



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2022

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 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 R & R Insurance Services, Inc N14 W23900 Stone Ridge Drive Waukesha WI 53188 | CONTACT NAME: Lisa Proffitt |
| | PHONE (A/C, No, Ext): (262)574-7000 FAX (A/C, No): (262)574-7080 |
| | E-MAIL ADDRESS: Lisa.Proffitt@rrins.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Scottsdale Insurance Company |
| | INSURER B: Selective Insurance |
| | INSURER C: Colony Insurance Co |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |
| INSURED H2 Flo LLC 5357 S Ninth Street Milwaukee WI 53221 | NAIC # |

COVERAGES

CERTIFICATE NUMBER: 22/23 Liability

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | VRS0005221 | 5/8/2022 | 5/8/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input checked="" type="checkbox"/> Contractors E&O - Occ | | | VRSD100 | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> Prof Liab - Claims Made | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | | Professional/ Contractors E&O \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | S 2491800 | 5/1/2022 | 5/1/2023 | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 2,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | EXO4267510 | 5/8/2022 | 1/8/2023 | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | WC 9101712 | 5/1/2022 | 5/1/2023 | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input checked="" type="checkbox"/> Y | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Pollution Liability | | | VRS0005221 | 5/8/2022 | 5/8/2023 | Each Pollution Condition 1,000,000 Claims Aggregate Limit 2,000,000 |

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

GFL Zion Landfill Inc is additional insured on the General Liability as their interest may appear. Bill Christel, Rob Bruno and William Schweda are excluded from the Workers Compensation.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| GFL Zion Landfill Inc John Hagopian 701 Green Bay Rd Zion, IL 60099 | 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 |
| | William Katzfey/LV427  |

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ACORD 25 (2014/01)

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INS025 (201401)



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| | E-MAIL ADDRESS: Lisa.Proffitt@rrins.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Scottsdale Insurance Company |
| | INSURER B: Selective Insurance |
| | INSURER C: Colony Insurance Co |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |
| INSURED H2 Flo LLC 5357 S Ninth Street Milwaukee WI 53221 | NAIC # |

COVERAGES

CERTIFICATE NUMBER: 22/23 Liability

REVISION NUMBER:

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|----------|---|--|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | VRS0005221 | 5/8/2022 | 5/8/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input checked="" type="checkbox"/> Contractors E&O - Occ | | | VRSD100 | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> Prof Liab - Claims Made | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | | Professional/ Contractors E&O \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | S 2491800 | 5/1/2022 | 5/1/2023 | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 2,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | EXO4267510 | 5/8/2022 | 1/8/2023 | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | WC 9101712 | 5/1/2022 | 5/1/2023 | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Pollution Liability | | | VRS0005221 | 5/8/2022 | 5/8/2023 | Each Pollution Condition 1,000,000 Claims Aggregate Limit 2,000,000 |

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

Ralos LLC is additional insured, landlord as their interest may appear.
Bill Christel, Rob Bruno and William Schweda are excluded from the Workers Compensation.

CERTIFICATE HOLDER

joe@marshallereciting.com

Ralos LLC
9415 S 9th Street
Milwaukee, WI 53221

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

William Katzfey/LV427

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| | E-MAIL ADDRESS: Lisa.Proffitt@rrins.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Scottsdale Insurance Company |
| | INSURER B: Selective Insurance |
| | INSURER C: Colony Insurance Co |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |
| INSURED H2 Flo LLC 5357 S Ninth Street Milwaukee WI 53221 | NAIC # |

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| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input checked="" type="checkbox"/> Contractors E&O - Occ | X | | VRS0005221 | 5/8/2022 | 5/8/2023 | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> Prof Liab - Claims Made | | | VRSD100 | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | | Professional/ Contractors E&O \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | S 2491800 | 5/1/2022 | 5/1/2023 | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 2,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | EXO4267510 | 5/8/2022 | 1/8/2023 | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input checked="" type="checkbox"/> N/A | | WC 9101712 | 5/1/2022 | 5/1/2023 | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Pollution Liability | | | VRS0005221 | 5/8/2022 | 5/8/2023 | Each Pollution Condition 1,000,000 Claims Aggregate Limit 2,000,000 |

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

Waste Management Inc. and anyone else required by written contract are included as additional insureds on the General Liability on a primary & non-contributory basis, per form listed above when required by written contract.

Bill Christel, Rob Bruno and William Schweda are excluded from the Workers Compensation.

CERTIFICATE HOLDER

wm@ebix.com

Waste Management Inc.
PO Box 100085 - WT
Duluth, GA 30096

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

William Katzfey/LV427

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