completing work that requires permitting, you must be a Belle Isle registered contractor. There is no cost associated with this process.
- You understand that the City of Belle Isle will not be responsible for costs exceeding the amount on the original quote.
- You are aware that the project must be completed within 45 days of approval of the Project.
- If your services or costs have changed or the project is delayed, the City of Belle Isle must be contacted immediately.
- Upon completion of the project, you are to invoice the City of Belle Isle with the exact products/services identified on the original quote. Any deviation may result in loss of payment.

Down To Earth Landscape + Irrigation
Company Name

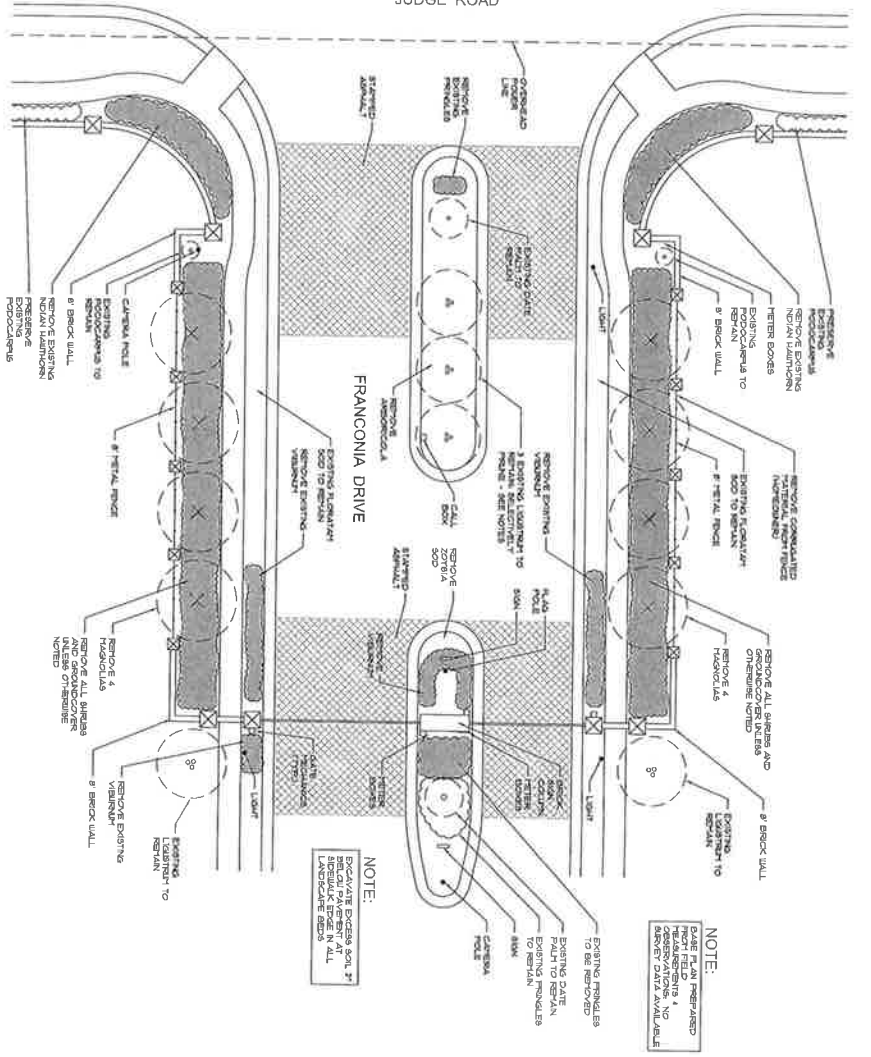
Russell Woodall
Print Name

Signature: R Woodall

Title: Business Development manager

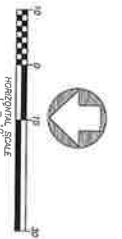
Date: 7/12/22

JUDGE ROAD



NOTE:
 EXCAVATE EXCESS SOIL 2\"/>

NOTE:
 DRAWING PREPARED FROM FIELD OBSERVATIONS. NO SURVEY DATA AVAILABLE.



