

---

**JF Acquisition LLC dba JF Petroleum Group FW: City of Hollywood / Sourcewell - Fuel System Improvements**


---

**From** Tanya Bouloy <TBouloy@hollywoodfl.org>

**Date** Thu 3/26/2026 1:54 PM

**To** Certificate of Insurance <COI@hollywoodfl.org>; Roberto Travieso <rtravieso@hollywoodfl.org>

**Cc** Darryl Shivers <dshivers@HollywoodFL.org>; Samantha Corbett <scorbett@HollywoodFL.org>; Joseph Kroll <JKROLL@hollywoodfl.org>

 2 attachments (2 MB)

JF Petroleum Contract 081524.pdf; City of Hollywood\_JF Acquisition LLC dba JF Petroleum\_2526 MAIN\_3-26-2026\_1805788037.pdf;

Acceptable

**Tanya Bouloy**

Risk Manager

Office of Human Resources | HR Risk Management

**P.O. Box 229045**

**Hollywood, FL 33022**

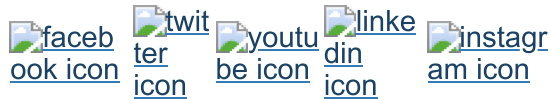
---

**Email:** [TBouloy@hollywoodfl.org](mailto:TBouloy@hollywoodfl.org)

**Telephone:** [954-921-3505](tel:954-921-3505)

---

[www.HollywoodFL.org](http://www.HollywoodFL.org)



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:** Roberto Travieso <rtravieso@hollywoodfl.org>

**Sent:** Thursday, March 26, 2026 1:44 PM

**To:** Tanya Bouloy <TBouloy@hollywoodfl.org>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2026

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).

<b>PRODUCER</b> McGriff, a MMA LLC Company 7701 Airport Center Drive Greensboro NC 27409	<b>CONTACT NAME:</b> Dale Nowery <b>PHONE (A/C, No, Ext):</b> 804-678-5022 <b>E-MAIL ADDRESS:</b> RICVABCERTS@McGriff.com		<b>FAX (A/C, No):</b> 888-751-3010													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Westchester Surplus Lines Insurance</td> <td>10172</td> </tr> <tr> <td>INSURER B : Insurance Company of the West</td> <td>27847</td> </tr> <tr> <td>INSURER C : ACE American Insurance Co</td> <td>22667</td> </tr> <tr> <td>INSURER D : Sompo America Insurance Company</td> <td>11126</td> </tr> <tr> <td>INSURER E : Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westchester Surplus Lines Insurance	10172	INSURER B : Insurance Company of the West	27847	INSURER C : ACE American Insurance Co	22667	INSURER D : Sompo America Insurance Company	11126	INSURER E : Evanston Insurance Company	35378	INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : Westchester Surplus Lines Insurance	10172															
INSURER B : Insurance Company of the West	27847															
INSURER C : ACE American Insurance Co	22667															
INSURER D : Sompo America Insurance Company	11126															
INSURER E : Evanston Insurance Company	35378															
INSURER F :																
<b>INSURED</b> JF Acquisition LLC dba JF Petroleum Group 100 Perimeter Park Drive Suite H Morrisville NC 27560	35JFHOL															

**COVERAGES**

CERTIFICATE NUMBER: 1805788037

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"/> BI/PD DED:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		G46846217009	12/18/2025	12/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <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"/> Hired PD	Y		H08473122007	12/18/2025	12/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV2EFX101760	12/18/2025	12/18/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 See Desc of Ops \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WVA506868304	12/18/2025	12/18/2026	<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
D	Auto Excess Liab**			EXT30104440800	12/18/2025	12/18/2026	Ea Occur/Aggr \$1,000,000
A	GL Excess Liab			G49664898001	12/18/2025	12/18/2026	Ea Occur/Aggr \$1,000,000
A	Excess Liab			G71769446007	12/18/2025	12/18/2026	Ea Occur/Aggr \$4,000,000

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

\*Policy #G46846217009 (A) GL includes \$1,000,000 contractors pollution ded. \$10,000 and Professional Liability \$1,000,000  
 Policy #G49664898001 (A) excess limit \$1,000,000 employers liability, general liability, professional and pollution  
 Policy #G71769446007 (A) excess \$4,000,000  
 Policy #MKLV2EFX101760 (E) excess \$4,000,000  
 Policy #EFX515777H (Westfield) \$5,000,000 excess over GL, professional, pollution, EL  
 TOTAL excess \$15,000,000  
 Employer's liability - \$15,000,000 limit on Workers Compensation and all excess policies

