

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

CEI	ZIILI	CATE OF LIA	DILLI I 1143	CIVAIAC	'L	10/1//2024
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSTREPRESENTATIVE OR PRODUCER, AND THE	VELY OR SURANCE	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR ALTE	R THE COVE	RAGE AFFORDED BY	THE POLICIES
IMPORTANT: If the certificate holder	is an AD	DITIONAL INSURED, the	policy(ies) must ha	ve ADDITIONAL	INSURED provisions or	be endorsed.
If SUBROGATION IS WAIVED, subject				policies may	require an endorsement.	A statement on
this certificate does not confer rights to the	certificate	holder in lieu of such endors				
PRODUCER Aon Risk Insurance Services West,	Inc.		CONTACT NAME:		FAY (000) 263	0405
San Francisco CA Office			(contention)	283-7122	(A/C, No.): (800) 363	-0102
425 Market Street Suite 2800			E-MAIL ADDRESS:			
San Francisco CA 94105 USA			11	NAIC#		
NSURED			INSURER A: Libe	rty Mutual F	ire Ins Co	23035
Vestis Corporation and its Subsidi	aries		INSURER B:			
500 Colonial Center Parkway Suite 140			INSURER C:			
Roswell GA 30076 USA			INSURER D:			
			INSURER E:			
			INSURER F:			
COVERAGES CER	TIFICATE I	NUMBER: 57010900346	34	REVI	SION NUMBER:	
INDICATED, NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, THE INS	SURANCE AFFORDED BY THE	POLICIES DESCRIBED	HEREIN IS SUBJE	ECT TO ALL THE TERMS, Limits sho	wn are as requested
NSR LTR TYPE OF INSURANCE	ADDL SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY) 09/29/2025 E	LIMITS	#3,000,000
A X COMMERCIAL GENERAL LIABILITY	×	EB2661067488044 SIR applies per pol		1104	ACH OCCURRENCE AMAGE TO RENTED	\$2,000,000
CLAIMS-MADE X OCCUR		Jan approved par per	,	P	REMISES (Ea occurrence)	\$2,000,000
X Vendors Liability				l —	ED EXP (Any one person)	Excluded \$2,000,000
				l —	ERSONAL & ADV INJURY ENERAL AGGREGATE	\$4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO-				l –	RODUCTS - COMP/OP AGG	\$4,000,000
				<del> </del>	KODOGI O POGMITIOT FIGURE	0.,000,000
AUTOMOBILE LIABILITY	+				OMBINED SINGLE LIMIT	
<u> </u>				В	ODILY INJURY ( Per person)	
ANY AUTO SCHEDULED				В	ODILY INJURY (Per accident)	
OWNED AUTOS ONLY HIREDALITOS NON-OWNED					ROPERTY DAMAGE	
HIRED AUTOS ONLY		1	ľ		Per accident)	
UMBRELLA LIAB OCCUR	++			EA	ACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE				AC	GGREGATE	
DED RETENTION	-					
WORKERS COMPENSATION AND	+				PER STATUTE OTH-	
EMPLOYERS' LIABILITY Y/N	<u>.</u>			-	L EACH ACCIDENT	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER	N/A			I -	L DISEASE-EA EMPLOYEE	
(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	1			l —	L DISEASE-POLICY LIMIT	
DESCRIPTION OF OPERALIONS BRIDW	++					
1	1 1			1		

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

General Liability policy includes Contractual Liability and Products/Completed Operations coverage. The City of Redondo Beach its officers, elected and appointed officials, employees, volunteers, contractors and subcontractors are included as Additiona Insured in accordance with the policy provisions of the General Liability policy.

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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

Son Rish Insurance Services West Inc.

