

# ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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.

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	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROI						CONTACT NAME:					
Gow 70 F	Gowrie Group 70 Essex Road						o, Ext): (800) 2		FAX (A/0	X C, No): (860)	399-3615
Westbrook, CT 06498						E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED					INSURE	R в : Key Ris	sk Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E:					
						INSURER F:					
CO	VEF	RAGES CEF	RTIFIC	ATE	NUMBER:				<b>REVISION NUMBE</b>	ER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH F ED HEREIN IS SUBJ	RESPECT T	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY	11430	****			(MINIO DITTITI	(MINDDITTI)	EACH OCCURRENCE	\$	1,000,000

INSR LTR		TYPE OF INSURA	NCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL	LIABILITY	IIIOD	1112		(WING BETTTELL)	(MINIO D) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>F</u>	PLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SAUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X A	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α		UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION	1\$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH-		
	ANY	PROPRIETOR/PARTNER/E	XECUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	<i>'</i>	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATION	IS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	ution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES	CRIPT	ION OF OPERATIONS / LO	CATIONS / VEHICI	LES (A	CORE	D 101, Additional Remarks Schedule, ma	y be attached if mo	re space is requi	red)		

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.
***SAMPI	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

\*\*CERTIFICATE\*\*





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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SIC 1114 Avenue of the Americas LLC, 1114 6th Avenue Owner LLC, Brookfield Properties (USA II) LLC, and their respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities are listed as Additional Insured for General Liability where required by contract.

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.
1114 6th Avenue Owner LLC c/o Brookfield Properties 1114 Avenue of the Americas New York, NY 10036	AUTHORIZED REPRESENTATIVE  RELIGIOUS JAN.



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PROD	ouc	ER				CONTA NAME:	СТ				
	Gowrie Group 70 Essex Road						PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)				
Westbrook, CT 06498					E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E:					
						INSURER F:					
CO	/EF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE  INSR   ADDL SUBR  POLICY AUMEDIA					DLENT	POLICY EFF	POLICY EXP				
A	Х	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		_	1.000.000
^	^	COMMENCIAL GENERAL LIABILITY							EACH OCCURRENCE S	\$	.,,

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	(	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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Α	Poll	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
277 Park Avenue LLC, as Owner and Cassidy Turley New York Inc as Managing Agent are listed as additional insured on a primary and non-contributory basis for General Liability.

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.
277 Park Avenue, LLC 277 Park Avenue New York, NY 10172	AUTHORIZED REPRESENTATIVE  RU James Johnson Ja
ACOPD 25 (2016/02)	© 1000 2015 ACORD CORRORATION. All rights received





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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
THE IS TO CEPTIEV THAT THE POLICIES OF INCLIDANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE DO	LICY DEDIOD						

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
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Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hines Interests Limited Partnership, Willben Holdings LLC and 33 Benedict Place LLC are listed as additional insured.

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33 Benedict Place LLC c/o Hines Interests Limited Partnership 33 Benedict Place Greenwich, CT 06830	AUTHORIZED REPRESENTATIVE  RUJANJAHAN JA.
	0.4444.444.444.444.444.444.444.444.444.





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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
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American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVER A CEC.	DEVICION NUM	ADED:						

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			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
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	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
37 West 20th LLC and Olmstead Properties, Inc. and their members, managers, officers, directors, agents and employees are listed as Additional Insured for
General Liability on a primary and non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the additional
insured for General Liability, Automobile and Workers Compensation.

CERTIFICATE HOLDER	CANCELLATION
37 West 20th LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
c/o Olmstead Properties Inc. 575 8th Avenue Suite 2400 New York, NY 10018	AUTHORIZED REPRESENTATIVE  RUJAMUJAL

ACORD 25 (2016/03)

AMERLAM-01

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

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 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 have ADDITIONAL INSURED provisions or 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 Gowrie Group	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399-3615						
70 Essex Road Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

COVERAGES **CERTIFICATE NUMBER: 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.

		ISIONS AND CONDI	ПОІ	NS OF SUCH			LIMITS SHOWN MAY HAVE BEEN I					
INSR		TYPE OF INSUR	RANC	E	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENER	AL L	IABILITY				(11111111111111111111111111111111111111	(111111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	10,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT A	PPL	IES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT		LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:		<del></del>						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO					BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SC AU	HEDULED TOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X	NO AU	N-OWNED TOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α		UMBRELLA LIAB	X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB		CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTIO	ON \$								\$	
С	WOF	RKERS COMPENSATION	,							X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER	/EXE	CUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDE	יט?		IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATION	SNC	below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability					SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: LIRR 3rd Track Extension from Floral Park to Hicksville Contract #6240.

3rd Track Constructors, Dragados USA, John P. Picone, Inc., CCA Civil Inc, Halmar International LLC, Westbury Investors LLC, Wachtler Knopf Equities LLC, Hornig Capital Partners LLC, Vectra Management Group-NY Inc, Lalezarian Properties LLC, Floral Park LLC, 900 Merchants Concourse LLC, 114 OCR TT LLC, HSRE-SP Floral Park, LLC, Vito Logiudice & Co LLC, Long Island Rail Road (LIRR), Metropolitan Transportation Authority (MTA), its subsidiaries and affiliates and New York & Atlantic Railway Company (when applicable) Anacostia Rail Holdings and the respective affiliates and subsidiaries existing currently or in the future of and successors to each of the Indemnified Parties listed herein, The State of New York and Railroad Project Consultant for this project, MTA Capital Construction Company (MTACCC), New York City Transit Authority (NYCT), Metro North Commuter Railroad Company (MNR), Long Island Rail Road (LIRR), **SEE ATTACHED ACORD 101** 

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.
3rd Track Constructors 31 Garden Lane ∣Lawrence, NY 11559	AUTHORIZED REPRESENTATIVE RUJAMUJA

ACORD

LOC #: 1



#### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
Gowrie Group		American Lamp Recycling 55 Riverview Drive
POLICY NUMBER	Marlboro, NY 12542	
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS	FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25	FORM TITLE: Certificate of Liability Insurance	

#### **Description of Operations/Locations/Vehicles:**

MTA Bus Company (MTABus), Triborough Bridge & Tunnel Authority (B&T), Metropolitan Transportation Authority (MTA) and its subsidiaries and affiliates, and the City of New York (as owner) and the state of New York (state) and the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein; and NYS Department of Transportation and the Commissioner of Transportation and their subsidiaries and affiliates are Additional Insured as respects General Liability, Auto Liability and Umbrella Liability policy(ies), pursuant to and subject to the policy's terms, definitions, conditions and exclusions. The insurance provided in the General Liability and Auto Liability policy(ies) is primary and any other insurance shall be excess only, and not contributing. Waiver of Subrogation applies to Additional Insureds, as respects General Liability, Auto Liability, Umbrella Liability and Workers Compensation policy(s), pursuant to and subject to the policy's terms, definitions, conditions and exclusions.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

If	SUI	BROGATION IS V	WAI	IVED, subjec	ct to	the	DITIONAL INSURED, the particular terms and conditions of ficate holder in lieu of sur	the pol	icy, certain   orsement(s)	policies may				
PRO	DUCE	:R						CONTAC NAME:	СТ					
		Group x Road						PHONE (A/C, No	, Ext): (800) 2	262-8911	F (	AX A/C, No): (	860)	399-3615
		ook, CT 06498						E-MAIL ADDRES	ss: info@go	wrie.com				
									INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
								INSURE	R A : Nautilu	s Insurance	e Company			17370
INSU	RED							INSURE	RВ: <b>Key Ris</b>	k Insuranc	e Company			10885
		American La	amp	Recycling				INSURE	R C : Great D	ivide Insur	ance Company			25224
		55 Riverview						INSURE	RD:					
		Marlboro, N	Y 12	2542				INSURE	RE:					
								INSURE	RF:					
CO	VER	AGES		CER	TIFIC	ATE	NUMBER:				REVISION NUME	BER:		
IN C	DIC/ ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TAN SSU	IDING ANY R IED OR MAY	EQUI PER POLIC	REME TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF A	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSU	IRAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X	COMMERCIAL GENER	RALI	LIABILITY							EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE	X	OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$	100,000
											MED EXP (Any one pe	erson)	\$	10,000
											PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT A	AP <u>PL</u>	LIES PER:							GENERAL AGGREGA	TE	\$	2,000,000
	X	POLICY PRO-		LOC							PRODUCTS - COMP/O	OP AGG	\$	2,000,000
		OTHER:									Contr Pollution		\$	1,000,000
В	AUT	OMOBILE LIABILITY									COMBINED SINGLE L (Ea accident)	IMIT	\$	1,000,000
	X	ANY AUTO	_				BAP 2036592 12		9/30/2024	9/30/2025	BODILY INJURY (Per	person)	\$	
		OWNED AUTOS ONLY	SC AL	HEDULED JTOS							BODILY INJURY (Per		\$	
	X	HIRED X	NC AL	ON-OWNED JTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
													\$	
Α		UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE		\$	5,000,000
	X	EXCESS LIAB		CLAIMS-MADE			FFX 2036594 12		9/30/2024	9/30/2025	AGGREGATE		\$	5,000,000
		DED RETENTION		1									\$	
С	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	N Y								X PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER	R/FX	ECUTIVE Y/N	N/A		WCA 2006608 22		9/30/2024	9/30/2025	E.L. EACH ACCIDENT	г	\$	1,000,000
		ICER/MEMBER EXCLUDE Idatory in NH)	בט?		A						E.L. DISEASE - EA EM	//PLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATI	IONS	below							E.L. DISEASE - POLIC	CY LIMIT	\$	1,000,000
Α	Poll	lution Liability					SSP 2006609 14		12/31/2024	12/31/2027	OCC/AGG			5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
4 NYP Ventures LLC and EF1540 Broadway LLC are named as Additional Insureds for General Liability where required by written contract.