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY McGriff, a MMA LLC Company		NAMED INSURED JF Acquisition LLC dba JF Petroleum Group 100 Perimeter Park Drive Suite H Morrisville NC 27560	
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

\*\*Auto Liability - 1st Layer Excess Liability Policy #EXT30104440800 (Insurer D) Limit \$1,000,000  
 2nd Layer Excess Liability - #MKLV2EFX101760 (Insurer E) Limit \$4,000,000  
 3rd Layer Excess Liability - #G71769446007 (Insurer A) Limit \$4,000,000  
 Total Excess Auto Liability including Primary Limit - \$10,000,000 \*\*

\*\*\*Contractors Equipment written with Transguard Insurance Company of America Policy Number IMP4004287 00, Effective 12/18/2025 - 12/18/2026, Limit of \$600,000 for Leased or Rented Equipment with \$5,000 Deductible except \$10,000 AOP deductible for all theft related claims. Special Cause of Loss Replacement Cost applies to equipment manufactured 5 years or newer and Actual Cash Value applies to equipment manufactured over 5 years.

Installation Floater written with Transguard Insurance Company of America Policy Number IMP4004287 00, Effective 12/18/2025 - 12/18/2026, Each Job Site Location Limit \$2,000,000, Catastrophe Limit \$3,500,000, While In Transit Limit \$500,000, Temporary Storage Limit \$2,000,000, \$10,000 Deductible per loss. Special Cause of Loss\*\*\*

Certificate Holder is/are included as Additional Insured with respect to General Liability (including ongoing and completed operations), Automobile Liability and Pollution Liability (including ongoing and completed operations) and coverage is Primary and Non-Contributory where required by written contract. Explosion, Collapse, and Underground (XCU) hazards are not excluded from the General Liability coverage. General Liability - Per Project/Per location when required by written contract. Mold/Fungus is included under the Pollution Liability policy.

General Liability, Automobile Liability and Employers Liability are scheduled as underlying policies as respects Excess coverage.

The Excess Liability is follow form with regards to Additional Insured status.

Waiver of Subrogation is included with respect to General Liability, Automobile Liability and Workers Compensation Coverage where required by written contract.

Waiver of Subrogation is included with respect to Pollution Liability against any person or organization included in the definition of an Insured or against the Insured's Clients or their Designees if prior to the Pollution Claim, a waiver of subrogation was required and accepted under a specific contractual undertaking by the Insured.

Waiver of Subrogation is included with respect to Professional Liability against any person or organization included in the definition of an Insured or against the Insured's Clients or their Designees if prior to the Professional liability Claim, a waiver of subrogation was required and accepted under a specific contractual undertaking by the Insured.

City of Hollywood is listed as an additionally insured for General Liability and Auto Liability.

## Named Insured List

1. JF Holdings Corp.
2. Jones & Frank Corp.
3. Jones & Frank Corporation
4. ANS Distributing, Inc.
5. Capital Petroleum Equipment
6. E Topmaster Corp
7. Environmental Well Products Co.
8. JF Acquisition, LLC (dba JF Petroleum Group)
9. JF Corp VA
10. JF Services, LLC
11. Jones & Frank Holding Company, LLC
12. Petroleum Maintenance Corp.
13. Quality Petroleum Systems, Inc.
14. Reliable Oil Equipment
15. Reliable Oil Equipment Co., Inc.
16. Reliable Oil Equipment, Inc. (dba Oil Equipment Supply Corp.)
17. Reliable Petroleum Systems, Inc.
18. Smith & Lamountain Service Corp.
19. JF ANS Acquisition, LLC
20. ANS Distributing Holdings, Inc.
21. ANS Distributing, Inc. Employee Savings Plan
22. ANS Distributing, LLC
23. ML Leonard, Inc.
24. Petroleum Solutions, Inc
25. McCon Building & Petroleum Services, LLC
26. Rittiner Equipment Company, LLC
27. JF Rittiner Company, LLC
28. Dykstra Holdings LLC
29. Dykstra Construction, LLC
30. Dykstra Construction, LLC d/b/a JF Construction Services
31. PSI JF Petroleum Group Inc.
32. Petroleum Solutions, Inc. dba Lachappell Electric Company
33. Miller Construction Management, LLC
34. Miller Construction Management, LLC d/b/a JF Construction Services
35. MIBA, LLC
36. MIBA, INC
37. MIBA, LLC d/b/a Reliable Construction Services and d/b/a Buckeye Oil Equipment
38. MIBA, Inc. d/b/a Reliable Construction Services and d/b/a Buckeye Oil Equipment
39. Jones Covey Group, Inc.  
MidOcean JF Holdings Corp
40. Miba Inc dba JF Construction Services of Mid West
41. JF Acquisition, LLC
42. ANS Distributing Holdings, LLC
43. M. L. LEONARD, INCORPORATED
44. PSI JF Petroleum Group, Inc.
45. Rittiner Equipment Company, L.L.C
46. JONES COVEY GROUP INCORPORATED

