

CERTIFICATE OF INSURANCE

**FINANCIAL RESPONSIBILITY – CERTIFICATE OF INSURANCE**  
**UNDERGROUND STORAGE TANK (UST)**

|                            |  |
|----------------------------|--|
| <b>Name [of location]:</b> | Costco Wholesale Corporation           |
| <b>Address:</b>            | See Attachment                         |
| <b>Policy Number:</b>      | SF24ESPZ07GA3IC                        |
| <b>Period of Coverage:</b> | 07/01/2024 – 07/01/2027                |
| <b>Name of Insurer:</b>    | Navigators Specialty Insurance Company |
| <b>Address of Insurer:</b> | One Penn Plaza, New York, NY 10119     |
| <b>Name of Insured:</b>    | Costco Wholesale Corporation           |
| <b>Address of Insured:</b> | P.O. Box 35005, Seattle, WA 98124      |

Certification:

1. Navigators Specialty Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

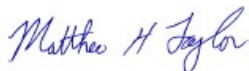
| Name of Location                            | Address | Number of Tanks |
|---|---------|-----------------|
| Per the attached Facility and Tank Schedule |         |                 |

for taking corrective action and compensating third parties for bodily injury and property damage caused by either sudden accidental releases or nonsudden accidental releases or accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under Policy # SF24ESPZ07GA3IC. The effective date of said policy is 07/01/2024.

2. The Insurer further certifies the following with respect to insurance described in Paragraph 1:
  - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
  - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
  - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
  - d. Cancellation or any other termination of the insurance by the Insurer, except for nonpayment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the insured. Cancellation for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after a minimum of ten (10) days after a copy of such written notice is received by the insured.
  - e. The insurance covers claim(s) otherwise covered by the policy that are reported to the Insurer within six (6) months of the effective date of cancellation or nonrenewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 329 IAC 9-8-8-(b)(1) and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess or surplus lines insurer in one or more states.



Matthew H Taylor  
 Site Pollution Segment Leader  
 Authorized Representative of Navigators Specialty Insurance Company  
 One Penn Plaza, New York, NY 10119

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Facility and Tank Schedule:

| Location Number | Location Name | Gas Station Address       | City         | ST | Zip   | Gas Station Opening Date | # of Fuel Tanks | Fuel Tank Size in gallons                | Detergent Additive Opening Date | Additive Tank Size in gallons      |
|-----------------|---------------|---------------------------|--------------|----|-------|--------------------------|-----------------|--|---------------------------------|------------------------------------|
| 346             | Castleton     | 6110 East 86th Street     | Indianapolis | IN | 46250 | 10/2/2002                | 3 UST           | 20,000                                   | 11/14/2011                      | 1,500 UST                          |
| 347             | Fortune Park  | 9010 Michigan Road        | Indianapolis | IN | 46268 | 10/2/2002                | 4 UST           | 3-20,000 (gasoline)<br>1-20,000 (diesel) | 7/30/2015                       | 1,500 UST<br>1,500 UST             |
| 370             | Merrillville  | 1310 East 79th Ave        | Merrillville | IN | 46410 | 10/23/2001               | 3 UST           | 20,000                                   | 10/3/2011                       | 1,500 UST                          |
| 1161            | Ft. Wayne     | 5010 Value Drive          | Fort Wayne   | IN | 46808 | 7/15/2013                | 3 UST           | 30,000                                   | 7/15/2013                       | 1,500 UST                          |
| 1183            | Mishawaka     | 515 East University Drive | Granger      | IN | 46530 | 11/7/2014                | 3 UST           | 30,000                                   | 11/7/2014                       | 1,500 UST                          |
| 1227            | Indianapolis  | 4616 E. County Line Road  | Indianapolis | IN | 46237 | 6/22/2016                | 4 UST           | 3-30,000<br>1-20,000                     | 6/22/2016                       | 3,500 UST (split)<br>(2,000/1,500) |
| 1331            | Evansville    | 1231 Cross Pointe Place   | Evansville   | IN | 47715 | 6/27/2019                | 3 UST           | 30,000                                   | 6/27/2019                       | 1,500 UST                          |
| 1577            | Avon          | 8860E. US HWY 36          | Avon         | IN | 46123 | 10/28/2021               | 3 UST           | 40,000                                   | 10/28/2021                      | 1,500 UST                          |
| 1666            | Noblesville   | 14747North Pointe Blvd    | Noblesville  | IN | 46060 | 11/20/2023               | 3UST            | 40,000                                   | 11/20/2023                      | 1,500 UST                          |



## Certification of Financial Responsibility

Owner ID: 19865

Costco Wholesale Corporation (owner and operator) hereby certifies that it is in compliance with the requirements of 329 IAC 9-8.

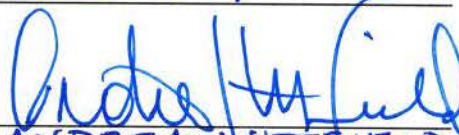
The financial assurance mechanism(s) used to demonstrate financial responsibility under 329 IAC 9-8 is as follows:

|                               |  |
|-------------------------------|--|
| Type of mechanism:            | Certificate of Insurance                                   |
| Name of Issuer:               | Navigators Specialty Insurance Company                     |
| Mechanism number:             | Policy Number: SF24ESPZ07GA3IC                             |
| Amount of coverage:           | \$1,000,000 each occurrence / \$1,000,000 annual aggregate |
| Effective period of coverage: | July 1, 2024 to July 1, 2027                               |

The insurance, as evidenced by the Certificate of Insurance, covers compensating third parties for bodily injury and property damage caused by accidental release.

Signature of owner/operator:   
Name of owner/operator: Laura Devine  
Title: Insurance Manager

Date: 6/25/24

Signature of witness:   
Name of witness: ANDREA WITTFIELD  
Title: INSURANCE MANAGER

Date: 6/25/24