



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/18/2019

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
Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago IL 60601 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURED
Professional Turf Products L.P.
1010 N Industrial Blvd
Euless TX 76039-7442 USA

INSURER A: American Zurich Ins Co 40142
INSURER B: Zurich American Ins Co 16535
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570079262731

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 checked="" type="checkbox"/> LOC OTHER:			GLO348655017	04/01/2019	04/01/2020	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 \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY B <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 3486549-17 Bus Auto (Commercial) BAP 3486870-14 Bus Auto (PRIV PASS)	04/01/2019 04/01/2019	04/01/2020 04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION						EACH OCCURRENCE AGGREGATE
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	WC348654817	04/01/2019	04/01/2020	<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)

City of North Richland Hills is included as Additional Insured in accordance with the policy provisions of the General Liability policy. Contractual Liability wording is included in the General Liability extended endorsement, subject to the policy terms, conditions, limitations and exclusions of the General Liability policy. XCU is silent and not specifically excluded from the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of North Richland Hills
4301 City Point Drive
North Richland Hills TX 76180 USA

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

Aon Risk Services Central, Inc.

Holder Identifier : DFH

Certificate No : 570079262731



ZURICH

Blanket E Notification to Others of Cancellation

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem.	Return Prem.
GLO3486550-17	4/1/2019	4/1/2020	4/1/2019	30-380000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part
Liquor Liability Coverage Part
Products/Completed Operations Liability Coverage Part

- A.** If we cancel this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will deliver electronic notification providing 60 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- B.** If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will deliver electronic notification providing 10 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- C.** The Schedules described in Paragraphs **A.** and **B.** of this endorsement:
- Must be initially provided to us within 15 days:
 - After the beginning of the policy period shown in the Declarations; or
 - After this endorsement has been added to the policy;
 - Must contain the names and e-mail addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled;
 - Must be in an electronic format that is acceptable to us; and
 - Must be accurate.
- Such Schedules may be updated and provided to us by the first Named Insured during the policy period. Such updated Schedules must comply with Paragraphs **2.**, **3.** and **4.** above.
- D.** Our delivery of the electronic notification as described in Paragraphs **A.** and **B.** of this endorsement will be based on the most recent Schedules in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs **A.**, **B.** and **D.** of this endorsement.
- F.** Our delivery of electronic notification described in Paragraphs **A.**, **B.** and **D.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
- Extend the Coverage Part cancellation date;
 - Negate the cancellation; or
 - Provide any additional insurance that would not have been provided in the absence of this endorsement.
- G.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedules provided to us as described in Paragraphs **A.**, **B.**, **C.** and **D.** of this endorsement.

All other terms and conditions of this policy remain unchanged.



ZURICH

Blanket E Notification to Others of Cancellation

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem.	Return Prem.
BAP3486549-17	4/1/2019	4/1/2020	4/1/2019	30-380000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial Automobile Coverage Part

- A.** If we cancel this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will deliver electronic notification providing 60 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- B.** If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will deliver electronic notification providing 10 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- C.** The Schedules described in Paragraphs **A.** and **B.** of this endorsement:
1. Must be initially provided to us within 15 days:
 - a. After the beginning of the policy period shown in the Declarations; or
 - b. After this endorsement has been added to the policy;
 2. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled;
 3. Must be in an electronic format that is acceptable to us; and
 4. Must be accurate.
- Such Schedules may be updated and provided to us by the first Named Insured during the policy period. Such updated Schedules must comply with Paragraphs **2.**, **3.** and **4.** above.
- D.** Our delivery of the electronic notification as described in Paragraphs **A.** and **B.** of this endorsement will be based on the most recent Schedules in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs **A.**, **B.** and **D.** of this endorsement.
- F.** Our delivery of electronic notification described in Paragraphs **A.**, **B.** and **D.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
1. Extend the Coverage Part cancellation date;
 2. Negate the cancellation; or
 3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- G.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedules provided to us as described in Paragraphs **A.**, **B.**, **C.** and **D.** of this endorsement.

All other terms and conditions of this policy remain unchanged.



ZURICH

Blanket E Notification to Others of Cancellation

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP3486870-14	4/1/2019	4/1/2020	4/1/2019	30-380000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial Automobile Coverage Part

- A.** If we cancel this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will deliver electronic notification providing 60 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- B.** If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will deliver electronic notification providing 10 days notice that such Coverage Part is being cancelled to each person or organization shown in a Schedule provided to us by the first Named Insured.
- C.** The Schedules described in Paragraphs **A.** and **B.** of this endorsement:
1. Must be initially provided to us within 15 days:
 - a. After the beginning of the policy period shown in the Declarations; or
 - b. After this endorsement has been added to the policy;
 2. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled;
 3. Must be in an electronic format that is acceptable to us; and
 4. Must be accurate.
- Such Schedules may be updated and provided to us by the first Named Insured during the policy period. Such updated Schedules must comply with Paragraphs **2.**, **3.** and **4.** above.
- D.** Our delivery of the electronic notification as described in Paragraphs **A.** and **B.** of this endorsement will be based on the most recent Schedules in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs **A.**, **B.** and **D.** of this endorsement.
- F.** Our delivery of electronic notification described in Paragraphs **A.**, **B.** and **D.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
1. Extend the Coverage Part cancellation date;
 2. Negate the cancellation; or
 3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- G.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedules provided to us as described in Paragraphs **A.**, **B.**, **C.** and **D.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

PART SIX – CONDITIONS**Notification To Others Of Cancellation**

1. If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will deliver electronic notification providing 60 days notice that such policy is being cancelled to each person or organization shown in a Schedule provided to us by you.
2. If we cancel this policy by written notice to you for nonpayment of premium, we will deliver electronic notification providing 10 days notice that such policy is being cancelled to each person or organization shown in a Schedule provided to us by you.
3. The Schedules described in Paragraphs 1. and 2. of this endorsement:
 - a. Must be initially provided to us within 15 days:
 - (1) After the beginning of the policy period shown in the Declarations; or
 - (2) After this endorsement has been added to the policy;
 - b. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that this policy has been cancelled;
 - c. Must be in an electronic format that is acceptable to us; and
 - d. Must be accurate.

Such Schedules may be updated and provided to us by you during the policy period. Such updated Schedules must comply with Paragraphs b., c. and d. above.
4. Our delivery of the electronic notification as described in Paragraphs 1. and 2. of this endorsement will be based on the most recent Schedules in our records as of the date the notice of cancellation is mailed or delivered to you.
5. Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs 1., 2. and 4. of this endorsement.
6. Our delivery of electronic notification described in Paragraphs 1., 2. and 4. of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
 - a. Extend the policy cancellation date;
 - b. Negate the cancellation; or
 - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
7. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedules provided to us as described in Paragraphs 1., 2., 3. and 4. of this endorsement.

All other terms and conditions of this policy remain unchanged.

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 4/1/2019
Insured PROFESSIONAL TURF PROD

Policy No. WC 3486548-17

Endorsement No.
Premium \$

Insurance Company American Zurich Insurance Company