Client#: 171819 PIERCGOO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/13/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
USI Southwest
9811 Katy Freeway, Suite 500
Houston, TX 77024
713 490-4600

CONTACT NAME: Rachel Townsend/Michelle Weweh
PHONE (A/C, No, Ext): 713 490-4600 **FAX (A/C, No):** 713-490-4700
E-MAIL ADDRESS: rachel.townsend@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Casualty Company of Reading PA	20427
INSURER B : Continental Insurance Company	35289
INSURER C : Twin City Fire Insurance Company	29459
INSURER D : Transportation Insurance Company	20494
INSURER E : National Fire Insurance Co. of Hartford	20478
INSURER F : Endurance American Specialty Ins Co	41718

INSURED
PGAL, Inc.
PGAL, LLC
3131 Briarpark Drive, Suite 200
Houston, TX 77042

COVERAGES **CERTIFICATE NUMBER: 54135812** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			6043241375	08/12/2025	08/12/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$15,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			6043241330	08/12/2025	08/12/2026	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			6043241361	08/12/2025	08/12/2026	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED X RETENTION $10000							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			6043241344	08/12/2025	08/12/2026	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A					E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
F	Professional Liability			DPL30041732102	08/12/2025	08/12/2026	$5,000,000 per claim $5,000,000 annl aggr.	

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

** California Workers Comp Information **

E: National Fire Insurance Co. of Hartford / NAIC# 20478
Policy No. 6043241358 - Eff Date: 08/12/2025 Exp Date: 08/12/2026
WC Each Accident Limit: $1,000,000
(See Attached Descriptions)

CERTIFICATE HOLDER

DeKalb County School District
Sam A. Moss Service Center 1780
Montreal Road
Tucker, GA 30084

CANCELLATION

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

DESCRIPTIONS (Continued from Page 1)

WC Policy Limit: $1,000,000
WC Each Employee Limit: $1,000,000

**** Excess Umbrella Liability Information ****

C: Twin City Fire Insurance Company / NAIC# 29459
Policy No. 61HVZBJ2VAS - Eff Date: 08/12/2025 Exp Date: 08/12/2026
Excess Liability Each Occ Limit: $4,000,000
Excess Liability Aggregate Limit: $4,000,000

The Certificate Holder is included as an Additional Insured under the Blanket Additional Insured endorsement, on the General Liability and Auto Liability policies, on a primary and non-contributory basis, only when there is a written contract that requires such status, and only regarding work performed on behalf of the named insured.

The General Liability Blanket Additional Insured endorsement includes Ongoing and Completed Operations, as defined by the policy.

All policies listed provide a Blanket Waiver of Subrogation as required by written contract executed prior to a loss, except as prohibited by law.

All policies listed include an endorsement providing that 30 days notice of cancellation for reasons other than nonpayment of premium and 10 days notice of cancellation for non-payment of premium will be given to the Certificate Holder by the Insurance Carrier, if required by written contract.

The Umbrella Liability policy follows form to the underlying General and Automobile Liability, and Workers Compensation policies.

Insured does not own any autos.
Job Number:RFQu 24-752-017
Project End Date:05/06/2026