Project Notes

- Approved Under all applicable codes and ordinances.
 - Approved Under all applicable codes and ordinances.
 - Weather period that begins when all work is completed, including punch list items, and continues for a minimum period after notice of final inspection.
 - Contractor is responsible for the location of all utilities prior to work.
 - Job site to be left clean and clear at end of each working day.
 - Contractor is to remove all construction debris from site.
 - Work vehicles are to be parked on either property as directed by Conway Isles.
 - H.A.C.
 - Work is to be completed by the City of Belle Isle to park construction vehicles along Judge Road Right-of-Way.
 - Do not block signs and grass into neighborhood.
 - Remove all debris, including construction equipment, from equipment and vegetation easement.
 - Work is not to commence before 9:00 a.m. or after 5:00 p.m.
 - Remove trees as shown on demolition plan.
 - Grass seeding as shown on demolition plan.
 - Soil preparation.
 - Remove existing plant material as shown on Demolition Plan.
 - Remove and dispose of all debris and materials.
 - Remove all stumps and debris from landscape beds.
 - Remove and dispose of all debris and materials.
 - Remove and dispose of all debris and materials.
- Site Preparation:**
1. Location spots are to be staked and ground as directed by landscape architect.
 2. Erosion control measures are to be installed.
- Signage and Lighting:**
1. Existing sign frames and property signs are to be protected during demolition.
 2. Existing sign frames and property signs are to be replaced or replaced with new signage prior to termination of the site of work.