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.
4 NYP Ventures LLC 4 New York Plaza New York, NY 10004	AUTHORIZED REPRESENTATIVE  RELIGIOUS JA.
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION All rights reserved



ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911  E-MAIL ADDRESS: info@gowrie.com  INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company  INSURER B: Key Risk Insurance Company  INSURER C: Great Divide Insurance Company  INSURER D: INSURER E: INSURER F:	
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CBRE Inc, 400 Atlantic Street Title LLC, 400 Atlantic Management Associates LP and Spectrum Stamford LLC are listed as Additional Insured for General Liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

400 Atlantic Street Title LLC Spectrum Stamford, LLC c/o CBRE 400 Atlantic Street IStamford, CT 06901 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RUJAMUJAMUJA



,

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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PRODUCER	CONTACT NAME:						
Gowrie Group	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
rie Group ssex Road tbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
		· ·					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
420 Fifth Avenue Condominium, Board of Managers, Jones Lang LaSalle Americas, Inc. and Diverse Recycling Solutions are listed as additional insured on a primary and non-contributory basis for General Liability per written contract.

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.
420 Fifth Avenue Condominium Jones Lang LaSalle Americas, Inc. 420 Fifth Avenue New York, NY 10018	AUTHORIZED REPRESENTATIVE RUJAMUJAL





#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUM	ADED:

COVERAGES CERTIFICATE NUMBER: 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
4324 Company and Olmstead Properties, Inc. and their members, managers, officers, directors, agents and employees are listed as Additional Insured for
General Liability on a primary and non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the additional
insured for General Liability, Automobile and Workers Compensation.

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.
4324 Company c/o Olmstead Properties Inc. 575 8th Avenue Suite 2400	AUTHORIZED REPRESENTATIVE  RECIPIED TO
Now York NV 10019	and the state of t

ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Nautilus Insurance Company		17370			
INSURED	INSURER B: Key Risk Insurance Company		10885			
American Lamp Recycling 55 Riverview Drive	INSURER C : Great Divide Insurance Company	,	25224			
55 Riverview Drive	INSURER D :					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
· · · · · · · · · · · · · · · · · · ·	·					

COVERAGES CERTIFICATE NUMBER: 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD			(MANAGE) 1111)	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7.0.1.00 0.1.2.							\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE	Х	X	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
I		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brookfield Properties (USA II) LLC, Brookfield Properties Developer LLC, The Manhattan West Owners Association LLC, BOP MW Retail Subsidiary LLC, 5
Manhattan West Condominium; Board of Managers of 5 Manhattan West Condominium, 450 Partners LLC, & each of their respective affiliates, shareholders, members, managers, partners (including partners of partners), subsidiaries and related entities, and any successors and/or assigns of such entities; Landesbank Baden- Württemberg (as administrative agent for a syndication of lenders); Manufactures and Traders Trust Company; and such other and further entities and/ or individuals as may be identified by the Owners to the Consultant in writing are listed as Additional Insured for General Liability where required by written contract.

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.
450 Partners LLC c/o Brookfield Properties 450 West 33rd Street	AUTHORIZED REPRESENTATIVE  RL James Johnson Jo

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVER	AGE	NAIC #				
	INSURER A: Nautilus Insurance Compar	ny	17370				
INSURED	INSURER B: Key Risk Insurance Company						
American Lamp Recycling	INSURER C : Great Divide Insurance Con	npany	25224				
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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,

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 452 Fifth Avenue & 1 West 39th Street

452 Fifth Owners LLC, Reznik Paz Nevo Trusts LTD, c/o Jeffrey Zwick & Associates, P.C. 1515 Pine Street, Suite 130, Lakewood, NJ 08701, Cushman and Wakefield are included as Additional Insured as their interests may appear on a Primary and Noncontributory basis with a waiver of subrogation. Umbrella/Excess Liability extends over Commercial General Liability, Automobile liability, Employers Liability policies.

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.
452 Fifth Owners, LLC and Cushman & Wakefield U.S., Inc. 452 5th Avenue New York, NY 10018	AUTHORIZED REPRESENTATIVE  RUJBANG JA



<u>MTOMASELLI</u>



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

tine definitions debe not define in figure to the definitions helder in how or each endercoment(o).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 509 W. 34, L.L.C and C/O Tishman Speyer Properties LLC are listed as Additional Insured for General Liability where required by written contract.

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.

509 W. 34, L.L.C
C/O Tishman Speyer Properties LLC
66 Hudson Boulevard
New York, NY 10001

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

and common account to me nighte to the common account in how or	2011 011120 00111(0)1					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C,	No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Nautilus Insurance Company					
INSURED	INSURER B : Key Risk Insurance Company					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
		_				

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
5421 Equities LLC and Olmstead Properties, Inc. and their members, managers, officers, directors, agents and employees are listed as Additional Insured for
General Liability on a primary and non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the additional
insured for General Liability, Automobile and Workers Compensation.

CERTIFICATE HOLDER	CANCELLATION
5421 Equities LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
c/o Olmstead Properties Inc. 575 8th Avenue	AUTHORIZED REPRESENTATIVE

New York, NY 10018 ACORD 25 (2016/03)

**Suite 2400** 



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ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

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	(-)							
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road Westbrook, CT 06498  INSURED  American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399-3615							
70 E33CX NOGU	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
***************************************	INSURER D:							
Mariboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
550 Washington Owner (DE) LLC and Oxford I Asset Management USA Inc are listed as Additional Insured for General Liability where required by written contract and a Waiver of Subrogation is included in favor of the Additional Insured. Insurance is Primary and Non-Contributory.

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.

550 Washington Owner (DE) LLC C/O Oxford I Asset Management USA Inc. 550 Washington Street New York, NY 10014

AUTHORIZED REPRESENTATIVE





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE		NAIC #					
	INSURER A: Nautilus Insurance Company		17370					
INSURED	INSURER B: Key Risk Insurance Company INSURER C: Great Divide Insurance Company							
American Lamp Recycling								
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
· · · · · · · · · · · · · · · · · · ·	·							

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
600 Washington Acquisitions, LLC [Property Owner ("Owner")], 600 Washington Investors, LLC [Parent's Sole Member & Manager ("Manager")], RPO
Property Management, LLC [Owner's Property Manager], Rubenstein Properties Fund II [III], L.P. (the "Fund") [indirect parent of Owner], Rubenstein Partners,
L.P. [fund manager of the Fund], Delphi CRE Funding LLC, Each lender secured by the Property and Each entity controlled by, under the control of, under
common control with and/or majority owned by, any of the foregoing are listed as Additional Insured for on-going and completed operations on a primary and
non-contributory basis for General Liability where required by written contract.

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.
600 Washington Acquisitions, LLC c/o Rubenstein Partners 2929 Arch Street, 28th Floor Cira Centre Philadelphia, PA 19104-2868	RUTHORIZED REPRESENTATIVE



<u>MTOMASELLI</u>



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 Gowrie Group 70 Essex Road Westbrook, CT 06498	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911  E-MAIL ADDRESS: info@gowrie.com					
Wesiblook, 01 00430	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		ISIONS AND CONDITION:				LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	E	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIA		IIIOD			(MIND D) 1111)	(MINIO D) T T T T	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X C	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u>	S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHI AUTOS ONLY AUTO	EDULED OS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON AUTOS ONLY	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α		UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB (	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$								\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXEC	CUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)		, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS be	elow						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	ution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
_							1		l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
767 Fifth Partners LLC, a Delaware limited liability company, 767 Venture, LLC, a Delaware limited liability company, 767 Fifth Junior Mezz LLC, a Delaware limited liability company, 767 Fifth Senior Mezz LLC, a Delaware limited liability company, 767 Fifth LLC, a Delaware limited liability company, BP 767 Fifth LLC, a Delaware limited liability company, BP/DC Properties, Inc., a Maryland corporation, Boston Properties Limited Partnership. a Delaware limited partnership, Boston Properties, Inc., a Delaware corporation, BP Management, L.P., a Delaware limited partnership, Sungate Fifth Avenue LLC, a Delaware limited liability company, 767 LLC, a Delaware limited liability company, Wells Fargo Bank, N.A., as Administrative Agent for the benefit of the lenders are listed as Additional Insured for General Liability where required by written contract. Insurance is Primary and a Waiver of Subrogation is included in favor of the Additional Insureds.

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.
767 Fifth Partners LLC c/o Boston Properties Limited Partnership 767 Fifth Avenue, Concourse Level New York, NY 10153	AUTHORIZED REPRESENTATIVE RUJAMULTA



#### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 Gowrie Group		CONTACT NAME: PHONE (200) 200 2014				
70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	(A/C, No): (860) 3	399-3615		
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com		NAIC # 17370 10885 25224		
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Nautilus Insurance Company		17370		
INSURED		INSURER B: Key Risk Insurance Company		10885		
American Lamp Recy	cling	INSURER C: Great Divide Insurance Compar	ıy	25224		
55 Riverview Drive		INSURER D:				
American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBFR.			

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
IC US Capital Properties LLC, 85 Broad Street Property Management LLC, 85 Broad Street Property Owner LLC and CBRE, Inc. are listed as Additional Insured for General Liability where required by written contract.

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.
85 Broad Street Property Owner LLC c/o CBRE as agent 85 Broad St., 2nd Floor New York, NY 10004	AUTHORIZED REPRESENTATIVE  RUJAMUJAL

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of st	ich endorsement(s).		
PRODUCER	CONTACT NAME:		
Gowrie Group 70 Essex Road		FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Nautilus Insurance Company		17370
INSURED	INSURER B : Key Risk Insurance Company		10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	y	25224
55 Riverview Drive	INSURER D:		
Marlboro, NY 12542	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOV	VE FOR THE POL	ICY PERIOD

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.

E	XCLL	JSIONS AND CONDITIONS OF SUCH			EN REDUCED BY	PAID CLAIMS	-		
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Abscope Environmental Inc and O'Brien & Gere are listed as Additional Insured for General Liability on a primary and non-contributory basis where required by written contract.

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.
Abscope Environmental Inc. 7086 Commercial Drive  Canastota, NY 13032	AUTHORIZED REPRESENTATIVE  RELIGIONALLY



AM-01 MTOMASELLI



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in fieu of si	uch endorsement(s).	
PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860	) 399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Mariboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE B	OLICY PERIOD

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO N		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ADI Contracting LLC is listed as Additional Insured for General Liability on a Primary and Non-Contributory basis.

