

MEMORANDUM OF INSURANCE					DATE 22-Dec-2020	
<p>This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=632529479. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.</p>						
PRODUCER Marsh USA Inc. ("Marsh")			COMPANIES AFFORDING COVERAGE			
			Co. A Old Republic Ins Co (NAIC#24147)			
INSURED Vulcan Materials Company PO Box 385014 Birmingham Alabama 35238-5014 United States			Co. B			
			Co. C			
			Co. D			
			Co. E			
			Co. F			
COVERAGES						
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 MEMORANDUM 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						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	GENERAL LIABILITY Commercial General Liability Occurrence	MWZY312014-21	01-Jan-2021	01-Jan-2022	GENERAL AGGREGATE	3,000,000
					PRODUCTS - COMP/OP AGG	3,000,000
					PERSONAL AND ADV INJURY	3,000,000
					EACH OCCURRENCE	3,000,000
					FIRE DAMAGE (ANY ONE FIRE)	INCLUDED
					MED EXP (ANY ONE PERSON)	EXCLUDED
A	AUTOMOBILE LIABILITY Any Auto	MWTB312011-21	01-Jan-2021	01-Jan-2022	COMBINED SINGLE LIMIT	3,000,000
					BODILY INJURY (PER PERSON)	
					BODILY INJURY (PER ACCIDENT)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
A	WORKERS COMPENSATION / EMPLOYERS LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE Included	MWC312015-21	01-Jan-2021	01-Jan-2022	WORKERS COMP LIMITS	Statutory
					EL EACH ACCIDENT	1,000,000
					EL DISEASE - POLICY LIMIT	1,000,000
					EL DISEASE - EACH EMPLOYEE	1,000,000
A	Excess WC	MWXS312016-21	01-Jan-2021	01-Jan-2022	WC-Statutory	EL \$1M/\$1M/\$1M
A	Excess WC	MWFEX312010-	01-Jan-2021	01-Jan-2022	WC-Statutory	EL \$1M/\$1M/\$1M

		21			
The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications here to are not authorized.					

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PRODUCER Marsh USA Inc. ("Marsh")	INSURED Vulcan Materials Company PO Box 385014 Birmingham Alabama 35238-5014 United States	
ADDITIONAL INFORMATION Excess WC policies have \$1,000,000 Self-Insured Retention for all covered states except TN and \$500,000 SIR for TN Only. General Liability is subject to \$50,000 Self-Insured Retention and includes Contractual Liability Named Insured includes: Vulcan Construction Materials, LLC Florida Rock Industries, Inc., its subsidiaries and affiliates RECO Transportation, LLC Azusa Rock, LLC Triangle Rock Products, LLC Calmat Co. DBA Vulcan Materials Company, Western Division Statewide Transport, LLC Southeast Division Logistics, LLC Southern Gulf Coast Division Logistics, LLC d/b/a SGC Logistics Mountain West Logistics, LLC Mideast Division Logistics, LLC Vulcan Logistics, LLC Calmat Co. DBA Shamrock Materials Aggregates USA, LLC GENERAL LIABILITY - ADDITIONAL INSURED Any party with which the named insured is contractually required to include as additional insured is automatically granted such. However, coverage under the policy only applies to the extent of the coverage required by such contractual requirement and for the limits of liability specified in such contractual requirement, but in no event for insurance not afforded by the policy nor for limits of liability in excess of the applicable limits of liability of the policy. Any insurance afforded to any such additional insured only applies to the extent permitted by law. AUTOMOBILE LIABILITY - ADDITIONAL INSURED Any party with which the named insured is contractually required to include as additional insured is automatically granted such. However, coverage under the policy only applies to the extent of the coverage required by such contractual requirement and for the limits of liability specified in such contractual requirement, but in no event for insurance not afforded by the policy nor for limits of liability in excess of the applicable limits of liability of the policy.		

GENERAL LIABILITY AND AUTOMOBILE LIABILITY - PRIMARY & NON-CONTRIBUTORY

This insurance is primary and non-contributory where required by written contract.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Vulcan Materials Company

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. Box 385014 1200 Urban Center Drive 35242

6 City, state, and ZIP code
Birmingham, AL 35238-5014

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

2	0	-	8	5	7	9	1	3	3
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *K. Heland*

Date ▶ 1/4/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

BID BOND

KNOW ALL BY THESE PRESENTS, That we, Vulcan Construction Materials, LLC

of 1200 Urban Center Drive, Birmingham, AL 35242

(hereinafter called the Principal), as Principal, and Liberty Mutual Insurance Company

(hereinafter called the Surety), as Surety are held and firmly bound unto Jefferson Parish, Department of Purchasing

200 Derbigny Street, General Government Bldg., Ste. 4400, Gretna, LA 70053

(hereinafter called the Oblige) in the penal sum of Five Percent of Amount Bid

Dollars (5%)

for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has submitted or is about to submit a proposal to the Oblige on a contract for Bid No.: 50-00134661--Supply aggregates to Jefferson Parish

NOW, THEREFORE, If the said Contract be timely awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing, and give bond, if bond is required, with surety acceptable to the Oblige for the faithful performance of the said Contract, then this obligation shall be void; otherwise to remain in full force and effect.

