



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2021

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 USA Risk & Insurance Services 15 West South Temple, Suite 700 Salt Lake City, UT 84101 Attn: salllakecity.cerrequest@marsh.com CN123967858-STND9-GAWUP-21-22	CONTACT NAME: _____	FAX (A/C, No): _____
	PHONE (A/C, No, Ext): _____	E-MAIL ADDRESS: _____
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: ACE Property And Casualty Ins Co		20699
INSURER C: Factory Mutual Insurance Company		21482
INSURER D: Gemini Insurance Co		10833
INSURER E: _____		
INSURER F: _____		

COVERAGES **CERTIFICATE NUMBER:** SEA-003655838-06 **REVISION NUMBER:** 2

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 <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XSL G27630613 Limits to the right include a \$5,000,000 Retention	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 7,500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 7,500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 7,500,000
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS - COMP/OP AGG	\$ 7,500,000
								\$
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ISA H08874189 (Primary)	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
D	<input checked="" type="checkbox"/> ANY AUTO			GVE100221703 (Auto Buffer)	04/01/2021	04/01/2022	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS			Auto Buffer Limit: \$2,500,000			BODILY INJURY (Per accident)	\$
A	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XSA H08874542 (Excess)	04/01/2021	04/01/2022	PROPERTY DAMAGE (Per accident)	\$
							Combined Single Limit	\$ 2,500,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XEU G71504761-003	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							GL Additional Limits	\$ 2,500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SCF C68930418 (WI)	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A	WLR C68930406 (AOS)	04/01/2021	04/01/2022	E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
C	All Risk Property			1078792	03/01/2021	03/01/2022	Real & Personal Property Limit	5,000,000
							Deductible	1,000,000

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

CERTIFICATE HOLDER

SAMPLE CERTIFICATE
901 W. Legacy Center Way
Midvale, UT 84074

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
of Marsh USA Risk & Insurance Services
Christine Shetler *Christine Shetler*



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Risk & Insurance Services		NAMED INSURED EnviroServe, Inc. 4600 Brookpark Road Cleveland, OH 44134	
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

Rented/Borrowed Contractors Equipment: Policy: 1062522 Carrier: Factory Mutual Insurance Company Effective Date: 03/01/2020 Expiration Date: 03/01/2021 Per Item Limit: \$3,300,000 Aggregate: \$5,000,000.

Transportation/Cargo Coverage: Policy #: 1062522 Carrier: Factory Mutual Insurance Co. Effective Date: 03/01/2020 Expiration Date: 03/01/2021 Not to exceed a \$100,000 limit for property of others when acting as a common or contract carrier.

Contractors Pollution Liab. Policy #: 004014600 Carrier: Ironshore Specialty Insurance Company Effective Date: 04/01/2019 Expiration Date: 04/01/2022 Each Claim: \$1,000,000/Aggregate: \$2,000,000 Excess Contractors Pollution Liab. Policy #: 004014700 Carrier: Ironshore Specialty Insurance Company Effective Date: 04/01/2019 Expiration Date: 04/01/2022 Each Claim/Aggregate: \$4,000,000