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.
ADI Contracting LLC 32 Mary Lane Bethpage, NY 11714	AUTHORIZED REPRESENTATIVE  RU Jahry Jr.
100DD 05 (0040(00)	S 4000 COAF A CORD CORDORATION AND THE CORDORA



AMERLAM-01

**MTOMASELLI** 

DATE (MM/DD/YYYY)

#### CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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 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 have ADDITIONAL INSURED provisions or be endorsed. If SURPOGATION IS WAIVED, subject to the terms and conditions of the policy certain policies may require an endorsement

	er rights to the certificate holder in lieu of su	uch endorsement(s).	iorsement. A si	atement on		
PRODUCER		CONTACT NAME:				
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	399-3615			
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Nautilus Insurance Company		17370		
INSURED		INSURER B: Key Risk Insurance Company	10885			
American Lamp Re	ecycling	INSURER C: Great Divide Insurance Compar	25224			
55 Riverview Drive		INSURER D:				
Marlboro, NY 12542	2	INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:			
INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED	IG ANY REQUIREMENT, TERM OR CONDITIO	HAVE BEEN ISSUED TO THE INSURED NAMED ABO ON OF ANY CONTRACT OR OTHER DOCUMENT WI EDED BY THE POLICIES DESCRIBED HEREIN IS S EBEEN REDUCED BY PAID CLAIMS.	TH RESPECT TO	WHICH THIS		
INSR TYPE OF INSUPANCE	ADDL SUBR BOLICY NUMBER	POLICY EFF POLICY EXP	LIMITE			

INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.
Advanced Environmental 33 Haves Street	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Elmsford, NY 10523



.AM-01 N

MTOMASELLI
DATE (MM/DD/YYYY)

#### CERTIFICATE OF LIABILITY INSURANCE

ACORD®

TE (MM/DD/YYYY) 1/8/2025

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.

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this certificate does not comer rights to the certificate holder in ned of such endorsement(s).					
PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B : Key Risk Insurance Company				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.

Advant-Edge Solutions of Middle Atlantic Inc. 17 Shea Way Newark, DE 19713 AUTHORIZED REPRESENTATIVE



M-01 MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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ting oci tinoate aces not conici ii	gines to the ocitinoate notaer in hea or st	don endorsement(s):		
PRODUCER		CONTACT NAME:		
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Nautilus Insurance Company		17370
INSURED		INSURER B: Key Risk Insurance Company		10885
American Lamp Recy	cling	INSURER C : Great Divide Insurance Compar	ny	25224
55 Riverview Drive	· ·	INSURER D :		
Marlboro, NY 12542		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Allstate Power Vac, Inc. Clean Venture, Cycle Chem is listed as Additional Insured for General Liability where required by written contract.

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.
	1

Allstate Power Vac, Inc. Clean Venture, Cycle Chem 1500 Rahway Avenue
|Avenel, NJ 07001

AUTHORIZED REPRESENTATIVE



# ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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this certificate does not come rights to the certificate holder in fied of such endorsement(s).					
PRODUCER		CONTACT NAME:			
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615	
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Nautilus Insurance Company		17370	
INSURED		INSURER B : Key Risk Insurance Company			
American Lamp Recycling		INSURER C: Great Divide Insurance Compan	у	25224	
55 Riverview Drive		INSURER D:			
Marlboro, NY 12542		INSURER E:			
		INSURER F:			
COVERAGES CERT	IFICATE NUMBER:	REVISION NUM	MBER:		

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO N		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

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

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.

American Energy Services LLC
23601 Laytonsville Road

23601 Laytonsville Road Laytonsville, MD 20882

ACORD 25 (2016/03)

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\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	y 25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:				
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 ADDL SUBR POLICY EXP (MM/DD/YYYY) INSR LTR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Χ ANY AUTO BAP 2036592 12 9/30/2024 9/30/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Х **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

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

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.
Aptar Congers 250 North Route 303  Congers. NY 10920	AUTHORIZED REPRESENTATIVE  RESPONSED TO THE PROPERTY OF THE PR
ACORD 25 (2046/02)	© 1000 2015 ACOPD COPPORATION All rights received





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

tine continuate account content	ignic to the continuate helder in hea or or	aon onaoroomoni(o)i					
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Nautilus Insurance Company		17370			
INSURED		INSURER B: Key Risk Insurance Company	10885				
American Lamp Recy	cling	INSURER C: Great Divide Insurance Company		25224			
55 Riverview Drive	3	INSURER D:					
Marlboro, NY 12542		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:				

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Asbestos & Environmental Consulting Corp is listed as Additional Insured for General Liability where required by written contract.

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
Asbestos & Environmental Consulting Corp 6308 Fly Road	RU Jam. R. J. T.
East Syracuse, NY 13057	1 Defendance of the
A CODD 25 (2046/02)	© 4000 2045 ACODD CODDODATION All viriable recommed





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su	ıch endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Company	y 25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WIT DED BY THE POLICIES DESCRIBED HEREIN IS SL	TH RESPECT TO WHICH THIS				

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Astoria Bank is listed as additional insured.

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.
Astoria Bank 1 Marcus Avenue Lake Success, NY 11042	AUTHORIZED REPRESENTATIVE  RUJAMU Johns Johnson
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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lf	SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain ¡ lorsement(s)	policies may			
PRO	DUCE	R				CONTA NAME:	СТ				
	owrie Group 0 Essex Road						o, Ext): (800) 2		FAX (A/C	, <sub>No):</sub> (860)	399-3615
		ok, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
						INSURE	R A : Nautilus	s Insurance	Company		17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company		10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224
	55 Riverview Drive						RD:				
	Marlboro, NY 12542						INSURER E :				
						INSURER F:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
IN CI	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		LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY					• • • • • • • • • • • • • • • • • • • •	•	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	100,000
									MED EXP (Any one persor	7	10,000
									PERSONAL & ADV INJUR		1,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	T i	2,000,000
	3.5	DDO DO	1							- + -	2 000 000

2,000,000 X POLICY FRO-PRODUCTS - COMP/OP AGG \$ Contr Pollution 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO 9/30/2024 9/30/2025 BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY \$ 5,000,000 X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Astoria Bank, it's lessors, partners, members, trustees, agents, representatives, directors, officers, employees and mortgagees are included as Additional Insureds as respects to General Liability.

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.
Astoria Bank One Astoria Bank Plaza  Lake Success, NY 11042	AUTHORIZED REPRESENTATIVE  RLJAMIJALIA





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).				
PRODUCER	CONTACT NAME:			
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615	
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Nautilus Insurance Company		17370	
INSURED	INSURER B: Key Risk Insurance Company		10885	
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y	25224	
55 Riverview Drive	INSURER D:			
Marlboro, NY 12542	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	/IBER:		
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ADDL SUBR INSD WVD INSR LTR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2.000.000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.
Atmos Solutions, Inc.	AUTHORIZED REPRESENTATIVE
6856 Eastern Avenue NW Suite 205 Washington, DC 20012	RC Journ Brokenge Tre
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



#### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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If	SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject Bertificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	policies may					
PROI	DUCE	R				CONTACT NAME:							
		Group x Road						262-8911	FAX (A/	X C, No): <b>(</b> 8	360) 3	399-3615	
		ook, CT 06498					<sub>ss:</sub> info@go		•	, , ,			
							INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #	
						INSURE	R A : Nautilu	s Insurance	e Company			17370	
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company			10885	
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company			25224	
		55 Riverview Drive				INSURE	RD:						
		Marlboro, NY 12542				INSURE	RE:						
						INSURE	RF:						
CO	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	ER:			
IN CI	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OED BY	ANY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH F	RESPEC	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	Х	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurren	nce) S	\$	100,000	
									MED EXP (Any one pers	·	\$	10,000	
									PERSONAL & ADV INJU	JRY S	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E S	\$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	AGG	\$	2,000,000	
		OTHER:							Contr Pollution		\$	1,000,000	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	ΛIT (	\$	1,000,000	
	X	ANY AUTO			BAP 2036592 12		9/30/2024	9/30/2025	BODILY INJURY (Per pe	erson) S	\$		

OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT OCC/AGG **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 5,000,000

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

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
Auidi and Sons LLC 190 Camp Street  Plainville, CT 06062	RC John Broken Ire.
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



AM-01 MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

		ts to the certificate					oquii o uii oiiu			
PRODUCER				CONTACT NAME:						
Gowrie Group 70 Essex Road				PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)					399-3615	
Westbrook, CT 0649	98			E-MAIL ADDRESS: in	fo@go	wrie.com				
				INSURER(S) AFFORDING COVERAGE				NAIC #		
				INSURER A :	lautilu	s Insurance	Company		17370	
INSURED			INSURER B : Key Risk Insurance Company					10885		
Americ		INSURER C: Great Divide Insurance Company					25224			
55 Riv	erview Drive	J		INSURER D:						
Maribo	oro, NY 12542			INSURER E :						
1				INSURER F:						
COVERAGES	C	CERTIFICATE NUM	IBER:			F	REVISION NUM	IBER:		
		LICIES OF INSURAN Y REQUIREMENT, T								
CERTIFICATE MAY	BE ISSUED OR N	MAY PERTAIN, THE JCH POLICIES. LIMITS	INSURANCE AFFOR	DED BY THE	POLIC	IES DESCRIBE				
INSR	OF INCURANCE	ADDL SUBR	DOLLOY NUMBER	POL	CY EFF	POLICY EXP		LIMITO		

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				(	\(\(\)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	NOTES ONE!						, , , , , , , , , , , , , , , , , , , ,	\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X PER OTH-	*	
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7/ N			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	<b>*</b>	5,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (AC	OPI	101 Additional Remarks Schedule ma	v he attached if mor	re space is requi	red)		

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

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.
Avon Wholesale Supply Inc. Post Office Box 473 Unionville, CT 06085	AUTHORIZED REPRESENTATIVE  RESPONSED TO THE PROPERTY OF THE PR

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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	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).												
_	DUCER			CONTACT NAME:									
Gow 70 E	rie Group ssex Road			PHONE (A/C, No, Ext): (800)	860) 399-3615								
	tbrook, CT 06498			E-MAIL ADDRESS: info@go	wrie.com								
				IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #						
				INSURER A : Nautilu	s Insurance	e Company	17370						
INSU	RED			INSURER B : Key Ris	sk Insuranc	e Company	10885						
	American Lamp Recycling			INSURER C : Great [	25224								
	55 Riverview Drive			INSURER D :									
	Marlboro, NY 12542			INSURER E :									
				INSURER F:									
CO	/ERAGES CEF	RTIFICATE	NUMBER:			REVISION NUMBER:							
IN	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.												
	CLUSIONS AND CONDITIONS OF SUCH						JALL THE TERMS,						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5						
Α	X COMMERCIAL GENERAL LIABILITY			,			\$ 1,000,000						
						DAMACE TO BENTED	400 000						

