



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2024

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 Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Felecia Prince PHONE (A/C. No. Ext): 501-377-8459 E-MAIL ADDRESS: felecia.prince@stephens.com	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Armstrong Transfer & Storage Company, Inc./ Armstrong Relocation Company, Chattanooga, TN 6059 Relocation Way Ooltewah TN 37363	INSURER A: Travelers Property Casualty Co of Amer	NAIC # 25674
	INSURER B: AXIS Surplus Insurance Company	26620
	INSURER C: Philadelphia Indemnity Insurance Company	18058
	INSURER D: National Fire & Marine Insurance Co	20079
	INSURER E: Steadfast	26387
	INSURER F: Great American Assurance Company	26344

COVERAGES

CERTIFICATE NUMBER: 81879622

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 <input checked="" type="checkbox"/> Includes Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TC2JGLSA-0T011562-TIL-24	4/1/2024	4/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 Retention \$500,000
A	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TC2JCAP-0T011574-TIL-24	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Retention \$500,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P-001-000090609-06	4/1/2024	4/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
D	DED RETENTION \$			42-XSF-327475-02	4/1/2024	4/1/2025	Occurrence/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	UB-1T533301-24-51-K - AOS SEE REMARKS- Retention 250,000	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Crime			PHSD1874439-000	7/31/2024	7/31/2025	Limit \$2,250,000-Retention \$100,000
A	Cargo & Logistics/Legal/Warehousemen Warehousemen Unscheduled loc: \$5M			QT-660-4T551871-TIL-24	7/31/2024	7/31/2025	Transit In/On Land Vehicle/Cont. \$2M Any Railroad/Aircraft \$2M Ded. \$10,000

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

Work Comp only applies to Named Insured's Employees- Work Comp Coverage for Independent Contractors no longer provided
 Dekalb County School District is included as additional insureds with respect to the general liability, auto liability, and excess liability when required by written contract. Waiver of subrogation applies to the general liability, auto liability, excess liability, and workers compensation when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**
 Dekalb County School District
 1701 Mountain Industrial Boulevard
 Stone

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

Ted Grace

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

<p>AGENCY Stephens Insurance, LLC</p>	<p>NAMED INSURED Armstrong Transfer & Storage Company, Inc./ Armstrong Relocation Company, Chattanooga, TN 6059 Relocation Way Ooltewah TN 37363</p>
<p>POLICY NUMBER</p>	<p>EFFECTIVE DATE:</p>
<p>CARRIER</p>	<p>NAIC CODE</p>

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Dekalb County School District

ADDRESS: 1701 Mountain Industrial Boulevard Stone

Excess Layers:

Steadfast- \$5MX\$10M - Policy# AEC 7967251-01 - 04/01/2024 - 04/01/2025
 Great American Assurance- \$5M X \$15M - Policy# EXC 5204299 - 04/01/2024 - 04/01/2025
 HDI Specialty Insurance Company -#5M X \$20M - Policy# XLXD5973301S -- 04/01/2024 - 04/01/2025

Retro WC Travelers UB-1T532758-24-51-R - MA,WI 04/01/2024 - 04/01/2025
 WC Retention \$250,000

ERISA Coverage- Philadelphia #PHSD1874439-000, 07/31/2024 - 07/31/2025- Limit \$2,000,000,
 \$0 Retention, Crime Coverage Limit: \$2,250,000- Retention \$100,000 (includes theft of Client Property)

Professional E & O - Great American Policy# TER 5325730 - 03/31/2024 - 03/31/2025- Limit Each Claim/Aggregate \$10,000,000- Retention \$50,000

Cyber- Homeland Insurance Company of New York - Policy# 720002175-0000 - 07/31/2024-07/31/2025 Limit: \$5,000,000 Each Claim/Aggregate (includes 3rd party)

Example- Employee / Independent Contractor: For the employee, the company withholds income tax, Social Security, and Medicare from wages paid. For the independent contractor, the company does not withhold taxes.

Definition of Employee: a person employed for wages or salary, especially at nonexecutive level

Definition of Independent Contractor: An independent contractor is a self-employed person or entity contracted to perform work for—or provide services to—another entity as a non-employee.



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Automatic Additional Insured -Owner, Manager or Lessor of premises at which you are performing or have performed moving operations Form#CGD7650614.

Blanket Additional Insured is included as respects General Liability, including completed ops and primary noncontributory basis, and Automobile Liability on a primary and non-contributory basis, if required by written contract and subject to policy terms and conditions.

Blanket Waiver of Subrogation is included as respects General Liability, Automobile Liability, and Workers' Compensation, if required by written agreement or contract, and subject to policy terms and conditions.

The Excess policy shown on the certificate of insurance provides coverage over the following "underlying policies" subject to policy terms, conditions, and exclusions: General Liability, Automobile Liability, and Employer's Liability

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions, per 30-day Notice of Cancellation to

Third Parties endorsement(s).

Endorsements available upon request