

Mississippi Department of Finance & Administration Office of Personal Service Contract Review

Emergency Repair & *Remediation Services Preapproved Vendor List*

CERTIFICATES OF INSURANCE Guarantee Restoration Services

ACORD	FRTI	FICATE OF LIA			F		(MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	MATTER IVELY O SURANCI ND THE	OF INFORMATION ONL R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	Y AND CONFERS M EXTEND OR ALT TE A CONTRACT	NO RIGHTS ER THE CO BETWEEN T	UPON THE CERTIFICAT VERAGE AFFORDED E THE ISSUING INSURER	TE HOL BY THE (S), AU	E POLICIES JTHORIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the t	erms and conditions of the	ne policy, certain p	olicies may	AL INSURED provision require an endorsement	sorbe t. Ast	endorsed. atement on
PRODUCER	to the cel	runcate holder in neu or s	CONTACT NAME: Cheryl Bo	J. J. J. J			
BXS INSURANCE 4041 ESSEN LANE, SUITE 400			PHONE (A/C, No, Ext): 225-33	6-3200	FAX (A/C, No):	225-33	6-3245
BATON ROUGE LA 70809			E-MAIL ADDRESS: cheryl.bo	udreaux@bx	si.com		
							NAIC #
INSURED		GUARSER-03	INSURER A : Everest				36307
GUARANTEE RESTORATION SERV	ICES, LL	LC	INSURER C : XL Spec				37885
BATON ROUGE LA 70810			INSURER D :				
			INSURER E :				
	TICICAT		INSURER F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES		E NUMBER: 1551929423 JRANCE LISTED BELOW HA	VE BEEN ISSUED TO		REVISION NUMBER: ED NAMED ABOVE FOR T	HE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	Equiremi Pertain, Policies	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S, LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то י	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY		EF4ML06563-211	12/15/2021	12/15/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 300,0	000
X XCU Included					MED EXP (Any one person)	s 25,00	
Contractual Incl				4	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000 \$ 3,000	
POLICY X PRO- JECT X LOC				4 14 15 15 15	PRODUCTS - COMP/OP AGG	\$ 3,000	
OTHER:						\$	
B AUTOMOBILE LIABILITY		XSAL100064	12/15/2021	12/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
X ANY AUTO				1	BODILY INJURY (Per person)	s	
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	s S	
AUTOS ONLY AUTOS ONLY				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Per accident)	\$	
A UMBRELLA LIAB X OCCUR		EF4CU01599-211	12/15/2021	12/15/2022	EACH OCCURRENCE	\$ 5,000	,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000	(,000
					V PER OTH-	\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		XSWC100055	12/15/2021	12/15/2022	X PER OTH- STATUTE OTH- ER	\$ 1,000	000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s 1,000	
A Pollution Liability A Professional Liability C Contractors Equipment		EF4ML06563-211 EF4ML06563-211 UM00071202MA21A	12/15/2021 12/15/2021 12/15/2021 12/15/2021	12/15/2022 12/15/2022 12/15/2022	\$1,000,000 Each Cond. \$1,000,000 Each Claim See Remarks	\$3,00	00,000 Agg 10,000 Agg Remarks
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Subject to policy terms, conditions, and exc respects to General Liability (including ong agreement with a Waiver of Subrogation gr policies when required by written contract, holder as required by written contract.	clusions; to bing and c anted in to but only to	he certificate holder shall be completed operations), Auto heir favor in respects to Ger o the extent of the Named Ir	e considered an Addi mobile Liability, and heral Liability, Autom hsured's obligation to	tional Insured Pollution poli obile Liability indemnify, d	t on a Primary and Non-C cies when required by wri Workers Compensation, efend and/or hold harmles	tten cor and Po	ntract or ollution
The Certificate Holder shall be considered t	the Altern	ate Employer for Workers C	Compensation when r	equired by w	ritten contract.		
See Attached							
CERTIFICATE HOLDER			CANCELLATION				
GUARANTEE RESTORAT	ION SE			I DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.		
16248 PERKINS ROAD BATON ROUGE LA 70810			AUTHORIZED REPRESE	NTATIVE	4		

Tut Sadell

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AGENCY CUSTOMER ID: GUARSER-03

LOC #:



