



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2025

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 2500 City West Boulevard, Suite 2400 Houston TX 77042	CONTACT NAME: Diana V. Cruz - diana.cruz@marshmma.com	
	PHONE (A/C, No, Ext): 713-780-6104/713-346-1274	FAX (A/C, No): Nitashia N. Jackson
INSURED DXP Enterprises, Inc. (see attached named insured list) 5301 Hollister St Houston TX 77040	E-MAIL ADDRESS: nitashia.jackson@marshmma.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Property Casualty Co of Amer	25674
	INSURER B: Travelers Indemnity Company of CT	25682
	INSURER C: Standard Fire Insurance Company	19070
	INSURER D: Navigators Insurance Company	42307
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 141583338

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TJGLSA9366B889TIL25	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:									
A B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Hired Car PD <input checked="" type="checkbox"/>			TC2JCAP9366B921TIL25 TEBAP9366B933TCT25	6/1/2025 6/1/2025	6/1/2026 6/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
							Comp. Ded / Coll. Ded	\$ 1,000 / 1,000	
D	UMBRELLA LIAB EXCESS LIAB			HO25EXC894354IV	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
C A	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 <input checked="" type="checkbox"/> N / A		UB4Y9323602551K UB4Y91366A2551R	6/1/2025 6/1/2025	6/1/2026 6/1/2026	<input checked="" type="checkbox"/> PER STATUTE	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	
	See Below for Other Coverages						See Below	See Below	

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

Coverage: Excess (General Liability / Employers Liability Only)
Carrier: Crum & Forster Specialty Insurance Company (NAIC: 44520)

Policy Number: SEO139538
Policy Term: 06/01/2025 to 06/01/2026

Limit: \$1,000,000 Each Occurrence / \$1,000,000 General Aggregate / \$1,000,000 Products & Completed Operations

Excess of:
\$2,000,000 Aggregate / \$1,000,000 Occurrence – General Liability (Travelers Property Casualty Company of America)
See Attached...

CERTIFICATE HOLDER

CANCELLATION

City of Killeen 805 W. Jasper Drive Killeen, TX 76542-1325	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  Brett Herrington

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED DXP Enterprises, Inc. (see attached named insured list) 5301 Hollister St Houston TX 77040
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

\$1,000,000 Each Accident/\$1,000,000 Disease – Each Employee/\$1,000,000 Disease – Employers Liability (Standard Fire Insurance Company / Travelers Property Casualty Company of America)

Coverage: Excess (Auto Only)

Carrier: Crum & Forster Specialty Insurance Company (NAIC: 44520)

Policy Number: SEO139537

Policy Term: 06/01/2025 to 06/01/2026

Limit: \$2,000,000 Combined Single Limit

Excess of:

\$2M Primary Auto Liability (Travelers Property Casualty Company of America)

Coverage: Contractors Pollution Liability Including Sudden & Accidental

Carrier: Aspen Specialty Insurance Company (NAIC: 10717)

Policy Number: ER0157425

Policy Term: 06/27/2025 to 06/01/2026

Limit: \$6,000,000 Each Incident / \$6,000,000 Aggregate / \$50,000 Deductible

Coverage: Professional Liability (Claims Made)

Carrier: Starr Surplus Lines Insurance Company (NAIC: 13604)

Policy Number: SLSLPRO26235725

Policy Term: 06/01/2025 to 06/01/2026

Limit: \$5,000,000 Each Claim / \$5,000,000 Aggregate / \$50,000 Deductible

PROFESSIONAL SERVICES DEFINITION: Professional Services means those services that the Insured is legally qualified to perform for others in their capacity as an architect, engineer, landscape architect, land surveyor, Agency Construction Manager, or safety consultant. Professional Services shall not include facilities operations and maintenance operations or activities.

Professional Liability ONLY APPLIES to the following Named Insureds: DXP Enterprises, Inc., DXP Services, LLC, Safety International, Indian Fire & Safety, Safety Alliance, CRS Technologies, Inc., HSE Integrated, LLC, Mid-Continent Safety, B27, LLC, Integrated Flow Solutions, LLC, and Kappe Associates, Inc.

RETRO DATES:

1/9/2007 – DXP ENTERPRISES, INC.

12/9/2010 – DXP ENERGY, LLC

10/1/1999 – B27, LLC

(A) 7/26/2006 WITH RESPECT TO THE FIRST \$2,000,000 – CRS TECHNOLOGIES ; BOOTS & COOTS HSE SERVICES

(B) 9/1/2009 WITH RESPECT TO THE NEXT \$3,000,000 – CRS TECHNOLOGIES ; BOOTS & COOTS HSE SERVICES

10/14/2019 - 03/10/2024 WITH RESPECT TO THE FIRST \$1,000,000 – KAPPE ASSOCIATES, INC.

Coverage: Crime - Employee Theft of Client Property

Carrier: Travelers Casualty & Surety Company of America (NAIC: 31194)

Policy Number: 105725866

Policy Term: 06/01/2025 to 06/01/2026

Limit: \$3,000,000 Single Loss / \$150,000 Retention

Coverage: Cyber Liability

Carrier: Fortegra Specialty Insurance Company (NAIC: 16823)

Policy Number: CMP101458304

Policy Term: 06/01/2025 to 06/01/2026

Network and Information Security Liability: \$5,000,000 Single Loss / \$100,000 Retention

Regulatory Defense and Penalties: \$5,000,000 Limit / \$100,000 Retention

Multimedia Content Liability: \$5,000,000 Limit / \$100,000 Retention

PCI Fines and Assessments: \$5,000,000 Limit / \$100,000 Retention

The General Liability policy contains a blanket additional insured endorsement for both ongoing and completed operations, on a primary and non-contributory basis, that provides additional insured status only when there is a written contract that requires such status.

The Auto Liability and Contractors Pollution policy includes a blanket additional insured endorsement, on a primary and non-contributory basis, that provides additional insured status only when there is a written contract that requires such status.

The General Liability, Auto Liability, Workers' Compensation/Employers Liability and Contractors Pollution policies include a blanket waiver of subrogation endorsement that provides this status only when there is a written contract that requires such status.