City of Redondo Beach 415 N. Diamond Street Redondo Beach CA 90277 USA

AGENCY CUSTOMER ID:

570000093480

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

7.22			
AGENCY		NAMED INSURED	
Aon Risk Insurance Services West, Inc.		Vestis Corporation and its Subsidiaries	
POLICY NUMBER		T	
See Certificate Number: 570109003464			
CARRIER	NAIC CODE		
See Certificate Number: 570109003464		EFFECTIVE DATE:	

#### ADDITIONAL REMARKS

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THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Named Insured

Aramark Uniform & Career Apparel, Inc
Aramark Uniform & Career Apparel LLC
Aramark Uniform Services (Rochester) LLC
Delsac VIII, LLC
Aramark Uniform Services (Syracuse)
LLC Landy Textile Rental Services, LLC
Aramark Uniform Services (Texas)
LLC Aramark Uniform Services (Supply Chain)
LLC Aramark Uniform Services (West Adams)
LLC L&N Uniform Services (Watchpoint)
LLC Overall Laundry Services, Inc.
Aramark Uniform Services, Inc.
Aramark Cleanrm Srv. (PR), Inc.
AmeriPride Services, LLC
Guaranty Energy Group 1981
Active Industrial Uniform Co., LLC
Vestis Cleanroom Services (Puerto Rico), Inc.
Vestis Group, Inc.
Vestis Group, Inc.
Vestis (Matchpoint), LLC
Vestis (Matchpoint), LLC
Vestis (Syracuse), LLC
Vestis (Syracuse), LLC
Vestis (Syracuse), LLC
Vestis (Syracuse), LLC
Vestis (Texas), LLC
Vestis (West Adams), LLC
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DATE(MM/DD/YYYY)

10/17/2024

# CERTIFICATE OF LIABILITY INSURANCE

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). CONTACT NAME: PRODUCER Aon Risk Insurance Services West, Inc. PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA ADDRESS: INSURER(S) AFFORDING COVERAGE 23035 Liberty Mutual Fire Ins Co INSURER A: Vestis Corporation and its Subsidiaries 500 Colonial Center Parkway Suite 140 Roswell GA 30076 USA INSURER B INSURER C: INSURER D: INSURER E: INSURER F: 570109003455 **REVISION NUMBER:** COVERAGES CERTIFICATE 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

	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY				***************************************		EACH OCCURRENCE
H	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
-	ODAINO-MADE COOCIA						MED EXP (Any one person)
						1	PERSONAL & ADV INJURY
_							GENERAL AGGREGATE
GE	EN'L AGGREGATE LIMIT APPLIES PER:						
_	POLICY JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
AL	TOMOBILE LIABILITY	Y		AS2-661-067488-034	09/29/2024	09/29/2025	COMBINED SINGLE LIMIT \$10,000,00
x	ANY AUTO						BODILY INJURY ( Per person)
-	OWNED SCHEDULED						BODILY INJURY (Per accident)
_	AUTOS ONLY HIREDAUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)
_	ONLY						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
_	EXCESS LIAB CLAIMS-MADE					i	AGGREGATE
_							
- 101	DED RETENTION ORKERS COMPENSATION AND	_	_				PER STATUTE   OTH-
E	MPLOYERS' LIABILITY  Y/N				Ü	1	PER STATUTE OTH-
Al	NY PROPRIETOR / PARTNER / XECUTIVE OFFICER/MEMBER	N/A					E L EACH ACCIDENT
{IV	flandatory in NH)						E L DISEASE-EA EMPLOYEE
DI Di	yes, describe under ESCRIPTION OF OPERATIONS below						E L. DISEASE-POLICY LIMIT
	rion of operations/Locations/Vehicles(acc ty of Redondo Beach, its off icluded as Additional Insured			· ·		vees, volun che Automob	teers, contractors and subcontractorile Liability policy.
TIF	ICATE HOLDER			CANCELLA		WG DECCRIBED	DOLLOISE DE CANGELLED RECORE THE EVOIDATION
				SHOULD A DATE THER	EOF, NOTICE WILL	BE DELIVERED IN A	POLICIES BE CANCELLED BEFORE THE EXPIRATION CCORDANCE WITH THE POLICY PROVISIONS.
	City of Redondo Beach 415 N. Diamond Street			AUTHORIZED RI	PRESENTATIVE		
	411 N. DIAMONU SULEEL						

CER	IFICA	I E H	OLDER

CORD

### CANCELLATION

Aon Rish Insurance Services West Inc

AGENCY CUSTOMER ID:

570000093480

LOC#



### ADDITIONAL REMARKS SCHEDULE

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Aon Risk Insurance Services West, Inc.	Vestis Corporation and its Subsidiaries
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See Certificate Number: 570109003455	
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See Certificate Number: 570109003455	EFFECTIVE DATE:

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LLC Aramark Uniform Services (Matchpoint)
LLC Overall Laundry Services, Inc.
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