



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).

PRODUCER VTC Insurance Group 37000 Grand River Ave Ste 150 Farmington Hills MI 48335		CONTACT NAME: Kelly Atkinson PHONE (A/C, No, Ext): (248) 471-0970 FAX (A/C, No): (248) 471-0641 E-MAIL ADDRESS: katkinson@vtcins.com	
INSURED Job Site Services, Inc. 4395 Wilder Road Bay City MI 48706		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: Depositors Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 17370	

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"/> COMMERCIAL GENERAL LIABILITY	X	Y	ECP203972910	2/26/2023	2/26/2024	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY	X	Y	ACPBAPD3110292095	2/26/2023	2/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000	
	<input checked="" type="checkbox"/> ANY AUTO							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) \$
							\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			FFX203973010	2/26/2023	2/26/2024	EACH OCCURRENCE \$ 14,000,000	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 14,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A		ACPWCD3110292095	2/26/2023	2/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Pollution Liability			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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INS025 (201401)

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