Signed and sealed this 24th day of June, 2021.

Kathryn Kleinschmidt
Kathryn Kleinschmidt Witness

Vulcan Construction Materials, LLC (Seal)

Principal

By: Annette Wisong
Annette Wisong Attorney in Fact Title

Sarah Hancock
Sarah Hancock Witness

Liberty Mutual Insurance Company

By: Kate Longaker
Kate Longaker, Attorney-in-Fact



Seal No. 4724



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8202336-969078

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cheryl Lynn Boozer; Sarah Hancock; Tina H. Kennedy; Kathryn Kleinschmidt; Kate Longaker; Steven L. Swords; Joseph R. Williams; Annette Wisong

all of the city of Atlanta state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of October, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 11th day of October, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notary Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24 day of June, 2021.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Sec



Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Vulcan Materials Company

Revocable Power of Attorney

Know all men by these presents, that **Vulcan Materials Company**, a New Jersey corporation (the "Corporation"), hereby constitutes and appoints the following employees of USI Insurance Services, Inc. ("USI"), its true and lawful attorney-in-fact, to execute any and all bonds issued on behalf of the Corporation and any of the Corporation's subsidiaries or affiliated companies (as listed on the attached Exhibit A), provided that USI has in each case first obtained the Corporation's written approval (which written approval may be in electronic form) with respect to each such execution.

Annette Wisong

Joseph R. Williams

Sarah Hancock

Kathryn Kleinschmidt

Kate Longaker

The Corporation hereby grants to the attorneys-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned could do if personally present, hereby ratifying and confirming all that such attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

Unless sooner terminated and revoked by the Corporation, this Power of Attorney shall remain in effect through the earlier of: (i) one (1) year from the date hereof; (ii) the date the person appointed hereunder ceases to be employees of USI Insurance Services, Inc. (provided, however, this Power of Attorney shall cease only as to the specific person who ceases to be an employee and shall survive as to the remaining named employees); or (iii) the date of the Corporation's engagement with USI Insurance Services, Inc. expires or is otherwise terminated.

IN WITNESS WHEREOF, the undersigned has caused the Power of Attorney to be executed as of this 2 day of April, 2020.

Vulcan Materials Company

By: [Signature]

Name:

Title:

Acknowledgement Form

State of Alabama) ss.:

County of Jefferson

On the 3 day of April in the year 2022, before me, the undersigned notary public, personally appeared Paul C., personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Jessica Lauren Valentine Notary Public



Exhibit A

Vulcan Materials Company & Subsidiaries
(as of March 24, 2020)

Those corporations, which are indented, represent subsidiaries and affiliated companies of the corporation under which they are indented.

- I. Vulcan Materials Company
 - a. Aggregates USA, LLC
 - b. Aggregates USA (Augusta), LLC
 - c. Aggregates USA (Macon), LLC
 - d. Aggregates USA (Sparta), LLC
 - e. CalMat Co. d/b/a Vulcan Materials Company, Western Division
 - 1. Azusa Rock, LLC
 - f. Chem-Marine Corporation of South Carolina
 - g. North American Recycling and Crushing LLC
 - h. Vulcan Construction Materials, LLC
 - i. Legacy Vulcan, LLC
 - j. Heritage Logistics, LLC

State of Louisiana

James J. Donelon

COMMISSIONER OF INSURANCE

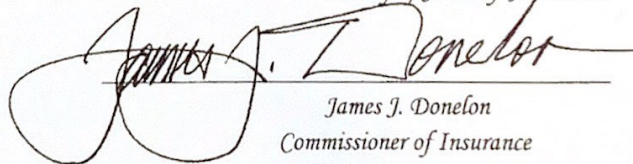
CERTIFICATE OF AUTHORITY

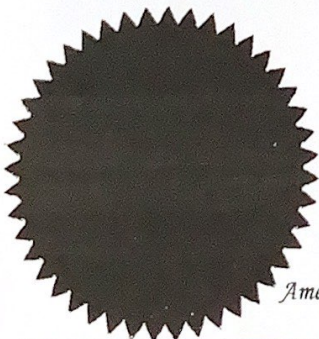
Whereas, the Liberty Mutual Insurance Company located at Massachusetts has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J. Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said Liberty Mutual Insurance Company is authorized to transact its appropriate business of Burglary and forgery; Crop; Fidelity; Fire and allied lines; Health and accident; Liability; Marine and transportation; Miscellaneous; Steam Boiler and Sprinkler Leakage; Surety; Vehicle; Workmans' Compensation Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

In Testimony Whereof, I hereunto subscribe my name,

and affix the seal of my office at Baton Rouge this

1st day of January A.D 2010.


James J. Donelon
Commissioner of Insurance



Amended: Original certificate effective date April 02, 1923