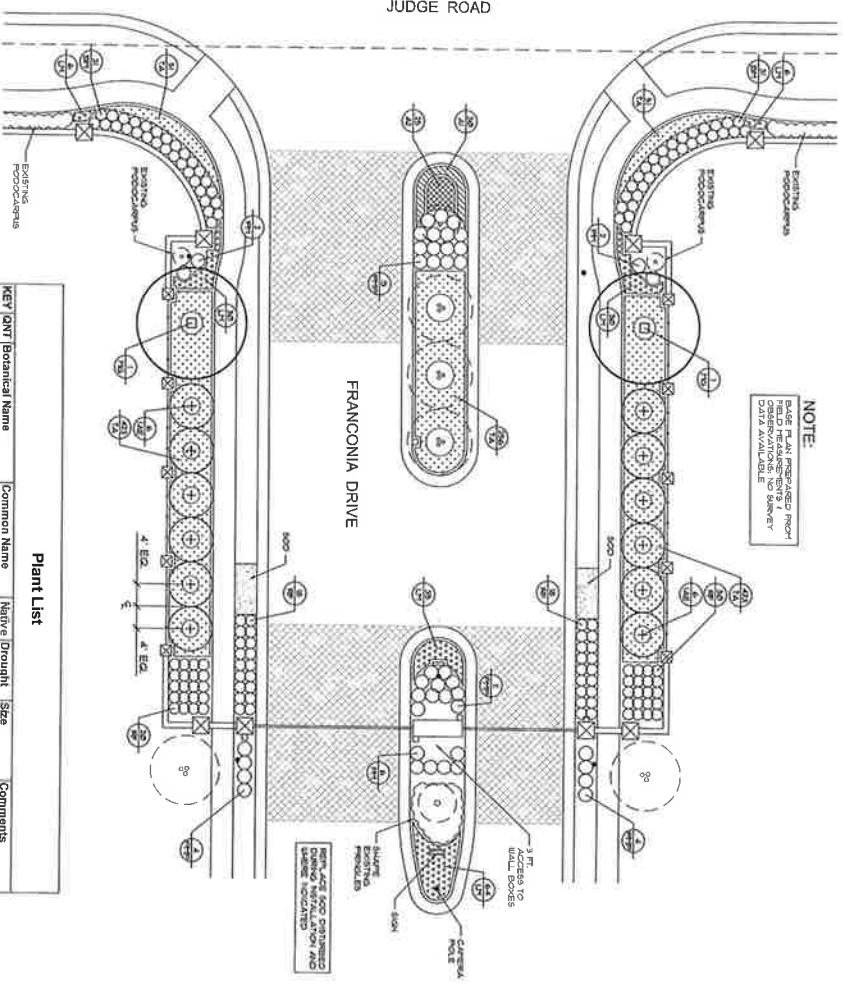
Demolition Plan

L-1

Project: Entrance Landscape
 Conway Isles
 Judge Road
 Belle Isle, Florida

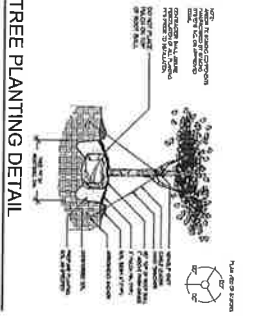
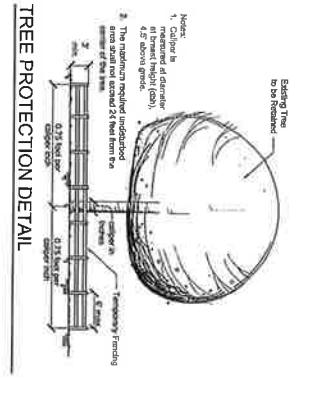
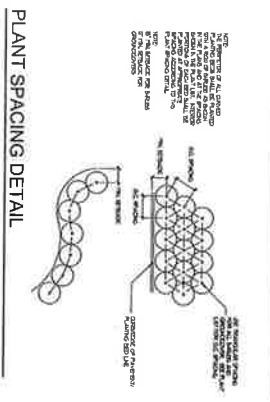
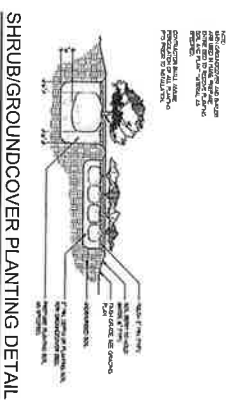
Client:
 Conway Groves HOA
 AKA Conway Isles

Sheet: L-00011951
 Design By: LP
 Drawn By: CE
 Date: 08/29/2022



Plant List

KEY	QNT	Botanical Name	Common Name	Native	Drought	Size	Comments
		TREES					
IE	6	<i>Ilex x amabilis 'Empire Star'</i>	Evergreen Holly	Y	Med	7' Cal 14' H.	See root ball 6" above grade, 24" CT
MG	Z	<i>Magnolia grandiflora</i>	Broadleaf Magnolia	Y	Med	6' Cal 15' H	See root ball 6" above grade, 24" CT
		SHRUBS					
BM	6Z	<i>Buxus microphylla japonica</i>	Japanese Boxwood	N	Med	7' Cal 30" x 22"	24" OC
PM	10	<i>Podocarpus macrophylla</i>	Yew	N	High	15' Cal 18" S	30" OC
PNP	24	<i>Podocarpus neriifolia</i>	Downy Podocarpus	N	High	7' Cal 34" H	30" OC
PR	36	<i>Podocarpus neriifolia</i>	Downy Podocarpus	N	High	18" S	30" OC
		GROUND COVERS					
LMI	171	<i>Liriodendron muscari</i>	Spice Blue	N	Med	1' Cal, Full	12" OC
TA	1204	<i>Trachelium majus</i>	Blue Bell	N	Med	4" posts	12" OC
		TURF					
		<i>Styracis pinnatifida</i>	Styracis	N	Low		See root ball 6" above grade, 24" CT
		<i>Styracis pinnatifida</i>	Styracis	N	Low		See root ball 6" above grade, 24" CT
		<i>Styracis pinnatifida</i>	Styracis	N	Low		See root ball 6" above grade, 24" CT
A1	20	<i>Evodia laevis</i>	Blue Evodia	N	High	1' Cal	14" OC
AZ	Z5	<i>Impatiens</i>	Impatiens	N	Med	1' Cal	14" OC



Landscape Notes

1. All plants shall be installed in accordance with the manufacturer's instructions.
2. All plants shall be installed in accordance with the manufacturer's instructions.
3. All plants shall be installed in accordance with the manufacturer's instructions.

