

From: [Certificate of Insurance](#)
To: [Stephanie Gardner](#)
Cc: [Thaddeus Dennis](#); [William Varandas](#); [Certificate of Insurance](#)
Subject: Fw: [EXT]RE: Mansfield Oil
Date: Thursday, April 9, 2026 12:08:09 PM
Attachments: [image002.png](#)
[image003.png](#)
[City of Hollywood.pdf](#)
[2026 Endorsements and Waivers.pdf](#)
[WC Waiver of Subrogation Policy #34213496 - FL MA PA Only.pdf](#)

Acceptable.

Certificate of Insurance



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Sent: Tuesday, April 7, 2026 1:34 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Thaddeus Dennis <tdennis@HollywoodFL.org>; William Varandas <WVARANDAS@hollywoodfl.org>
Subject: FW: [EXT]RE: Mansfield Oil

Good afternoon,

Please read below from the vendor and let me know if Mansfield Oil COI is acceptable.

Thanks.

Stephanie Gardner

Administrative Assistant I
Public Works
City of Hollywood

Email: SGARDNER@hollywoodfl.org
Telephone: [754-329-0497](tel:754-329-0497)

From: MOCBIDS <mocbids@mansfieldoil.com>
Sent: Tuesday, April 7, 2026 10:52 AM
To: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Cc: Hannah Arakawa <harakawa@mansfieldoil.com>; Darryl Shivers <dshivers@HollywoodFL.org>;

Thaddeus Dennis <tdennis@HollywoodFL.org>

Subject: RE: [EXT]RE: Mansfield Oil

Some people who received this message don't often get email from mocbids@mansfieldoil.com. [Learn why this is important](#)

Good morning, Ms. Gardner,

I hope you are well. I apologize for the delayed response to your request. Hannah and I got our wires crossed on this request. Please find attached your updated Certificate of Insurance. Please note, it is a violation of Georgia Statute OCGA 33-24-19-1 to summarize policy language on the Acord 25 Certificate of Insurance. We are only permitted to list the specific form titles, form number and edition date. For this reason, we are unable to list specific names as additional insured on the certificate, but I have attached the forms that applies to the additional insured status. If you have any questions, do not hesitate to contact me. I hope you have a lovely day!

Best regards,

Rebecca

Rebecca Chalmers

Sales Integration Coordinator

Mansfield Oil Company

678.450.2375 (o)

Email: rchalmers@mansfieldoil.com



MANSFIELD



MANSFIELD

From: Thaddeus Dennis <tdennis@HollywoodFL.org>

Sent: Monday, April 6, 2026 4:46 PM

To: Hannah Arakawa <harakawa@mansfieldoil.com>

Subject: FW: [EXT]RE: Mansfield Oil

You don't often get email from tdennis@hollywoodfl.org. [Learn why this is important](#)

Good evening,

I am just following up on the updated COI that was requested 2 weeks ago. See below.

Regards

From: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Sent: Tuesday, March 24, 2026 11:31 AM
To: Hannah Arakawa <harakawa@mansfieldoil.com>
Cc: Darryl Shivers <dshivers@HollywoodFL.org>; Thaddeus Dennis <tdennis@HollywoodFL.org>
Subject: RE: [EXT]RE: Mansfield Oil

You're welcome Hannah. If you have not done so, please forward me your updated Certificate of Insurance. See the attached Sample COI supplied by Risk Management. Below is a breakdown of Risk requirements for the COI.

Please forward me your updated General Liability, Auto Liability and Workers Comp Certificates. Please see the attached Sample COI, Risk Management Requirements.

City of Hollywood should be listed as an additional insured on **General Liability and Auto Liability**.

1. **Description of Operation** should read: City of Hollywood is listed as an additionally insured for General Liability and Auto Liability.
2. **Workers Comp** section the box that reads **PER STATUTE** should be marked.
3. The **Certificate Holder** section, below the COI, should read:

City of Hollywood (nothing else written)
Public Works
1600 S. Park Rd
Hollywood, FL 33021

Thanks

Stephanie Gardner
Administrative Assistant I
Public Works

Email: SGARDNER@hollywoodfl.org

Telephone: [754-329-0497](tel:754-329-0497)

From: Hannah Arakawa <harakawa@mansfieldoil.com>
Sent: Tuesday, March 24, 2026 11:24 AM
To: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Cc: Darryl Shivers <dshivers@HollywoodFL.org>
Subject: [EXT]RE: Mansfield Oil

Thank you so much for sending this, Stephanie! I will get us registered.

