

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/13/2021

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.

lf	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the t	erms	and conditions of the pol	licy, cer	tain policies						
PRODUCER						CONTACT Sandy Watterson						
AssuredPartners / Daly Merritt Insurance						Ext): (734) 28	(734) 283-1400 FAX (A/C, No): (734) 283-1400					
3099 Biddle Avenue						-MAIL sandy watterson@assurednartners.com						
					ADDRES	is. ,		•			NAIC #	
Wyandotte MI 48192						INSURER(s) AFFORDING COVERAGE INSURER A: Homeland Insurance Company of NY					34452	
INSURED						A4141 C	Speciality Insur	<u> </u>			27154	
Environmental & Disposal Management, LLC						INSURER B: Atlantic Speciality Insurance Co INSURER C: Accident Fund General						
1900 Stephenson Highway						INSURER D :						
Suite 100												
Troy				MI 48083	INSURER E:							
,			ATE I	NUMBER: CL217132177	INSURER F : 70 REVISION NUMBER:							
_		I 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												
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THI	E TERMS,			
INSR			DLICIES. LIMITS SHOWN MAY HAVE BEEN ADDL SUBR			POLICY EFF POLICY EXP						
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	4.00	0,000	
								EACH OCCURRENCE DAMAGE TO RENTER		300		
	CLAIMS-MADE OCCUR					07/05/0004	07/05/0000	PREMISES (Ea occurrence)		\$ 300,000		
				7020066050004				MED EXP (Any one pe		1 000 000		
Α				7930066050004		07/25/2021	07/25/2022	PERSONAL & ADV IN	JURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$ 2,000,000		
	POLICY PRO-							PRODUCTS - COMP/0		\$ 2,000,000		
	OTHER:			 				COMBINED SINGLE L		\$ 1,000,000		
В	AUTOMOBILE LIABILITY							(Ea accident)		<u> </u>		
	ANY AUTO OWNED SCHEDULED			700000000004		07/05/0004	07/05/0000	BODILY INJURY (Per		\$		
	AUTOS ONLY HIRED AUTOS NON-OWNED			7930066060004		07/25/2021	07/25/2022	BODILY INJURY (Per a PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)		\$			
	X CA9948 X MCS-90				\longrightarrow					\$ 5,000,000		
Α	UMBRELLA LIAB OCCUR			70000007004	07/25/2021	07/25/2021	07/25/2022	EACH OCCURRENCE		\$ 5,000,000		
	EXCESS LIAB CLAIMS-MADE			7930066070004				AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION	\vdash						DED		\$		
С	AND EMPLOYERS' LIABILITY Y/N	N/A						➤ PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y			WCV8011628		07/25/2021	07/25/2022	E.L. EACH ACCIDENT		\$ 1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EN	//PLOYEE	\$ 1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,000,000 \$1,000,000		
	Contractors Pollution			70000000000		07/05/0004	07/05/0000	Ea Poll Condition		. ,	*	
А	Professional Liability			7930066050004		07/25/2021	07/25/2022	Each Claim		\$1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
Insured Copy						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						