Irrigation Notes

1. All plants shall be installed in accordance with the manufacturer's instructions.
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Scale: 1/8" = 1'-0"

North Arrow

Graphic Scale: 0' 10' 20'

Client: Conway Groves HOA AKA Conway Isles

Project: Entrance Landscape Judge Road Belle Isle, Florida

Revisions:

Scale: LAD001001

Design By: LP

Date: 05/05/2022

Landscape Plan

L-2



**Down to Earth
Landscape & Irrigation**
2701 Maitland Center Pkwy.
Suite 200
Maitland, Florida 32751
(321) 263-2700

Estimate: #31513

Customer Address

Billing Address

Physical Project Address

Paula Butler
Sentry Management Inc
2180 West State Road 434 Suite 5000
Longwood, FL 32779

Conway Groves HOA, aka Conway Isles
Judge Road
Orlando, FL

Project

Estimated Project Start Date

Proposed By

Due Date

Conway Groves HOA aka:
Conway Isles Entry

June 20, 2022

Russell Woodall

May 25, 2022

Estimate Details

Description of Services & Materials	Quantity	Rate	Amount
Site Preparation			
Site Preparation / Demo	1.00	\$5,986.00	\$5,986.00
Magnolia Removal and Stump Grinding	1.00	\$2,236.00	\$2,236.00
		Subtotal	\$8,222.00
Irrigation			
ESTIMATE to amend and edit existing system	1.00	\$4,895.10	\$4,895.10
		Subtotal	\$4,895.10
Tree/Plant Installation			
Eagleston Holly 14' Ht., 3" Cal., 4' CT	12.00	\$723.40	\$8,680.80
Magnolia 'Bracken Brown Beauty' FG, 16'-18' Ht., 6" Cal	2.00	\$3,013.87	\$6,027.74
Japanese Boxwood 7 Gallon, 20"-22" x 16"-18"	62.00	\$40.64	\$2,519.68
Yew Podocarpus 15 Gallon, 6' x 30"	10.00	\$90.41	\$904.10
Dwarf Podocarpus 7 Gallon, 24" x 18"	34.00	\$43.48	\$1,478.32
Azalea 'Fashion' 7 Gallon, 14" OA	76.00	\$45.37	\$3,448.12
Super Blue Liriope 1 Gallon, Full	176.00	\$5.86	\$1,031.36
Asian Jasmine 4" Pots	1306.00	\$3.88	\$5,067.28
Blue Daze 1 Gallon	28.00	\$5.86	\$164.08
Sunpatiens Pink and White Mix, 1 Gallon	24.00	\$5.86	\$140.64
		Subtotal	\$29,462.12
Mulch			
Pine Bark Mulch	30.00	\$55.86	\$1,675.80
		Subtotal	\$1,675.80
Sod			
Floratam "St. Augustine" Sod	76.00	\$1.14	\$86.64
		Subtotal	\$86.64

We hereby propose to provide all labor, materials and equipment necessary to complete the following work as per plans and specifications, including the installation of the above, for all other Terms & Conditions please visit <https://dtelandscape.com/terms-and-conditions/>.

Estimate Details

Description of Services & Materials	Quantity	Rate	Amount
Additional Items			
Backfill @ plant pits	84.00	\$57.61	\$4,839.24
Tree/Shrub Fertilizer 8-8-8 50 lb	11.00	\$96.16	\$1,057.76
Groundcover Osmocote Fertilizer 50 lb	6.00	\$217.17	\$1,303.02
		Subtotal	\$7,200.02
Optional Services			
ADD ALT: Asian Jasmine 4" Pots	-320.00	\$3.88	(\$1,241.60)
ADD ALT: Burford Holly 7 Gallon May choose between 7G and 15G for the added 30 (ea) Holly	30.00	\$41.59	\$1,247.70
ADD ALT: Burford Holly 15 Gallon May choose between 7G and 15G for the added 30 (ea) Holly	30.00	\$95.14	\$2,854.20
		Subtotal	\$2,860.30
		Project Total	\$51,541.68

We hereby propose to provide all labor, materials and equipment necessary to complete the following work as per plans and specifications, including the installation of the above, for all other Terms & Conditions please visit <https://dtelandscape.com/terms-and-conditions/>.

This estimate is valid for thirty (30) Days

LANDSCAPE

Backfill for landscape material is bid as in place site soil. Any soil amendments or fertilizer required will be at additional cost to be determined based on soil test results.