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α						,,	(	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X	X HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Pollution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Beam Enterprises Inc, Consigli Construction NY LLC, the Fund, the Dormitory Authority of the State of New York, the State of New York and the State University of New York, their trustees, officers, agents or employees and other parties are listed as Additional Insured for General Liability where required by written contract RE: Job 502, PROJECT: UALBANY BUILDING 27 RENOVATION

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.
Beam Enterprises Inc. 111 John Street New York, NY 10038	AUTHORIZED REPRESENTATIVE RUJAMUJAL





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER Gowrie Group 70 Essex Road Westbrook, CT 06498	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3 E-MAIL ADDRESS: info@gowrie.com	(800) 262-8911 FAX (A/C, No): (860) 399-3615					
Wesiblook, 01 00430	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

E	XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE   ADDL SUBR   POLICY NUMBER   POLICY EFF   POLICY EXP   (MM/DD/YYYY)   (MM/DD/YYYY)						LIMIT	s					
Α	Х	COMMERCIAL GE	NER	AL L	IABILITY				,,	, <u>-</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
											MED EXP (Any one person)	\$	10,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LII	MIT A	PPLI	IES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PR	CT		LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO							BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS										BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				X NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$				
												\$	
Α		UMBRELLA LIAB	L	X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB			CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETE	ENTIC	N \$								\$	
С	WOF	RKERS COMPENSA EMPLOYERS' LIAE	TION	,							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?										E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Pollution Liability							SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_										l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Deutsche Bank Trust Company Americas, as Indenture Trustee, BFP 300 Madison A LLC, Brookfield Properties (USA II) LLC, BFP 300 Madison II LLC, BFP 300
Madison B LLC, BFP 300 Madison 1 LLC, BFP 300 Madison M LLC, The Canadian Imperial Bank of Commerce, Wells Fargo Bank, National Association, and each of its subsidiaries and affiliates (including, without limitation, CIBC LeaseCo LLC, as now exist or may hereinafter be constituted), and their affiliates and all of their respective employees, officers, directors, partners, members, agents, board of managers, and any successors and assigns of such entities; any present or future mortgagee which encumbers an interest in the land or improvements commonly known as 300 Madison Avenue, New York, New York and its successors and assigns; and such other and further entities and/or individuals as may be identified by the Owner in writing are listed as Additional Insured where required by written contract.

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.
BFP 300 Madison II LLC	AUTHORIZED REPRESENTATIVE
c/o Brookfield Properties	0116 71 -
300 Madison	S-Man Colore ore
New York, NY 10017	© 4000 0045 AOODD OODDOD ATION All 2-14-





#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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tine certained december righted to the certained in the circumstance in the certain content (c).									
PRODUCER	CONTACT NAME:								
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615							
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A: Nautilus Insurance Company	17370							
INSURED	INSURER B: Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224							
55 Riverview Drive	INSURER D:								
Marlboro, NY 12542	INSURER E:								
	INSURER F:								

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINUSE/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Board of Cooperative Eductional Services is listed as Additional Insured for General Liability on a primary and non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.

Board of Cooperative Eductional Services
Albany-Schoharie-Schenectady-Saratoga Counties
900 Watervliet Shaker Road
Albany, NY 12205

AUTHORIZED REPRESENTATIVE



ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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· · · · · · · · · · · · · · · · · · ·							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Nautilus Insurance Compan	17370					
INSURED	INSURER B : Key Risk Insurance Compai	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR   POLICY EFF   POLICY EXP									
INSR LTR		TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	K ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY				9/30/2024	9/30/2025	X PER OTH-ER		
	ANY	PROPRIETOR PARTIER EXECUTIVE	N/A	WCA 2006608 2	WCA 2006608 22			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below		117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bonvi Management LLC and any of its locations: owned, controlled, operated, managed, subsidiary or related companies, LLC's corporations, entities as may exist for which Bonvi Management LLC has a responsibility, are included as Additional Insured, on a primary & non-contributory basis on all above policies (except Workers Compensation). Additional Insured endorsement providing On Going Operations & Completed Operations under General Liability will be CG 2010 07 04 & CG 2037 07 04 or its equivalent. Waiver of Subrogation will be provided to the Additional Insured under all coverages. No third party over exclusion.

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.

Bonvi Management LLC, 100 Motor Parkway LLC c/o Damianos Realty Group LLC 222 Middle Country Rd., Ste 300 Smithtown, NY 11787

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).										
PROD						CONTACT NAME:					
Gowi	rie Gre ssex F	oup Road			PHONE (A/C, No, Ext): (800) 262-8911   FAX (A/C, No): (860)				0) 399-3615		
Westbrook, CT 06498						E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSUR	RED					INSURE	RB: Key Ris	sk Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E :					
						INSURER F:					
COV	/ERA	GES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
		TO CERTIFY THAT THE POLICII ED. NOTWITHSTANDING ANY R									
		CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH								T TO A	LL THE TERMS,
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
	X c	OMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE Y OCCUR			ECD 2036503 12		0/30/2024	0/30/2025	DAMAGE TO RENTED		100.000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				<b></b>	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
C	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Pollution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brookfield Properties Corporation, Brookfield Financial Properties LP, BOP 245 Park LLC and their respective affiliates, shareholders, partners (including partners of partners), subsidiaries & related entities and any successors & assigns of such entities.

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.
DOD 045 Dark LLO	AUTHORIZED REPRESENTATIVE
BOP 245 Park LLC 245 Park Avenue	RC James Red. Tu
New York, NY 10167	1 min administration
ACODD 25 (2016/02)	@ 1000 2015 ACODD CODDODATION All rights recorded



MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:			
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	60) 399-3615		
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Nautilus Insurance Company	17370		
INSURED	INSURER B: Key Risk Insurance Company	10885		
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224		
55 Riverview Drive	INSURER D:			
Marlboro, NY 12542	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.			

COVERAGES CERTIFICATE NUMBER: 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:					Contr Pollution	\$	1,000,000	
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000	
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000	
		DED RETENTION \$						\$		
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000	
-	_									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BPREP 333 W 34th JV LLC, Brookfield Premier Real Estate Partners Pooling LLC, BPREP 333 W 34th LLC, Brookfield Properties (USA II) LLC, and their respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities are listed as Additional Insured for General Liability where required by written contract.

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.
BPREP 333 W 34th LLC c/o Brookfield Properties 333 West 34th Street	AUTHORIZED REPRESENTATIVE  RUMMURALIM



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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).										
PROD	UCE	R				CONTACT NAME:					
Gow	rie (	Group ( Road			PHONE (A/C, No	60) 399-3615					
70 Essex Road Westbrook, CT 06498						E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSUF	RED					INSURE	RB: Key Ris	sk Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D :					
		Marlboro, NY 12542				INSURE					
						INSURER F:					
COV	/ER	AGES CEF	RTIFIC	CATE	NUMBER:	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.									T TO WHICH THIS		
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY					, ,	, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			FCP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED	, 6	100,000

TYPE OF INSURANCE		TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
X COMMERCIAL GENERAL LIABILITY					,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:						Contr Pollution	\$	1,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
DED RETENTION\$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							\$	1,000,000
Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCY LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY AUTOS  Y HIRED  AUTOS ONLY AUTOS ONLY  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  N/A  WYA  WCA 2006608 22  9/30/2024	INSD   WVD   POLICY NUMBER   (MM/DD/YYYY)   (MM/DD/YYYY)   (MM/DD/YYYY)   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025      GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO   JECT   LOC     OTHER:   AUTOMOBILE LIABILITY   X   ANY AUTO   OWNED   AUTOS ONLY   INSD W/D   POLICY NOMBER   (MM/DD/YYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	CALIMS-MADE   CALIMS-MADE   CALIMS-MADE   COURENCE   SUBMINISTRANCE   SU	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Breeze National Inc., Consolidated Edison Company of New York, Inc., Orange and Rockland Utilities and Consolidated Edison Inc., are listed as Additional Insured for General Liability where required by a written contract that requires such status with regard to work performed by or on behalf of the named insured.

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.
Breeze National Inc. 843 S. Ocean Avenue Freeport, NY 11520	AUTHORIZED REPRESENTATIVE RUMMUNDAMUNUJA.





#### CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

tine continuate account content	ignic to the continuate helder in hea or or	aon onaoroomoni(o)i							
PRODUCER		CONTACT NAME:							
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	60) 399-3615					
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com							
		INSURER(S) AFFORDING COVERAGE		NAIC #					
		INSURER A: Nautilus Insurance Company		17370					
INSURED		INSURER B: Key Risk Insurance Company		10885					
American Lamp Recy	cling	INSURER C : Great Divide Insurance Compar	ny	25224					
55 Riverview Drive		INSURER D:							
Marlboro, NY 12542		INSURER E:							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:						

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.

XCLU	ISIONS AND CONDITI					REDUCED BY				
	TYPE OF INSURA	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL					,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGRE <u>GAT</u> E LIMIT AP	PLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC		LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							Contr Pollution	\$	1,000,000
AUTOMOBILE LIABILITY  X ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
					BAP 2036592 12	9/30/2024 9/30/2025		BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS								\$		
X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	5,000,000
X	EXCESS LIAB	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION	۱\$							\$	
WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
ANY	PROPRIETOR/PARTNER/E	EXECUTIVE [ ]	NI / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		)?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below									\$	1,000,000
Pol	lution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
	AUT X  WORAND ANY OFFI (Mare) If yeep	TYPE OF INSURA  X COMMERCIAL GENERA  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  PRO- PRO- JECT  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  DED  RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/A  OFFICER/MEMBER EXCLUDED  (Mandatory in NH)  If yes, describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X HOS ONLY X EXCESS LIAB  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  LIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY AUTOS  X HIRED  AUTOS ONLY X NON-OWNED  AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  WIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD    X   COMMERCIAL GENERAL LIABILITY     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   AUTOS ONLY   AUTOS ONLY     X   ANY AUTO   AUTOS ONLY   AUTOS ONLY     X   HIRED   AUTOS ONLY   AUTOS ONLY     UMBRELLA LIAB   X   OCCUR   AUTOS ONLY     X   EXCESS LIAB   CLAIMS-MADE     DED   RETENTION \$   WORKERS COMPENSATION   AND EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   WCA 2006608 22   9/30/2024     DED CRETERION OF OPERATIONS below	TYPE OF INSURANCE  INSD WVD  POLICY NUMBER  (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WCA 2006608 22  9/30/2024  9/30/2025	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBB (NSD WYD)  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  ECP 2036593 12  POLICY EFF (MM/DD/YYYY)  EACH OCCURRENCE DAMAGE TO RENTED PARMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG CONT POllution  COMBINED SINGLE LIMIT  ANY AUTO  OWNED AUTOS ONLY AUTOS	TYPE OF INSURANCE  ADDL SUBR NSD WYD  POLICY NUMBER  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  EACH OCCURRENCE S DAMAGE TO RENTED PREMISS (Ea occurrence) S MED EXP (Any one person) S PERSONAL & ADV INJURY S GENERAL AGGREGATE S PRODUCTS - COMP/OP AGG S CONTROLL AUTOS ONLY AUTOS ONL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brooklyn Navy Yard Development Corp, City of New York and City of New York Dept of Small Business Services are listed as additional insured for ongoing and completed operations where required by written contract. Coverage is Primary and a Waiver of Subrogation is included in favor of the Additional Insureds.

