

Certificate of Insurance

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

This is to Certify, that policies in the name of

ADAM ROWLAND AND COOP GRO LLC

4033 DIXIE BARWICK ROAD
BOSTON, GA. 31626

Agent: ALAN WHEELER
229-263-4164

are in force at the date hereof, as follows: 2/14/2023

TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	COVERAGE	EACH OCCURRENCE	AGGREGATE
<u>GENERAL LIABILITY</u> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> PREMISES - OPERATIONS <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> COMPREHENSIVE FORM	CPP 26572	9/23/2023	BODILY INJURY PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE COMBINED PERSONAL INJURY	\$1,000,000.00	\$2,000,000.00
<u>AUTOMOBILE LIABILITY</u> <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED/LIABILITY <input type="checkbox"/> HIRED/PHYSICAL DAMAGE (BAP ONLY) <input type="checkbox"/> NON-OWNED/LIABILITY <input type="checkbox"/> NON-OWNED/PHYSICAL DAMAGE (BAP ONLY)			BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT) PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE COMBINED		
<u>EXCESS LIABILITY</u> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		Expdate	BODILY INJURY AND PROPERTY DAMAGE COMBINED		
<u>WORKERS COMPENSATION</u> <input type="checkbox"/> EMPLOYERS' LIABILITY		Expdate	STATUTORY BODILY INJURY BY ACCIDENT EACH ACCIDENT BODILY INJURY BY DISEASE POLICY LIMIT EACH EMPLOYEE		
<u>OTHER</u>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES: LITTER PELLETIZER OPERATION

In the event of cancellation of any of the above described policies before the expiration date thereof, the undersigned company will endeavor to give 30 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the company. This certificate expires on the expiration date of the policy period shown.

CERTIFICATE ISSUED TO:

DATED: 2/14/2023

GEORGIA FARM BUREAU MUTUAL INSURANCE COMPANY
 GEORGIA FARM BUREAU CASUALTY INSURANCE COMPANY
 PO BOX 7008, MACON, GEORGIA 31209-7008



AUTHORIZED REPRESENTATIVE