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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY BXS INSURANCE		NAMED INSURED GUARANTEE RESTORATION SERVICES, LLC 16248 PERKINS ROAD
POLICY NUMBER		BATON ROUGE LA 70810
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
FORM NUMBER:FORM TITLE: CERTIFICATE OF		
30 Day Notice of Cancellation: General Liability, Automobile Liabilit	y, Worker's C	ompensation, and Excess Liability Policies.
CONTRACTORS EQUIPMENT: Leased/Rented/Borrowed: \$500,000 per item, \$1,000,000 per o Valuation: Legal Liability, But No More Than Replacement Cost	ccurrence	
Certificate Holder shown as additional insured and loss payee w contract. Subject to policy terms and conditions, loss payee sha or damage to contractor's equipment by reason of their assump the loss or damage for contractor's equipment that you lease or	all receive the tion of liability	amount the insured is obligated to pay for direct physical loss in a written contract or written agreement executed prior to
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Declarations

POLICY NO. 107020314

Travelers Casualty and Surety Company of America Hartford, Connecticut (A Stock Insurance Company, herein called the Company)

LIABILITY COVERAGES, SEPARATE LIABILITY COVERAGES, AND THIRD PARTY LIABILITY INSURING AGREEMENTS ARE WRITTEN ON A CLAIMS-MADE BASIS AND COVER ONLY CLAIMS MADE AGAINST INSUREDS DURING THE POLICY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

ITEM 1 NAMED INSURED/INSURANCE REPRESENTATIVE: **GUARANTEE RESTORATION SERVICES, LLC** D/B/A: Principal Address: 16248 PERKINS RD BATON ROUGE, LA 70810-3724 **ITEM 2 POLICY PERIOD:** Inception Date: December 15, 2021 Expiration Date: December 15, 2022 12:01 A.M. local time both dates at the Principal Address stated in ITEM 1. **ITEM 3** ADDRESS INFORMATION FOR NOTICES TO COMPANY: Email: BSIclaims@travelers.com Fax: 1-888-460-6622 Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, S202A Hartford, CT 06183 For guestions related to claim reporting or handling, please call 1-800-842-8496. **ITEM 4 COVERAGES INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Liability Coverages (subject to LIA-3001 Terms & Conditions)

Private Company Directors and Officers Liability

Employment Practices Liability

Fiduciary Liability

Crime Coverages

Crime

ITEM 5

LIABILITY COVERAGES (subject to LIA-3001)

PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY

Limit of Liability:	\$1,000,000	for all Claims
Supplemental Personal Indemnification Coverage: Supplemental Personal	Applicable	Not Applicable
Indemnification Limit of Liability: Additional Defense	\$1,000,000	for all Claims
Coverage:	Applicable	Not Applicable
Additional Defense Limit of Liability:	Not Covered	for all Claims
Investigation Expense Limit of Liability:	\$250,000	for all Claims
Retention:		
	\$0	for each Claim under Insuring Agreement A.
	\$10,000	for each Claim under Insuring Agreement B.
	\$10,000	for each Claim under Insuring Agreement C.
Prior and Pending Proceeding Date:	December 15, 2018	
Continuity Date:	December 15, 2018	
	EMPLOYMENT PRAC	CTICES LIABILITY
Limit of Liability:	\$1,000,000	for all Claims
Third Party Claim Coverage:	Applicable	Not Applicable
Additional Defense Coverage:	Applicable	Not Applicable
Additional Defense Limit of Liability:	Not Covered	for all Claims

Retention:	\$10,000 \$10,000		aim under Insuring Agreement A. aim under Insuring Agreement B., if		
Prior and Pending Proceeding Date:	Claims for Wrongful B Claims for Third Party	Employment Practices: / Wrongful Acts:	December 15, 2018 December 15, 2018		
Continuity Date:	Claims for Wrongful E Claims for Third Party	Employment Practices: / Wrongful Acts:	December 15, 2018 December 15, 2018		
	FIDUCIARY L	IABILITY			
Limit of Liability:	\$1,000,000	for all Claims			
Settlement Program Limit of Liability:	\$250,000	for each Settlement Program Notice , w amount is included within, and not in addition any applicable limit of liability			
HIPAA Limit of Liability:	\$1,000,000	d within, and not in mit of liability			
Additional Defense Coverage:	Applicable	Not Applicable			
Additional Defense Limit of Liability:	Not Covered	for all Claims			
Retention:	\$0 \$0	for each Claim under Insuring Agreement A. for each Settlement Program Notice under Insuring Agreement B.			
Prior and Pending Proceeding Date:	December 15, 2018				
Continuity Date:	December 15, 2018				

CRIME COVERAGES

CRIME								
INSURING AGREEMENT SINGLE LOSS LIMIT OF INSURANCE RETENTION								
A. Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$1,000,000 \$1,000,000 \$2,000,000	\$10,000 \$0 \$10,000						
B. Forgery or Alteration	\$1,000,000	\$10,000						
C. On Premises	\$1,000,000	\$10,000						
D. In Transit	\$1,000,000	\$10,000						