All the best,

Hannah Arakawa

Business Development Manager II
Mansfield Energy
harakawa@mansfieldoil.com
865-363-4649



From: Stephanie Gardner <SGARDNER@hollywoodfl.org>
Sent: Tuesday, March 24, 2026 11:21 AM
To: Hannah Arakawa <harakawa@mansfieldoil.com>
Cc: Darryl Shivers <dshivers@HollywoodFL.org>
Subject: RE: Mansfield Oil

You don't often get email from sgardner@hollywoodfl.org. [Learn why this is important](#)
[Vendor Registration | Hollywood, FL - Official Website](#)

Good morning Hannah,
Please click the link above to register your company with City of Hollywood.
Thanks.

Stephanie Gardner

Administrative Assistant I
Public Works
P.O. Box 229045
Hollywood, FL 33022

Email: SGARDNER@hollywoodfl.org
Telephone: [754-329-0497](tel:754-329-0497)

www.HollywoodFL.org



Banner



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Darryl Shivers <dshivers@HollywoodFL.org>
Sent: Tuesday, March 24, 2026 11:15 AM
To: Stephanie Gardner <SGARDNER@hollywoodfl.org>; Thaddeus Dennis <tdennis@HollywoodFL.org>
Cc: Hannah Arakawa <harakawa@mansfieldoil.com>; Shaaron Grayson <sgrayson@hollywoodfl.org>; William Varandas <WVARANDAS@hollywoodfl.org>
Subject: Mansfield Oil

Hi Stephanie,

Can you please assist Hannah in getting setup as a registered vendor. We want to move forward with them to start delivering our fuel. [@Thaddeus Dennis](#) They are on Sourcwell if you want to get started doing your research so we can discuss with William next week. Would like to try and finalize agreement by June 2026.

Thanks,

Darryl Shivers
Fleet Superintendent
Public Works

P.O. Box 229045
Hollywood, FL 33022

Email: dshivers@HollywoodFL.org

Telephone: [954-967-4557](tel:954-967-4557)

www.HollywoodFL.org



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2026

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

PRODUCER Marsh & McLennan Agency LLC 100 Kimball Place, Suite 300 Alpharetta GA 30009	CONTACT NAME: Vera Cohan PHONE (A/C No. Ext): 770-476-1770 E-MAIL ADDRESS: atlcertificates@marshmma.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Mansfield Oil Company of Gainesville, Inc. 1025 Airport Parkway, SW Gainesville GA 30501	INSURER A: Starr Indemnity & Liability Company NAIC # 38318	
	INSURER B: Navigators Specialty Insurance Company NAIC # 36056	
	INSURER C: National Union Fire Ins Co of Pittsburg NAIC # 19445	
	INSURER D: Harleysville Insurance Company New York NAIC # 10674	
	INSURER E: Gemini Insurance NAIC # 10833	
	INSURER F: StarStone Specialty Insurance Company NAIC # 44776	

COVERAGES

CERTIFICATE NUMBER: 217981419

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1000090701261	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
C	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"/> MCS90 <input checked="" type="checkbox"/> CA9948			2429532	2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CRA0000052 CRA0000148 GVE100229308 AXS00903209P00	2/1/2024 2/1/2025 2/1/2026 2/1/2026	2/1/2027 2/1/2028 2/1/2027 2/1/2027	EACH OCCURRENCE \$ SEE BELOW AGGREGATE \$ SEE BELOW \$
C	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/A	WC034213494 WC034213495 WC034213496 WC034213497	2/1/2026 2/1/2026 2/1/2026 2/1/2026	2/1/2027 2/1/2027 2/1/2027 2/1/2027	<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
B	Contractors Pollution Liab Site Pollution Liability-Claims Made			NY24ECPZ0144TIC NY24ESPZ0G852IC	3/1/2024 3/1/2024	3/1/2027 3/1/2027	\$5,000,000 Each Inc. \$10,000,000 Each Occ. \$10,000,000 Agg. \$15,000,000 Agg.

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

NSURER G - RSUI Indemnity Co.. - NAIC #22314
 INSURER H - Great American Assurance Co. NAIC #26344

EXCESS AUTO LIABILITY:
 Insurer D - Policy #CRA0000052 - \$3,000,000 xs Primary
 Insurer D - Policy #CRA0000148 - \$2,000,000 xs \$3,000,000
 Insurer E - Policy #GVE100229308 - \$3,000,000 xs \$5,000,000
 Insurer F - Policy #AXS00903209P00 - \$2,000,000 xs \$8,000,000
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
 Public Works
 1600 S. Park Rd
 Hollywood, FL 33021

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Mansfield Oil Company of Gainesville, Inc. 1025 Airport Parkway, SW Gainesville GA 30501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