Plant beds and soil to be free of weeds and debris including lime rock.

Grade to be received at +/- .10 of a foot to finish landscape grade

No import or export of soil included.

Plant material size specification may not correspond with the specified container size on the plant legend. Material pricing is based on the tree caliper or shrub container size specified. Some plants/trees may not meet the height/spread specification per the plant legend.

IRRIGATION

Existing irrigation is assumed to be operational with the appropriate water flow needed for new planting material.

MAINTENANCE

Included in this proposal, DTE will take the burden for fully maintaining all plant material (including but not limited to pruning, watering, weeding, mowing, edging, string trimming, fertilizing, and pest prevention) during the duration of the project or phase. After the final walkthrough and sign off from contractor/owner, DTE Construction maintenance will no longer be responsible for maintaining the project or phase.

After completion of installation and final walkthrough, DTE can provide a separate proposal for "Regular Yearly Maintenance". Maintenance proposal will not interfere with the installation contract or required warranty.

WARRANTY

All trees, palms, shrubs and plant material shall be warranted for the period of 1 year, starting after date of completion and acceptance of the project or phase. Final acceptance of all landscape and irrigation under contract shall constitute the beginning of guarantee period.

Replacements will be in accordance with the drawings and specifications.

If client/owner chooses to use DTE "Regular Yearly Maintenance", DTE will extend the warranty of the plant material as long as DTE is maintaining the "property."

Proposed By:

Agreed & Accepted By:

Russell Woodall
Down to Earth
Landscape & Irrigation

06/03/2022
Date

Conway Groves HOA, aka
Conway Isles

Date

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Proposed By:

Agreed & Accepted By:

Russell Woodall
Down to Earth
Landscape & Irrigation

06/03/2022
Date

Conway Groves HOA, aka
Conway Isles _____
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2022

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

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

PRODUCER Baldwin Krystyn Sherman Partners LLC 5216 Summerlin Commons Blvd. Ste 200 Fort Myers FL 33907 License#: L002281	CONTACT NAME: Sarah Arizmendi PHONE (A/C, No, Ext): 239 790-0187 E-MAIL ADDRESS: Sarah.Arizmendi@bks-partners.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED SSS Brevard Opco LLC dba City Beautiful Landscaping 2701 Maitland Center Pkwy Suite 200 Maitland FL 32751 License#: L002281 SEASSER-01	INSURER A: Pennsylvania Manufacturers' As		12262
	INSURER B: Evanston Insurance Company		35378
	INSURER C: Manufacturers Alliance Insuran		36897
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 1684296190 **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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	3022751268333	2/28/2022	2/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	1522811268333	2/28/2022	2/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			MKLV7EUL10263	2/28/2022	2/28/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	2022751268333	2/28/2022	2/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 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)

Certificate Holder is included as Additional Insured on a primary and noncontributory basis with regards to General Liability Only as required by contract per form CG2001 1219, Ongoing Operations per form CG2010 0413 and Completed Operations per form GC2037 0413. Waiver of Subrogation per form CG2404 1219. Additional Insured in regards to Auto Liability Only as required by written contract per form CA2048 1013 and Waiver of Subrogation per PCA0531 0414. Waiver of Subrogation in regards to Workers Compensation per form WC000313 0484 when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Conway Groves HOA
 6567 Franconia Drive
 Belle Isle FL 32812

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]

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
PER WRITTEN CONTRACT	PER WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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

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

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
PER WRITTEN CONTRACT	PER WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

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
LIQUOR 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.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):
 PER WRITTEN CONTRACT

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

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

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. 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 above.

POLICY NUMBER: 202275-12-68-33-3

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

Schedule

WHERE REQUIRED BY WRITTEN CONTRACT

DATE OF ISSUE: 03-04-22

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(Ed. 4-84)

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AGENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s):

PER WRITTEN CONTRACT

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF RECOVERY RIGHTS

This endorsement modifies coverage provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

If you are required by a written contract or written agreement, which is executed before an injury or a "loss", to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights applies only with respect to those

contract(s) and shall not be construed to be a waiver with respect to any other operations where the insured has not waived its rights of recovery from others.