E. Money Orders and Counterfeit Money	\$1,000,000	\$10,000	
F. Computer Crime			
1. Computer Fraud	\$1,000,000	\$10,000	
2. Computer Program and Electronic Data	\$100,000	\$1,000	
Restoration Expense			
G. Funds Transfer Fraud	\$1,000,000	\$10,000	
H. Personal Accounts Protection			
1. Personal Accounts Forgery or Alteration	\$1,000,000	\$10,000	
2. Identity Fraud Expense Reimbursement	\$25,000	\$0	
I. Claim Expense	\$5,000	\$0	

Policy Aggregate Limit of Insurance:	Applicable	X Not Applicable
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If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each **Policy Period** for Insuring Agreements A through H, inclusive, is: Not Applicable If a Policy Aggregate Limit of Insurance is not included, then this **Crime Policy** is not subject to a

Policy Aggregate Limit of Insurance is not included, then this **Crime Policy** is not subject to Policy Aggregate Limit of Insurance as set forth in section V. CONDITIONS, B.1.a.

Cancellation of Prior Insurance:

By acceptance of this **Crime Policy**, the **Insured** gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this **Crime Policy** becomes effective.

INSURED'S PREMISES COVERED:

All Premises of the **Insured** in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except:

Not Applicable

ITEM 9	RUN-OFF EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES (subject to LIA-3001):							
	(If exercised in accordance with the applicable EXTENDED REPORTING PERIOD condition)							
	Additional Months: 12							
	Additional Premium Percentage: 75 %							
ITEM 8	EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES (subject to LIA-3001):							
	Only the type of CLAIM DEFENSE marked " " " " " " " " " " " " " " " " " " "							
	Varies by Coverage - See Expanded Claim Defense Options Endorsement							
	Duty-to-Defend							
	Reimbursement							
ITEM 7	TYPE OF CLAIM DEFENSE FOR LIABILITY COVERAGES (subject to LIA-3001):							
	Policy Premium for all purchased Coverages							
	PREMIUM FOR THE POLICY PERIOD FOR ALL COVERAGES:							
ITEM 6								

	Additional Pre Additional Mo		entage:	Not Applicable Not Applicable			
	(If exercised in	n accordan	ce with th	ne applicable CHAN	IGE OF CONTF	OL condition)	
ITEM 10	ANNUAL REINSTATE COVERAGES SUBJE			BILITY COVERAG	e limit of lia	BILITY FOR L	IABILITY
	Applicable	\boxtimes	Not A	pplicable			
	Only those coverage fe	atures mar	ked " 🔀	Applicable" are inc	luded in this po	licy.	
ITEM 11	FORMS AND ENDOR	SEMENTS	ATTAC	HED AT ISSUANCI	E FOR ALL CO	VERAGES:	
	LIA-7139-0109; ACF-7 EPL-7060-0109; LIA-7 LIA-19042-0712; LIA-1 PDO-7034-0109; PDO PDO-19050-0314; PDO PDO-7115-0919; PDO EPL-7110-0109; EPL- EPL-19020-0712; EPL FRI-19013-0712; FRI- FRI-19035-0712; FRI- FRI-4004-0109; LIA-7 LIA-10001-0610; CRI- CRI-19085-0919; CRI- LIA-5018-1107	185-0109; 19045-0712 19097-0315 0-7061-0109 0-19051-03 0-4009-0109 19001-0512 19001-0512 19015-0712 19036-0712 112-0109; L 3001-0109;	03-0610; LIA-19002 047-0712; LIA-1902 103-0315; LIA-1908 9002-0512; PDO-1 0-19052-0314; PDC 001-0109; EPL-700 9006-0712; EPL-19 19050-0316; EPL-1 9001-1111; FRI-190 0065-1112; FRI-190 -0109; LIA-7311-01 060-0713; CRI-1907	-1111; PDO-190 24-0712; FRI-190 99-0414; LIA-40 9003-0512; PDO 0-19018-0517; P 4-0109; EPL-70 008-0712; EPL- 9063-0319; EPL 30-0712; FRI-19 79-0613; FRI-19 09; LIA-7330-01 72-0315; CRI-19	004-0512; FRI- 064-1112; LIA 10-0109; PDO- 0-19049-0314 PDO-19053-01 018-0109; EPL- 19009-0712; FR 9031-0712; FR 9086-0414; FR 109; LIA-7333- 0101-1117; CR	-19032-0712; -19087-0314; -3001-0109; ; 19; -7062-0109; EPL-19013-0712; FRI-3001-0109; RI-19033-0712; RI-19087-0414; 0109; I-19115-0519;	
ITEM 12	LIABILITY COVERA LIA-3001):	GE SHAR	ED LIM	IT OF LIABILITY	FOR LIABILI	TY COVERA	GES (subject to
	Applicable	🛛 No	t Applica	ble			
	N/A			under the following ons in LIA-3001:	Liability Cove	rages that a	re subject to the
	If the Liability Coverages selected in ITEM 12 are also Scheduled Coverages selected in ITEM 13, then the amount of the Liability Coverage Shared Limit of Liability set forth in ITEM 12 is part of, and not in addition to, the Shared Limit of Liability/Limit of Insurance for Scheduled Coverages set forth in ITEM 13.						
ITEM 13	SHARED LIMIT OF LI	ABILITY/L	IMIT OF	INSURANCE FOR	SCHEDULED (COVERAGES	
	Applicable	🛛 No	t Applica	ble			
	N/A	for all C	laims ar	nd limits of insuranc	e under the follo	wing Schedu	led Coverages:
	The Company's maxin Scheduled Coverag Liability/Limit of Ins Supplemental Persona of Insurance is in ad Scheduled Coverage	es listed surance fo al Indemnif Idition to, a	in ITEN or Sche fication L	1 13 will not exc duled Coverages imit of Liability, or	ceed the amou a. Any Addition Identity Fraud	unt of the S nal Defense I Expense Reir	Shared Limit of Limit of Liability, mbursement Limit