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.
Brooklyn Navy Yard Development Corp. 63 Flushing Avenue Unit #300 Brooklyn, NY 11205	AUTHORIZED REPRESENTATIVE  RUJAMUJALUJA

ACORD 25 (2016/03)



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Company					
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
		· ·				

COVERAGES CERTIFICATE NUMBER: **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,

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LOCATION: 370 LEXINGTON AVENUE, (TENANTS FLOOR), NEW YORK, NY 10017

Additional Insured: BSD 370 Lexington LLC, BSD 370 Lexington Management LLC, Broad Street Construction LLC, Broad Street Development LLC and each of their respective Directors, Officers, Employees, Partners, Shareholders, Members and Mortgagees and their successors and assigns. Invesco CMI Investments LP, ISAOA ATIMA - 2001 Ross Ave., Suite 3400 - Dallas TX 75202 is Additional Insured as Mortgagee.

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.
BSD 370 Lexington, LLC c/o Broad Street Development 370 Lexington Ave., Suite 312	AUTHORIZED REPRESENTATIVE  RUJAMUJA

ACORD 25 (2016/03)

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road		FAX (A/C, No): (860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C : Great Divide Insurance Company	y 25224					
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
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 ADDL SUBR INSD WVD POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2025 ECP 2036593 12 9/30/2024 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG 1,000,000 **Contr Pollution** OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CENTIFICATE HOLDEN	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

CANCELLATION

Carroll Construction Corporation Post Office Box 482 Ridgefield, CT 06877

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### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
452 Fifth Owners LLC, JP Morgan Chase, National Association ATIMA, CBRE Inc are listed as Additional Insureds by Endorsement (see attached)
as required by written agreement. Insurance Evidenced herein is Primary to the named additional insured as required by written agreement and a Waiver of
Subrogation applies as required by written agreement. Umbrella policy is follow form over the CGL, Automobile and Workers Compensation policies.

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.
CBRE, Inc. & 452 Fifth Owners LLC 452 5th Avenue New York, NY 10018	RUJam Johns Ja.



**AMERLAM-01** 

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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 comer rights to the certificate holder in ned of such endorsement(s).							
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Nautilus Insurance Company		17370			
INSURED		INSURER B: Key Risk Insurance Company					
American Lamp Recyc	eling	INSURER C: Great Divide Insurance Compan	ıy	25224			
55 Riverview Drive	_	INSURER D:					
Marlboro, NY 12542		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE P	OLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE PO	ICY 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYY) YYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		X				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

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.
Cherry Hill Public Schools 45 Ranoldo Terrace  Cherry Hill, NJ 08034	AUTHORIZED REPRESENTATIVE  RELIGIOUS John John John John John John John John

ACORD 25 (2016/03)



ACORD

### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

and detailed and the common regime to the detailed in new or autonomous (4).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company	1	17370				
INSURED	INSURER B: Key Risk Insurance Company	1	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	y 2	25224				
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

		ISIONS AND CONDITION				LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	E	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIA		IIIOD			(MIND D) 1111)	(MIND D) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X C	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u>	S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHI AUTOS ONLY AUTO	EDULED OS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON AUTOS ONLY	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α		UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB (	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$								\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXEC	CUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS be	elow						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	ution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
_							1		l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Ciminelli Real Estate Corp, Ciminelli Development Co Inc, Property Manager, Owner, and all other parties as required by executed contract are included as additional insured on a primary, non-contributory basis incl completed operations coverage under General Liability & Umbrella policies; additional insured under Auto Liability policy for work performed by or on behalf of the named insured on the captioned project. Waiver of subrogation applies in favor of the Additional Insured's as required by contract under General Liability, Auto Liability, Umbrella, and Workers Compensation coverage for work performed by or on behalf of the named insured on the captioned project. Thirty (30) days notice of cancellation or non-renewal, except for non-payment of premium applies to Certificate Holder according to the contractual obligations and as outlined by the additional insured endorsement form within the insurance policy under the General Liability, Auto, Umbrella and Workers' Compensation coverage's when required by executed contract. Umbrella coverage is following form without exception to the underlying General Liability, Auto, and Workers' Compensation coverage's.

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.
Ciminelli Real Estate Corporation 50 Fountain Plaza Suite 500 Buffalo, NY 14202	RUTHORIZED REPRESENTATIVE



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MTOMASELLI

5,000,000

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1/8/2025

CERTIFICATE OF LIABILITY INSURANCE

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.

lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to the	terms and conditions of t	the policy, certain	policies may			
PROI	DUCER			CONTACT NAME:				
	rrie Group ssex Road			PHONE (A/C, No, Ext): (800) 2	262-8911	FAX (A/C,	No):(860)	399-3615
	tbrook, CT 06498			E-MAIL ADDRESS: info@go	wrie.com			
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURER A : Nautilu	s Insurance	e Company		17370
INSU	RED			INSURER B : Kev Ris	sk Insuranc	e Company		10885
	American Lamp Recycling			INSURER C : Great D	ivide Insur	ance Company		25224
	55 Riverview Drive			INSURER D :		, , , , , , , , , , , , , , , , , , ,		
Mariboro, NY 12542								
				INSURER F:				
CO	VERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES. ADDL SUBR	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	OF ANY CONTRACTION OF ANY CONTRA	CT OR OTHER IES DESCRIB PAID CLAIMS. POLICY EXP	R DOCUMENT WITH RE ED HEREIN IS SUBJEC	SPECT T	O WHICH THIS
A A	X COMMERCIAL GENERAL LIABILITY	INSD WVD	FOLICT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
^			<b>500</b> 0000500 40	0/00/0004	0/00/0005	DAMAGE TO RENTED	\$	100,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	\$	10,000
						MED EXP (Any one person)	\$	,
						PERSONAL & ADV INJURY	′ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP A	GG \$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per perso	n) \$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accid	ent) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Albany Landfill is listed as Additional Insured for General Liability where required by written contract.

FFX 2036594 12

WCA 2006608 22

SSP 2006609 14

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.
City of Albany Landfill 525 Rapp Road Albany, NY 12205	AUTHORIZED REPRESENTATIVE  RESPONSED TO THE PROPERTY OF THE PR

X

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below

**OCCUR** 

**CLAIMS-MADE** 

N/A

**UMBRELLA LIAB** 

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

**EXCESS LIAB** 

Pollution Liability

DED

Х

**EACH OCCURRENCE** 

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

OTH-ER

AGGREGATE

X PER STATUTE

OCC/AGG

9/30/2025

9/30/2025

12/31/2024 12/31/2027

9/30/2024

9/30/2024





#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su		orsement. A statement on				
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D :					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW I						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.					
INSR LTR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	LIMITS				

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYY) YYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		X				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/0007		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Buffalo is listed as additional insured for work performed at 1326 Seneca Street & City Hall.

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.
City of Buffalo 65 Niagara Square Room 612 Buffalo, NY 14202	AUTHORIZED REPRESENTATIVE  RELIGIOUS John John John John John John John John
ACORD 25 (2046/02)	© 1000 2015 ACORD CORDORATION All rights received



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

		ROGATION IS WAIVED, subject tificate does not confer rights to							require an endorsement	. A st	atement on
PROD	JCER					CONTACT NAME:					
Gowr						PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3					399-3615
70 Essex Road Westbrook, CT 06498							<sub>ss:</sub> info@go		, , , , ,		
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSUR	ED					INSURE	R в : Key Ris	k Insuranc	e Company		10885
American Lamp Recycling					INSURE	R C : Great D	ivide Insur	ance Company		25224	
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E:					
						INSURER F:					
COV	ER/	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
	-	TO CERTIFY THAT THE POLICIEPD. NOTWITHSTANDING ANY R									
		ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	X	COMMERCIAL GENERAL LIABILITY						·	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000

INSR LTR		TYPE OF INSURA	ANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α		MMERCIAL GENERAL	L LIABILITY		2		(111112)	(	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AG	GGREGATE LIMIT AP	PLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POL	ICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	ОТН	HER:							Contr Pollution	\$	1,000,000
В	AUTOMO	BILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OW AU1	NED FOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIR	ED X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α	имі	BRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXC	CESS LIAB	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DE	RETENTION	1\$							\$	
С	WORKER AND EMP	S COMPENSATION							X PER OTH-		
	ANY PRO	PRIETOR/PARTNER/E	EXECUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		MEMBER EXCLUDED ry in NH)	1?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, des DESCRIP	cribe under TION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollutio	on Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of New York, Brooklyn Navy Yard Development Corp and City or New York Dept of Small Business Services are listed as additional insured for ongoing and completed operations where required by written contract. Coverage is Primary and a Waiver of Subrogation is included in favor of the Additional Insureds.

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.
City of New York 280 Broadway New York, NY 10007	RU Jam John Ja
	O 4000 COAF ACCED CORROBATION AND LA



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

CERTIFICATE NUMBER: COVERAGES 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of New York Dept of Small Business Services, Brooklyn Navy Yard Development Corp and City of New York are listed as additional insured for ongoing and completed operations where required by written contract. Coverage is Primary and a Waiver of Subrogation is included in favor of the Additional Insureds.

