



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/27/2023

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).

<b>PRODUCER</b> VTC Insurance Group 37000 Grand River Ave Ste 150  Farmington Hills MI 48335	<b>CONTACT NAME:</b> Kelly Atkinson <b>PHONE (A/C, No, Ext):</b> (248)471-0970 <b>FAX (A/C, No):</b> (248)471-0641 <b>E-MAIL ADDRESS:</b> katkinson@vtcins.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Nautilus Insurance Company <b>INSURER B:</b> Depositors Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 23-24 Master w Pollution

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	ECP203972910	2/26/2023	2/26/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Y	ACPBAPD3110292095	2/26/2023	2/26/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FFX203973010	2/26/2023	2/26/2024	EACH OCCURRENCE	\$ 14,000,000
							AGGREGATE	\$ 14,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ACPWCD3110292095	2/26/2023	2/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<b>Pollution Liability</b>			ECP203972910	2/26/2023	2/26/2024	Limit	\$1,000,000
							Deductible	\$25,000

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

RE: #21109. Where required by written contract, Engineering Management, Inc., Cam-Or Site Extended Group, Cam-Or Site Extended Group Member Companies: Arconic Corporation as successor-in-interest to Alcoa, Inc., ANR Pipeline Company, C. Stoddard & Sons, Inc., Clean Harbors Environmental Services, Inc., Consolidated Rail Corporation, CSX Transportation, Inc., Ford Motor Company, Imperial Oil Limited, Northern Indiana Public Service Company LLC, Rockwell Automation, Tennessee Gas Pipeline Company, Trane Technologies Company LLC, United States Steel Corporation, Kurtis Warren Coulter, John William Coulter Living Trust, Engineering Management, Inc., Environmental Resources Management, Richard M. and Deborah E.

**CERTIFICATE HOLDER****CANCELLATION**

Engineering Management, Inc., 4715 Sherbrooke Court Attn: Diane E McCausland Allison Park, PA 15101	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 Alan Chandler/LMG 
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ACORD 25 (2014/01)

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## COMMENTS/REMARKS

Matthys, State of Indiana, and the United States of America are add'l insured for General Liability (GL) as respects ongoing & completed operations on a primary & non-contributory basis and add'l insured with respects to Automobile liability. GL & Auto policies include a waiver of subrogation on behalf of Additional Insured as required by written contract and where allowed by law. Umbrella liability coverage follows form over GL, Auto, Employers Liability & Pollution Liability.

## COMMENTS/REMARKS

Professional Liability - Nautilus Insurance Company  
Policy #TBD  
Policy Term: 2/26/2023 to 2/26/2024  
Limit: \$1,000,000 Each Claim  
Deductible: \$25,000  
Claims Made  
Retro Date 2/26/2005

Inland Marine-Allied Property and Casualty Insurance Company  
Policy # ACPCIMP3100292095  
Policy Term: 02/26/2023 to 02/26/2024  
Leased/Rented Equipment \$100,000 \$1,000 Deductible