

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CLEAWAT-01

| BALES |
|-------|
| |

04/18/2024

| C B R | THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN | VEL' URA ID TI | Y OF NCE HE C | R NEGATIVELY AMEND, E DOES NOT CONSTITUTE ERTIFICATE HOLDER. | EXTEND OR ALT E A CONTRACT | ER THE CO | OVERAGE AFFORDED THE ISSUING INSURER(| BY THI (S), AU | E POLICIES |
|--------------|--|----------------------|------------------------|---|---|---|---|-------------------|----------------------|
| lf | MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to | t to | the | terms and conditions of th ficate holder in lieu of such | e policy, certain n endorsement(s) | policies may | | | |
| PRO | DDUCER | | | C | ONTACT AME: | | | | |
| | gh Wood Inc. | | | | PHONE (A/C, No, Ext): (212) 509-3777 FAX (A/C, No):(212) 509-4906 | | | | |
| New | Broadway w York, NY 10006 | | | Ē | -MAIL DDRESS: insurance | ce@hughwo | | | |
| | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC # |
| | | | | I | SURER A : Great | American Ir | surance Company | | 16691 |
| INSU | URED | | | IN | ISURER B : Under | writers at L | loyds/Arch Specialty | lns. | N/A-21199 |
| | Clean Water of New York Inc | 2. | | | ISURER C : U.S. S | pecialty Ins | urance Company | | 29599 |
| | William J. Lauer Corp. 3249 Richmond Terrace | | | | SURER D : Manufa | acturers All | liance Insurance Com | pany | 36897 |
| | Staten Island, NY 10303 | | | | ISURER E : Americ | can Longsh | ore Mutual Assoc. Lte | d | N/A |
| | | | | IN | ISURER F: Westcl | hester Surp | olus Lines Insurance (| Co. | 10172 |
| CO | OVERAGES CERT | TIFIC | ATE | NUMBER: | | | REVISION NUMBER: | | |
| IN C E | THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F | equi Per Polic | REME Tain, Cies. | ENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE BE | OF ANY CONTRA D BY THE POLIC EEN REDUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESPE | СТ ТО | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,00 |
| | CLAIMS-MADE X OCCUR | x | х | OMH7977508-26 | 04/19/2024 | 04/19/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,00 |
| | | | | | | | MED EXP (Any one person) | \$ | 5,00 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,00 |
| | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,00 |
| | OTHER: | | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,00 |
| | X ANY AUTO | Х | X | CAP4291607-14 | 04/19/2024 | 04/19/2025 | BODILY INJURY (Per person) | \$ | |
| _ | OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ | |
| В | X EXCESS LIABILITY | | | SCT1238724/UXP1043206 | -03 04/19/2024 | 04/19/2025 | EXCESS AUTO LIABILITY | \$ | 4,000,00 |
| С | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 9,000,00 |
| | EXCESS LIAB CLAIMS-MADE | E X | Х | CXS12534.044 | 04/19/2024 | 04/19/2025 | AGGREGATE | \$ | 9,000,00 |
| | DED RETENTION \$ | | | | | | | \$ | |
| D | | | | | | 04/19/2025 | X PER OTH- STATUTE ER | | |
| | Ť/N | | X | 0879395Y | 04/19/2024 | | E.L. EACH ACCIDENT | \$ | 1,000,00 |
| | (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,00 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,00 |
| Е | | | | ALMA01746-07 | 04/19/2024 04/19/20 | 04/19/2025 | E.L. EACH ACCIDENT | \$ | 1,000,00 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ \$ | 1,000,00 1,000,00 |
| | 1 | | | 1 | 1 | 1 | | φ | 1,000,00 |

| CERTIFICATE HOLDER | 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 |

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AGENCY CUSTOMER ID: CLEAWAT-01



LOC #: 1

Page 1 of 1

| ADDITIONAL REMA | RKS SCHEDULE |
|-----------------|---|
| | NAMED INSURED Clean Water of New York Inc. |

| AGENCY | | NAMED INSURED | | | |
|--|----------------------------------|--|--|--|--|
| Hugh Wood Inc. | | Clean Water of New York Inc. William J. Lauer Corp. | | | |
| POLICY NUMBER | | 3249 Richmond Terrace Staten Island, NY 10303 | | | |
| SEE PAGE 1 | | | | | |
| | NAIC CODE | | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: 4/19/2024 | | | |
| | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC | ORD FORM, | | | | |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabi | lity Insurance | | | | |
| ADDITIONAL INSURERS / COVERAGES: | ADDITIONAL INSURERS / COVERAGES: | | | | |
| INSURER F Westchester Surplus Lines Insurance Co. | | | | | |
| Policy No. G47401392002 effective 04/19/2024 - 04/19/2025 GENERAL LIABILITY \$1,000,000 Each Occurrence \$2,000,000 Products-Completed Operations Aggregate \$1,000,000 Personal and Advertising Injury \$ 500,000 Damage to Premises Rented to You \$ 25,000 Medical Payments POLLUTION LIABILITY \$1,000,000 Contractor's Pollution Liability - Each Pollution Condition \$1,000,000 Professional Liability - Each Claim \$1,000,000 Onsite Cleanup Endorsement - Each Pollution Condition \$1,000,000 Third Party Premises Pollution Endorsement \$1,000,000 Sudden and Accidental Premises Pollution Liability \$1,000,000 Non-Owned Disposal Site(s) Liability | | | | | |
| \$1,000,000/\$2,000,000 Transportation Pollution Liability <u>INSURER G</u> West of England Ship Owners Mutual | | | | | |
| Policy No. M2024/1616 effective 02/20/2024 - 02/20/2025 PROTECTION & INDEMNITY including POLLUTION LIABILITY Protection & Indemnity Limit: \$3,000,000,000 Pollution Liability Limit: \$1,000,000,000 | | | | | |
| INSURER A Great American Insurance Company | | | | | |
| Policy No. OMH4297889-07 effective 04/19/2024 - 40/19/2025 PROTECTION & INDEMNITY Limit: \$1,000,000 | | | | | |
| Policy No. OMH3500667-08 effective 04/19/2024 - 40/19/2025 VESSEL OWNER'S POLLUTION LIABILITY Limit: \$5,000,000 | | | | | |
| INSURER C 34% - U.S. Specialty Insurance Company 33% - Starr Indemnity & Liability Insurance Company <u>33% -</u> Liberty Mutual Insurance Company 100% Total | | | | | |
| Policy No. CXS12534.044 effective 4/19/2024-2025 UMBRELLA LIABILITY Limit: \$9,000,000 | | | | | |