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.
City of New York Dept of Small Business Services 280 Broadway Rm 573 New York, NY 10007	AUTHORIZED REPRESENTATIVE  RUJBANG JA.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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lf	SUE	RTANT: If the certificate holder BROGATION IS WAIVED, subject Pertificate does not confer rights to	t to	the	terms and conditions of the po	licy, certain	policies may			
PRO	DUCE	R			CONTA NAME:	СТ				
		Group _				o, Ext): (800) 2	262-8911	FAX (A/C, No)	(860)	399-3615
		cRoad ok. CT 06498			E-MORI	ss: info@go	wrie.com	(AUS, 110)	<u> </u>	
		,			Abbiti			RDING COVERAGE		NAIC #
					INSUR	ER A : Nautilu				17370
INSU	RED							e Company		10885
		American Lamp Recycling						ance Company		25224
		55 Riverview Drive			INSUR			and company		
		Marlboro, NY 12542								
					INSUR					+
<u></u>	/ED	ACES CED	TIEIC	A T E		-K F .		DEVISION NUMBER.		
		AGES CER S TO CERTIFY THAT THE POLICIE			ENUMBER:	DEEN IGGITED		REVISION NUMBER:	THE DO	N ICV PERIOR
IN Cl	DICA ERTII	S TO CERTIFY THAT THE POLICIE TITED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	ENT, TERM OR CONDITION OF . THE INSURANCE AFFORDED B	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR			ADDL S			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(INIIVI/DD/TTTT)	(IMIM/DD/TTTT)	EACH OCCURRENCE	\[ \s	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						0.00.2021	0,00,2020	MED EXP (Any one person)	\$	10,000
									\$	1,000,000
								PERSONAL & ADV INJURY	T	2,000,000
	X	POLICY PRO- LOC						GENERAL AGGREGATE	\$	2,000,000
	_							PRODUCTS - COMP/OP AGG Contr Pollution	\$	1,000,000
В		OTHER:						COMBINED SINGLE LIMIT	\$	1,000,000
_	X	OMOBILE LIABILITY			DAD 0000500 40	0/00/0004	0/00/0005	(Ea accident)	\$	
	_	ANY AUTO OWNED SCHEDULED			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						(Per accident)	\$	
_									\$	5 000 000
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	.,, ,					E.L. DISEASE - EA EMPLOYE	≣ \$	1,000,000

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

SSP 2006609 14

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
Clean Earth, Inc	RC Jam Brokenge Ire.
ACODD 25 (2016/02)	© 1000 2015 ACORD CORRORATION All rights received

If yes, describe under
DESCRIPTION OF OPERATIONS below
Pollution Liability

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$
12/31/2024 12/31/2027 OCC/AGG

1,000,000

5,000,000





### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If	SU	BROGATION IS WAIVED, subjectificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may	•			
PROI	DUCE	R				CONTA NAME:	ст					
		Group x Road				PHONE (A/C, No	eo, Ext): (800) 2		i (	FAX (A/C, No): <b>(</b> 8	360) 3	399-3615
		ook, CT 06498				E-MAIL ADDRE	<sub>:ss:</sub> info@go	wrie.com				
							INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company			17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company			10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company	,		25224
		55 Riverview Drive				INSURE	ER D :					
		Marlboro, NY 12542				INSURE	ERE:					
						INSURE	ERF:					
CO	VER	AGES CEF	RTIFIC	ATE	NUMBER:				REVISION NUM	BER:		
IN	DIC	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY	REQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH	H RESPEC	CT TO	WHICH THIS
		JSIONS AND CONDITIONS OF SUCH								DULOT TO	ALL	THE TERMO,
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	E :	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTEL PREMISES (Ea occur		\$	100,000
									MED EXP (Any one pe	,	\$	10,000
									` , ,			1 000 000

X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							1,000,000
CLAIMS-MADE X OCCUR					EACH OCCURRENCE	\$	1,000,000
		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:					Contr Pollution	\$	1,000,000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY						\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
DED RETENTION \$						\$	
ND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
Mandatory in NH)	17.6				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCRIPTION OF OPERATIONS below						\$	1,000,000
Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X COCUR X EXCESS LIAB  CLAIMS-MADE	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS  X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NAY PROPRIETOR/PARTNER/EXECUTIVE D'EFICER/MEMBER EXCLUDED? Mandatory in NH) f yes, describe under JESCRIPTION OF OPERATIONS below	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION NND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below  WCA 2006608 22	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION NIND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/R/MEMBER EXCLUDED? WIND MANUAL MANU	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY X AUTOS ONLY  WORKERS LIAB  CLAIMS-MADE  DED  RETENTION \$  NORKERS COMPENSATION NOR DEPLOYERS' LIABILITY  NOY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS  AUTOS  AUTOS ONLY  X HIRED AUTOS ONLY  X MON-OWNED (Per accident)  DED RETENTION \$  WORKERS COMPENSATION NON EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/PIRMBER EXCLUDED?  MAY AUTOS ONLY  WCA 2006608 22  DED WAS AUTOS ONLY  N/A  WCA 2006608 22  DED RETENTIONS below  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  PROPERTY DAMAGE  AGGREGATE  FFX 2036594 12  9/30/2024  9/30/2025  X PER OTH- EL. DISEASE - EA EMPLOYEE  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS  AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  X EXCESS LIAB  DED  RETENTION \$  WORKERS COMPENSATION NO EMPLOYERS' LIABILITY  NAY POPRIETOR/PARTNER/EXECUTIVE DED  Mandatory in NH)  Nore Autos on Ly  NOR AUTOS ONLY  WCA 2006608 22  DED  OTHER:  COMBINED SINGLE LIMIT  (Ea accident)  S  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident)  \$  EACH OCCURRENCE \$  AGGREGATE \$  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH-  ER EL. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$

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

Proof of Insurance	
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
Coca-Cola Beverages LLC 375 Wireless Blvd ⊩Hauppauge, NY 11788	RC Jam Broken Ire
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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 s	uch endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company					
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW						

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.
Connecticut Innovations 865 Brook Street Rocky Hill. CT 06067-3444	AUTHORIZED REPRESENTATIVE  RELIGIONAL TO THE PROPERTY OF THE P
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to		uch endorsement(s).		
PRODUCER		CONTACT NAME:		
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	399-3615	
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com		
		INSURER(S) AFFORDING COVERA	GE	NAIC #
		INSURER A : Nautilus Insurance Company	1	17370
INSURED		INSURER B: Key Risk Insurance Compan	y	10885
American Lamp Recycling		INSURER C: Great Divide Insurance Com	25224	
55 Riverview Drive		INSURER D:		
Marlboro, NY 12542		INSURER E :		
		INSURER F:		
COVERAGES CERTI	IFICATE NUMBER:	REVISION	NUMBER:	
		HAVE BEEN ISSUED TO THE INSURED NAMED		
		ON OF ANY CONTRACT OR OTHER DOCUMENT RDED BY THE POLICIES DESCRIBED HEREIN		
EXCLUSIONS AND CONDITIONS OF SUCH PO			IS SUBJECT TO ALL	THE TERMS,
INSR TYPE OF INCUPANCE AL	DDL SUBR	POLICY EFF POLICY EXP		

TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LTR 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

Connecticut Tank Removal 118 Burr Court Bridgeport, CT 06605 ACORD 25 (2016/03)

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the contificate holder is an ADDITIONAL INSURED, the notice/(ice) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subjective to the subjection of the subjection of the subjection of the subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡	oolicies may	•		
PROI	DUCER				CONTAC NAME:	СТ				
	rie Group ssex Road					o, Ext): (800) 2	62-8911	FAX (A/C,	, <sub>No):</sub> (86	0) 399-3615
	tbrook, CT 06498				E-MAIL ADDRES	<sub>ss:</sub> info@go	wrie.com			
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Nautilus	s Insurance	e Company		17370
INSU	RED				INSURE	R в : Key Ris	k Insuranc	e Company		10885
	American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224
	55 Riverview Drive				INSURE	RD:		-		
	Marlboro, NY 12542				INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
IN CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RE SED HEREIN IS SUBJE	ESPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
								MED EXP (Any one persor	·	10,000
								PERSONAL & ADV INJUR		1,000,000
	OFAIL ACCRECATE LIMIT APPLIES DED.							OFNEDAL ACODECATE		2,000,000

<u>GEN'L AGGREGAT</u>E LIMIT AP<u>PLIE</u>S PER: GENERAL AGGREGATE 2,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG | \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO 9/30/2024 9/30/2025 BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Consigli Construction Co is listed as additional insured for General Liability where required by written contract.

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.
Consigli Construction Co. 199 W Rd #100  Pleasant Valley, NY 12569	AUTHORIZED REPRESENTATIVE  RELIGIONALITY  RELIGIONA



ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

MTOMASELLI

1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company					
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUM	ADED:				

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Breeze National Inc., Consolidated Edison Company of New York, Inc., Orange and Rockland Utilities and Consolidated Edison Inc., are listed as Additional Insured for General Liability where required by a written contract that requires such status with regard to work performed by or on behalf of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Consolidated Edison Company of New York Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Supply Chain Dept.	AUTHORIZED REPRESENTATIVE
4 Irving Place, 17th Fl New York, NY 10003	RC Jam Brokenge Tre.



AM-01 MTOMASELLI



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not comer rights to the certificate holder in fied of	n such endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COV	ERAGE	NAIC #				
	INSURER A: Nautilus Insurance Comp	any	17370				
INSURED	INSURER B : Key Risk Insurance Comp	any	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Company 2						
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISIO	N NUMBER:					
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LISTED BEI	JAN HAVE BEEN ISSUED TO THE INSUBED NAM		LICY DEDIOD				

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.
Consolidated Edison Solutions Inc. 100 Summit Lake Drive	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Valhalla, NY 10595



MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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ting bertinodic does not confer rights to the certinodic notice in hea or se	ion chaorsement(s):						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	60) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				(MINUS D) 1 1 1 1 1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х	Х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS		,				BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET						(i oi dooidont)	s	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		Х	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						//OOKEO/ITE	\$	
С	WORKERS COMPENSATION						X PER OTH-		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		Х	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	Ť	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	Ψ	5,000,000
	_								• •

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Constellation NewEnergy Inc and its affiliates are listed as Additional Insured for General & Automobile Liability on a primary and non-contributory basis. A
Waiver of Subrogation is included in favor of the Additional Insured.