47. MIBA, INC.
48. Maverick Petroleum Services, Inc
49. Maverick Petroleum Services, LLC
50. Rittiner Equipment Company, LLC., dba JF Petroleum Group
51. Miba Inc dba JF Construction Services Midwest
52. Leak Detection Technologies Inc. (LDT)
53. Leak Detection Operating Inc.
54. JF Construction Management Services LLC
55. 4 Corners Petroleum Equipment
56. Midwest Petroleum Equipment LLC
57. MWP Co.
58. Midwest Contracting Solutions LLC

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
As required by written contract, prior to a loss to which this insurance applies	As required by written contract, prior to a loss to which this insurance applies

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", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** 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 shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**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
As required by written contract, prior to a loss to which this insurance applies	As required by written contract, prior to a loss to which this insurance applies
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 shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

Named Insured <b>JF Holdings Corp</b>			Endorsement Number
Policy Symbol <b>GLW</b>	Policy Number <b>G46846217 009</b>	Policy Period <b>12/18/2025 TO 12/18/2026</b>	Effective Date of Endorsement <b>12/18/2025</b>
Issued By (Name of Insurance Company) <b>Westchester Surplus Lines Insurance Company</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
CONTRACTOR’S POLLUTION LIABILITY COVERAGE PART**

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

**Primary and Noncontributory Insurance**

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

- a.** The additional insured is a named insured under such other insurance; and
- b.** You have agreed in a written contract or agreement that this insurance would:
  - (1)** act as primary insurance; and
  - (2)** would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions of this policy remain unchanged.

Named Insured JF Holdings Corp			Endorsement Number
Policy Symbol GLW	Policy Number G46846217 009	Policy Period 12/18/2025 to 12/18/2026	Effective Date of Endorsement 12/18/2025
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

**SCHEDULE**

Name of Person or Organization:

As required by written contract, prior to a loss to which this insurance applies

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or **your work** done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain the same.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** JF Holdings Corp  
**Endorsement Effective Date:** 12/18/2025

### **SCHEDULE**

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

Any person or organization you are required in a written contract or agreement to name as an Additional Insured on your policy but only for "bodily injury" or "property damage" to which this insurance applies if the "accident" is caused by: 1. You, while using a covered "auto" or 2. Any other person, while using a covered "auto" with your permission. Coverage provided by this endorsement shall be excess over any other valid and collectible insurance available to the Additional Insured (s) whether primary, excess, contingent or on any other basis unless the contract specifically requires that this insurance be primary or you request that it apply on a primary basis prior to a loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A.** The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "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 such "insured".

**B.** The following is added to the **Other Insurance** Condition in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "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 such "insured".

**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:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> JF Holdings Corp</p> <p><b>Endorsement Effective Date:</b> 12/18/2024</p>
--

## **SCHEDULE**

<p><b>Name(s) Of Person(s) Or Organization(s):</b> Any person or organization, for whom you are required in a written contract or agreement, with such written contract or agreement signed prior to commencement of operations, to waive any right of recovery we may have against the person or organization, but only for "bodily injury" or "property damage" to which this insurance applies if the "accident" is caused by a) you, while using a covered "auto", or b) any other person, while using a covered "auto" with your permission.</p> <p>If other insurance is available to an insured we cover under any of the endorsements listed or described for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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 anyone not named in the Schedule.

Schedule

Any person or organization to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

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: 12/18/25      Policy No: WVA506868304

Endorsement No:  
Premium:

Insured:

Insurance Company:

Countersigned by \_\_\_\_\_