EXCESS GENERAL LIABILITY:
 Insurer A - Policy #1000095554261 - \$10,000,000 xs Primary - Effective 2/1/2026 to 2/1/20207
 EXCESS EMPLOYERS LIABILITY:
 Insurer G - Policy #NHA611048 - \$5,000,000 xs Primary - Effective 2/1/2026 to 2/1/2027
 Insurer H- Policy #EXC5887317- \$5,000,000 xs \$5,000,000 - Effective 2/1/2026 to 2/1/2027
 (GL) Additional Insured per form SIGL183 0124 - Additional Insured - Where Required Under Contract or Agreement (Primary Coverage)
 (GL) Additional Insured per form CG2037 1219 - Additional Insured Owners, Lessees or Contractors - Completed Operations
 (GL) Additional Insured Primary & Non-Contributory per form CG2001 1219-Primary and Non-Contributory -Other Insurance Condition
 (GL) Waiver of Subrogation per form CG2404 1219 - Waiver of Transfer of Rights of Recovery Against Others To Us (Waiver of Subrogation)
 (Auto) Additional Insured per form 87950 914 - Additional Insured - Where Required Under Contract or Agreement
 (Auto) Waiver of Subrogation per form 62897 695 - Waiver of Transfer of Rights of Recovery Against Others To Us
 (WC) Waiver of Subrogation per form: WC000313 0484 - Waiver Of Our Right To Recover From Others Endorsement
 Excess Liability Follow Form per forms:
 Policy #CRA0000052 - Form XLAP7RAR 0122 - Commercial Excess Liability Coverage Form
 Policy #CRA0000148 - Form XLAP7RAR 0122 - Commercial Excess Liability Coverage Form
 Policy #GVE100229308 - Form GEMFFXLT 08/2020 - Excess Liability Policy
 Policy #AXS00903209P00 - Form CX0001 0413 - Commercial Excess Liability Coverage Form
 Policy #1000095554261 - Form XS-100 1008 - Excess Liability Policy Form
 Policy #NHA611048 - Form RSG31001 0507 - Commercial Excess Liability Policy
 Policy #EXC5887317 Form GAI6524 0697 Excess Liability Coverage Form
 Workers Compensation Policy #WC034213494 - All Other States
 Workers Compensation Policy #WC034213495 - CA Only
 Workers Compensation Policy #WC034213496 - FL/MA/PA Only
 Workers Compensation Policy #WC034213497 - OR Only

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – WHERE REQUIRED UNDER CONTRACT
OR AGREEMENT AMENDATORY ENDORSEMENT
(PRIMARY COVERAGE)**

Policy Number: 1000090701261 **Effective Date:** 02/01/2026 at 12:01 A.M.
Named Insured: Mansfield Energy Corp

This endorsement modifies the insurance coverage form(s) listed below that have been purchased by you and evidenced as such on the Declarations page. Please read the endorsement and respective policy(ies) carefully.

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Person(s) Or Organization(s):

Where required by written contract or agreement.

It is hereby agreed as follows:

1. **SECTION II - WHO IS AN INSURED** is amended to include the following:

Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance for that person or organization of the type provided by this policy, is an insured but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- a. The coverage and/or limits of this policy, and
- b. The coverage and/or limits required by said contract or agreement.

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, a. Primary Insurance** is deleted in its entirety and replaced by the following:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary, however, where required by contract the additional insured's own insurance will not be deemed primary. Then, we will share with all that other insurance by the method described in **c.** below.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Where required by written contract or agreement.	Where Required by Written Contract or Agreement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".
However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.
This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

<p>Name Of Person(s) Or Organization(s): Where required by contract or agreement.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2026
forms a part of Policy No. 242-95-32
issued to MANSFIELD ENERGY CORP
by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON'S OR ORGANIZATION'S LIABILITY ARISING OUT OF THE USE OF A COVERED "AUTO".

- I. **SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who Is Insured,** is amended to add:
- d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:
 - (1) The coverage and/or limits of this policy, or
 - (2) The coverage and/or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2026
forms a part of Policy No. 242-95-32
issued to MANSFIELD ENERGY CORP
by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, A. - Loss Conditions, 5. - Transfer of Rights of Recovery Against Others to Us, is amended to add:

However, we will waive any right of recover we have against any person or organization with whom you have entered into a contract or agreement because of payments we make under this Coverage Form arising out of an "accident" or "loss" if:

- (1) The "accident" or "loss" is due to operations undertaken in accordance with the contract existing between you and such person or organization; and
- (2) The contract or agreement was entered into prior to any "accident" or "loss".

No waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.



AUTHORIZED REPRESENTATIVE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 02/01/2026 forms a part of Policy No. WC 034-21-3496

Issued to MANSFIELD ENERGY CORP

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

This form is not applicable in Kansas for private construction contracts as defined in K.S.A. 16-1801 through K.S.A. 16-1807 or public construction contracts as defined in K.S.A. 16-1901 through 16-1908, except where permitted by statute or other applicable law, such as for use in wrap-up insurance programs.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

WC 00 03 13
(Ed. 04/84)

Countersigned by _____



Authorized Representative