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.
Constellation NewEnergy 1310 Point Steet 13th Floor Baltimore, MD 21231	AUTHORIZED REPRESENTATIVE  FULL James Ja.

ACORD 25 (2016/03)



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER						CONTACT NAME:						
Gowrie Group 70 Essex Road							o, Ext): (800) 2	262-8911	FA (A)	X /C, No): <b>(86</b>	0) 399-3615	
		ook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com				
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURE	R A : Nautilu	s Insurance	e Company		17370	
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company		10885	
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224	
		55 Riverview Drive				INSURER D :						
		Marlboro, NY 12542				INSURE	RE:					
						INSURER F:						
CO	VEF	RAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMB	ER:		
IN	DIC	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F	REQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH	RESPECT	TO WHICH THIS	
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								JECT TO A	ALL THE TERMS,	
INSR TYPE OF INSURANCE ADDL SUBR NVD POLICY NUMBER							POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY						· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,00	00
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrer	ence) \$	100,00	)0
									MED EXP (Any one pers	·	10,00	)0
									,, σ μ σ	· · · ·	1 000 00	าก

Α	X COMMERCIAL GENERAL LIABILITY			, ,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	s	2,000,000
	OTHER:					Contr Pollution	s	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s	
	ACTOS GIVET					( consistency	s	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	s	5,000,000
	DED RETENTION \$						s	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE // N		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-						1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Burlington is listed as Additional Insured for General Liability where required by written contract.

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.
County of Burlington PO Box 6000 Mount Holly, NJ 08060-6000	AUTHORIZED REPRESENTATIVE RUJAMUJAL
ACORD 25 (2016/02)	© 1000 2015 ACOPD COPPORATION All rights received





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER						CONTA NAME:	СТ				
		Group x Road					o, Ext): (800) 2	262-8911	FAX (A/C. No	):(860)	399-3615
		x Road ook, CT 06498					ss: info@go				
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	Company		17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company		10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224
		55 Riverview Drive				INSURE	R D :				
		Marlboro, NY 12542				INSURER E:					
						INSURE	RF:				
CO	OVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN CE	DIC	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGO	\$ \$	2,000,000
		OTHER:							Contr Pollution	•	1,000,000

COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					MED EXP (Any one person)	\$	10,000
					PERSONAL & ADV INJURY	\$	1,000,000
N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:					Contr Pollution	\$	1,000,000
OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS						\$	
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
DED RETENTION \$						\$	
RKERS COMPENSATION  EMPLOYERS' LIABILITY					X PER OTH-ER		
PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	,				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
s, describe under					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
CRIPTION OF OPERATIONS below						Ψ	
CRIPTION OF OPERATIONS below lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	Ψ	5,000,000
CRIPTION OF OPERATIONS below		SSP 2006609 14	12/31/2024	12/31/2027		Ψ	5,000,000
	NL AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  TOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  HIRED AUTOS ONLY  LUMBRELLA LIAB X OCCUR EXCESS LIAB  DED RETENTION \$  RERS COMPENSATION EMPLOYERS LIABILITY PROPRIETOR PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? ICER/MEMBER EXCLUDED? IN AUTOS ONLY  Y/N ICER/MEMBER EXCLUDED?	CLAIMS-MADE X OCCUR  VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  COMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  HIRED AUTOS ONLY  WANTON-OWNED AUTOS ONLY  LOCUR  EXCESS LIAB  DED  RETENTION \$  REPLOYERS' LIABILITY  PROPPIETOR/PART NER/EXECUTIVE ICER/MEMBER EXCLUDED?  S. describe under	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  COMPEN:  COMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  AUTOS ONLY  HRED AUTOS ONLY  AUTOS ONLY  LIABILITY  ANY AUTO  OWNED AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  CLAIMS-MADE  CLAIMS-MADE  DED  RETENTION \$  CLAIMS-MADE   CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  COMPEN:  COMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  HRED AUTOS ONLY  AUTOS ONLY  LOC  WIMBRELLA LIAB  CLAIMS-MADE  MVCA 2006608 22  9/30/2024	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CTAIR AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC  OTHER:  TOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  HIRED AUTOS ONLY  LUMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  RERES COMPENSATION EMPLOYERS' LIABILITY  PROPRIETOR/PARTNER/EXECUTIVE OCCUR  CER/MEMBER EXCLUDED?  N/A  WCA 2006608 22  9/30/2024  9/30/2024  9/30/2025	CLAIMS-MADE X OCCUR  ECP 2036593 12  9/30/2024  9/30/2025  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  CONTR Pollution  COMBINED SINGLE LIMIT  (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  (Per accident)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  FFX 2036594 12  9/30/2024  9/30/2025  SCHEDULED  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  WCA 2006608 22  9/30/2024  9/30/2025  SCHEDULED  AUTOS ONLY  BODILY INJURY (Per person)  BODIL	CLAIMS-MADE X OCCUR  ECP 2036593 12  9/30/2024  9/30/2025  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED DAMAGE (PREMISES (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (EA occu	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER	CANCELLATION
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County of Erie 95 Franklin Street Buffalo, NY 14202	AUTHORIZED REPRESENTATIVE
ACOPD 25 (2016/03)	© 1988-2015 ACOPD COPPORATION All rights reserved



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PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company							
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.							

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Χ	COMMERCIAL GENERAL LIABILITY				,,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		Χ	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		X	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A	X	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Erie & Erie Community College are listed as Additional Insured on a primary and non-contributory basis where required by written contract.

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.
County of Erie & Erie Community College 4041 Southwestern Blvd	AUTHORIZED REPRESENTATIVE  RUJAMAN TO THE STATE OF THE ST
Orchard Park, NY 14127	© 1988-2015 ACOPD COPPOPATION All rights reserved





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

PRODUCER CONTACT NAME:	
Gowrie Group 70 Essex Road  PHONE (A/C, No, Ext): (800) 262-8911  FAX (A/C, No): (860) 399-361	5
Westbrook, CT 06498 E-MAIL address: info@gowrie.com	
INSURER(S) AFFORDING COVERAGE NAI	#
INSURER A: Nautilus Insurance Company 17370	
INSURER B : Key Risk Insurance Company 10885	
American Lamp Recycling INSURER C: Great Divide Insurance Company 25224	
55 Riverview Drive INSURER D:	
Marlboro, NY 12542 INSURER E :	
INSURER F:	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER	HIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

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

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.

**County of Monmouth** Hall of Records, Room 236 1 E Main St. Freehold, NJ 07728

**AUTHORIZED REPRESENTATIVE** 



**AMERLAM-01** 

# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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.

lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain p	oolicies may				
PRODUCER Gowrie Group						CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911  FAX (A/C, No, Ext): (800) 262-8911					200-3615
70 E	ssex Road tbrook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com	(A/0	C, No): (O	<i>50)</i> 5	99-3013
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	R A : Nautilus	s Insurance	Company			17370
INSU	RED				INSURE	R в : Key Ris	k Insuranc	e Company			10885
	American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company			25224
	55 Riverview Drive				INSURE	RD:					
	Marlboro, NY 12542				INSURER E:						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBE	ER:		
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE	EQUIR	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH F	RESPEC <sup>®</sup>	T TO \	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F	POLIC	IES.	LIMITS SHOWN MAY HAVE			PAID CLAIMS.	ED HEREIN IS SUBJ	JECT TO	ALL T	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					, ,	,	EACH OCCURRENCE	\$		1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurren	nce) \$		100,000
								MED EXP (Any one person	son) \$		10,000
								PERSONAL & ADV INJU	JRY \$		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$		2,000,000

~	A COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Contr Pollution	\$ 1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	117.6				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Marriott International, Inc., Courtyard Basking Ridge., Ashford Basking Ridge LP 595 Martinsville Rd are listed as Additional Insured for General Liability where required by written contract.

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.
Courtyard Basking Ridge 595 Martinsville Road  Basking Ridge, NJ 07920	AUTHORIZED REPRESENTATIVE  RUJAMUJAL
ACORD 25 (2046/02)	© 4000 2045 A CORD CORDORATION All vielts reconved



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

tills certificate does not co	iner rights to the certificate floider in fled t	or such endorsement(s).						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615					
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVE	RAGE NAIC#					
		INSURER A: Nautilus Insurance Compa	ny 17370					
INSURED		INSURER B: Key Risk Insurance Compa	nny 10885					
American Lamp	Recycling	INSURER C: Great Divide Insurance Co	mpany 25224					
55 Riverview Dri		INSURER D:						
Marlboro, NY 12	542	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISIO	N 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Marriott International Inc, Courtyard By Marriott Management Company and Marriott Lease, W.P. Carey are listed as Additional Insured for General Liability where required by written contract.

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.
Courtyard By Marriott International 1000 Century Parkway Mount Laurel. NJ 08054	AUTHORIZED REPRESENTATIVE  RUJAMUJALENTA
ACOPD 25 (2016/03)	© 1988-2015 ACOPD COPPORATION All rights reserved



DATE (MM/DD/YYYY) 1/8/2025

# **CERTIFICATE OF LIABILITY INSURANCE**

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 have ADDITIONAL INSURED provisions or 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 su	uch endorsement(s).							
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company 10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABOV							

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Courtyard Lincroft is listed as Additional Insured for General Liability where required by written contract.

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.
Courtyard Lincroft 245 Half Mile Road Red Bank, NJ 07701	AUTHORIZED REPRESENTATIVE  W. Jahry Ja.
A CORD OF (0040/00)	© 4000 COAF ACODD CORDODATION. All sights recovered





MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									atement on		
PROI	PRODUCER					СТ					
	rie Group ssex Road					o, Ext): (800) 2			FAX (A/C, No): <b>(</b>	<b>(860)</b> 3	399-3615
	tbrook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com				
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Nautilu	s Insurance	Company			17370
INSU	RED				INSURE	RB: Key Ris	k Insuranc	e Company			10885
	American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224	
	55 Riverview Drive				INSURER D:						
	Marlboro, NY 12542				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CEF	RTIFICA	ATE	NUMBER:				REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW FINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD						NY CONTRA	CT OR OTHER	R DOCUMENT WITH	H RESPE	CT TO	WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE						REDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY								_	•	1.000.000

INSR LTR	TYPE OF INSURANCE	ADDL SUE	R POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 101, Additional Remarks Schedule, may	be attached if mo	re space is requi	red)		

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

Courtyard Lincroft/Clarion Partners 245 Half Mile Rd Red Bank, NJ 07701





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE		NAIC #					
	INSURER A: Nautilus Insurance Company		17370					
INSURED	INSURER B: Key Risk Insurance Company							
American Lamp Recycling	INSURER C: Great Divide Insurance Company 25224							
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:						
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								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO	IN OF AINT CONTRACTOR OTHER DOCUMENT WI	ILLEGAECTIO	WHICH I HIS					

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Courtyard New York Manhattan/Chelsea listed as Additional Insured for General Liability where required by written contract.