BXS INSURANCE INC P O BOX 3809 BATON ROUGE, LA 70821

IN WITNESS WHEREOF, the Company has caused this policy/bond to be signed by its authorized officers.

JHB P. KK

President

Wendy C. Sky

Corporate Secretary

ServiceMaster Restoration



CERTIFICATE OF LIABILITY INSURANCE

9SERVMA

OP ID: KD DATE (MM/DD/YYYY)

_								03	/09/2022
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, AI	IVEL' SURA	Y OR	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR AL	TER THE CO	VERAGE AFFORDED I	вү тн	E POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	t to tl	he tei	rms and conditions of th	ne policy, certain	policies may			
tl	is certificate does not confer rights to	o the							
	DUCER trance Assoc. of Rankin Cty		601	-825-5242	CONTACT Kimbe		1		
	Box 399				PHONE (A/C, No, Ext): 601-	825-5242		601-8	25-5409
	ndon, MS 39043				E-MAIL ADDRESS: kderric	k@insassoc	ciate.com		
Stev	ven Wallace					NSURER(S) AFFO	RDING COVERAGE		NAIC #
		_			INSURER A : EMC				002161
INSL	RED D LLC dba ServiceMaster				INSURER B: Sumn				
Res	toration by OneCall				INSURER C: Kinsa	le Insurance			38920
	Box 321256 vood, MS 39232				INSURER D :				
					INSURER E :				
_					INSURER F :				
co	VERAGES CEF	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	Equir Pert Polic	REMEN "AIN, " CIES, I	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLIC BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	O ALL	WHICH THIS
		INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY	(MM/DD/YYYY)	LIMI	rs	1 000 00/
Α							EACH OCCURRENCE	\$	1,000,000
~	CLAIMS-MADE X OCCUR		1 1	5D87620		1 06/14/2022	Tritemoc.b. [c.a. obcontentes]	\$	10,000
С	X Pollution Liab			0100107274-0	02/16/202	2 02/16/2023	ingo goo pag are pareng	\$	1,000,000
							PERSONAL & ADV INJURY	S	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	S	2,000,000
A	OTHER:	-					COMBINED SINGLE LIMIT	5	1,000,000
	AUTOMOBILE LIABILITY			5E87620	06/14/202	1 06/14/2022	(Ea accident)	S	.,,
	OWNED AUTOS ONLY			50/620	06/14/2021	1 00/14/2022		\$	
	HIRED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY					1	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	S	
	AUTOS ONLY AUTOS ONLY						(Per accident)	s	
A	X UMBRELLA LIAB X OCCUR					-	EACH OCCURRENCE	s	2,000,000
	EXCESS LIAB CLAIMS-MADE			5J87620	06/14/2021	1 06/14/2022		s	2,000,000
	DED X RETENTION \$ 10000	4 1					AGGREGATE	s	
в							X PER OTH-	2	
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0196-25474	02/16/202	2 02/16/2023			1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	S	1,000,000
	If ves, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000
A	DÉSCRIPTION OF OPERATIONS below Bailment Coverage			5X87620	06/14/202	1 06/14/2022	E.L. DISEASE - POLICY LIMIT	2	,
	CPL per occurrence	0 1		0100107274-0		2 02/16/2023			
-	-								
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may be attached if m	ore space is requi	red)		
CEF	TIFICATE HOLDER		_		CANCELLATION				
	State of Mississippi				SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
	I					ENTATIVE Wallay			

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