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.
Courtyard New York Manhattan/Chelsea 135 West 30th Street New York, NY 10001	AUTHORIZED REPRESENTATIVE  RUJAMUJAL
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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.

plicy/ies) must have ADDITIONAL INCLIDED

lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of the	he pol	icy, certain p	oolicies may			
Gow	oucer rie Group ssex Road		<u> </u>	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911  FAX (A/C, No):(860) 399-					399-3615	
Westbrook, CT 06498						<sub>ss:</sub> info@go	wrie.com			
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
				1	INSURE	R A : Nautilus	s Insurance	Company		17370
INSU	RED			<u>ı</u>	INSURE	RB: Key Ris	k Insuranc	e Company		10885
	American Lamp Recycling			1	INSURE	R C : Great D	ivide Insur	ance Company		25224
	55 Riverview Drive			1	INSURER D:					
	Marlboro, NY 12542			ı	INSURER E :					
				ı	INSURER F:					
COV	/ERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
IN	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDI	OF A ED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH RES	SPECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	мітѕ			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
ĺ								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	s	1,000,000
1								. 2	+ -	0.000.000

A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Contr Pollution	\$ 1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	,				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,000

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

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.
Crystal Run Village, Inc. 601 Stony Ford Road Middletown, NY 10941	AUTHORIZED REPRESENTATIVE  RELIGIOUS JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).									
PRODUCER	CONTACT NAME:								
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860	) 399-3615							
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A: Nautilus Insurance Company	17370							
INSURED	INSURER B: Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224							
55 Riverview Drive	INSURER D:								
Mariboro, NY 12542	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:								
THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE B	OLICY PERIOD							

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cumberland Farms Inc is listed as additional insured and a Waiver of Subrogation is included. Insurance is primary & non-contributory.

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.
Cumberland Farms, Inc. Insurance Compliance P.O. Box 12010 - CF Hemet, CA 92546-8010	AUTHORIZED REPRESENTATIVE  RU James Johnson Johnson
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 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,

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 480 Washington Blvd, Jersey City, NJ, 07310-2094

UBS AG and their subsidiaries, affiliates, Directors, Officers, Employees, agents; Cushman & Wakefield Inc, their subsidiaries and affiliates are included as additional insured. Waiver of subrogation is provided under the Workeras Compensation, Business Automobile & Commercial General Liability Policies in favor of Cushman & Wakefield and UBS AG including its subsidiaries.

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.
Cushman & Wakefield, Inc as agent of UBS AG 480 Washington Blvd. Jersey City, NJ 07310-2094	AUTHORIZED REPRESENTATIVE  RUJANUJANUJU.



**AMERLAM-01** 

**MTOMASELLI** 

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endo	rsement	. A st	atement on
PROD						CONTA NAME:						
		Group x Road					o, Ext): (800) 2			FAX (A/C, No):	860) 3	399-3615
Westbrook, CT 06498							<sub>ss:</sub> info@go	wrie.com				
				INS	URER(S) AFFOR	RDING COVERAGE			NAIC #			
						INSURE	R A : Nautilus	s Insurance	e Company			17370
INSUR	ED					INSURE	R в : Key Ris	k Insuranc	e Company			10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224	
		55 Riverview Drive				INSURER D:						
		Marlboro, NY 12542				INSURER E :						
						INSURER F:						
cov	ΈR	RAGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NUM</b>	BER:		
		IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R										
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								BJECT TO	O ALL T	ΓHE TERMS,
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER							POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	3	
-	Χ	COMMERCIAL GENERAL LIABILITY					\	<u>,</u>	EACH OCCURRENC	E	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTE PREMISES (Ea occur	D	\$	100,000

INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,00		
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00		
						MED EXP (Any one person)	\$ 10,00		
						PERSONAL & ADV INJURY	\$ 1,000,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00		
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00		
	OTHER:					Contr Pollution	\$ 1,000,00		
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00		
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET					( or accounty	\$		
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00		
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,00		
	DED RETENTION\$						\$		
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,00		
	OFFICER/MEMBER EXCLUDED? (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		
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,00		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)								

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

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.
David J. Green 58 North Washington Street Plainville, CT 06062	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 1/8/2025

# CERTIFICATE OF LIABILITY INSURANCE

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.

	•												
If	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡	oolicies may	•					
PRODUCER					CONTACT NAME:								
	rie Group			PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)					399-3615				
70 Essex Roàd Westbrook, CT 06498						E-MAIL ADDRESS: info@gowrie.com							
	,				INSURER(S) AFFORDING COVERAGE					NAIC#			
					INSURER A : Nautilus Insurance Company					17370			
INSU	RED				INSURE	R в : Kev Ris	k Insuranc	e Company		10885			
	American Lamp Recycling							ance Company		25224			
	55 Riverview Drive				INSURER D:								
	Marlboro, NY 12542				INSURER E :								
					INSURER F:								
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:								
IN Ce	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RE ED HEREIN IS SUBJE	ESPECT TO	WHICH THIS				
INSR LTR	R TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000			
								MED EXP (Any one person	<i>'</i>	10,000			
								PERSONAL & ADV INJUR	Y \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	Ť	2,000,000			
	OTHER:							Contr Pollution	\$	1,000,000			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	Г	1,000,000			

BAP 2036592 12 9/30/2024 ANY AUTO 9/30/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000

12/31/2024 12/31/2027

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Degmor, Inc. and its affiliates as additional insured, New York City School Construction Authority, The City of New York, New York City Department of Education, and Nead Electric Inc. RE: P.S. 235K, 525 Lenox Road, Brooklyn, NY 11203, Floors 1 â" 4 and cellar

SSP 2006609 14

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.
Degmor, Inc. 511 Canal St, FI 3 New York, NY 10013	AUTHORIZED REPRESENTATIVE  RU James James Ja.
ACORD 25 (2016/03)	@ 1988-2015 ACORD CORPORATION All rights reserved

**Pollution Liability** 

E.L. DISEASE - POLICY LIMIT

5,000,000

OCC/AGG



**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 come rights to the certificate floider in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company 108						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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	INSR TYPE OF INSURANCE			SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(11111111111111111111111111111111111111	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.							\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below				WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pol	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Deka USA K Street LP, Cassidy Turley Commercial Real Estate Services Inc dba: Cushman & Wakefield and their respective partners, agents and employees are listed as additional insured for General Liability as per written contract

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.
Deka USA K Street LP c/o Cushman & Wakefield 2101 L Street NW Suite 700 Washington, DC 20037	AUTHORIZED REPRESENTATIVE RUJAMUJAMUJA



\_\_\_\_\_MTOMASELLI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 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.

		CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    ADDL SUBR    POLICY EFF   POLICY EXP									
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:						Contr Pollution	\$	1,000,000	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000	
		DED RETENTION \$							\$		
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-			
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000	
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Connecticut Dept of Economic and Community Development, its officials and employees are listed as Additional Insured on the Commercial General
Liability policy and a Waiver of Subrogation is included. Should any of the above described policies be cancelled before the expiration date thereof, the
issuing company will endeavor to mail 30 days written notice (10 days for non-payment) to the certificate holder, but failure to do so shall impose no
obligation or liability of any kind upon the insurer, its agents or representatives.

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.
Department of Economic and Community Development 505 Hudson Street Hartford, CT 06106	AUTHORIZED REPRESENTATIVE  RUJANULJA
1 0 0 D D 0 0 (0 0 1 0 (0 0 )	0 4000 0045 400DD 00DD0D4510N AU 1 1 1



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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

CERTIFICATE HOLDER	CANCELLATION

Department of Motor Vehicles International Registration Bureau 6 Empire State Plaza

Swan Street Bldg, Rm 136
Albany, NY 12228

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

RSC Iram Brokenje Ire



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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ting certificate aces not come rights to the certificate holder in fied of se	ion endersement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:					

CERTIFICATE 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Diverse Recycling Solutions, LLC is listed as additional insured for General Liability.

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.
Diverse Recycling Solutions, LLC Post Office Box 1649 Long Island City, NY 11101	AUTHORIZED REPRESENTATIVE  RELIGIOUS TO THE SECOND STATE OF THE SE



\_\_\_\_MTOMASELLI

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su		atement on					
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	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, EYEL ISSUNS AND CONDITIONS OF SILCH BOLICIES, LIMITS SHOWN MAY HAVE BEEN PEDITORD BY DAID CLAIMS.							

JLICIES. LIMITS SHOWN MAY HAVE BE ADDL SUBR INSD WVD INSR LTR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

CERTIFICATE HOLDER CANCELLATION

DTH Capital
67 Wall Street

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

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
RUJAMULJA

ACORD 25 (2016/03)

**Suite 2507** 

New York, NY 10005

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\_\_\_\_MTOMASELLI



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	X/C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB	ER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE	FOR THE POLICY PERIOD				

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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.
Eco-Engineering 11815 Highway Drive Suite 600 Cincinnati. OH 45241	AUTHORIZED REPRESENTATIVE  RUMBHUNG JA.



**AMERLAM-01** 

**MTOMASELLI** 

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject sertificate does not confer rights to							require an endor	sement.	A statement on
PRODUCER Gowrie Group				CONTACT NAME: PHONE (200) 202 2044 FAX (200) 202 204					20) 200 2045	
70 Es	sex Road brook, CT 06498				(A/C, No	<sub>o, Ext):</sub> (800) 2 <sub>SS:</sub> info@go		(/	A/C, No): (80	60) 399-3615
					ADDKL			RDING COVERAGE		NAIC#
					INSURE	R A : Nautilus	s Insurance	e Company		17370
INSUR	ED				INSURE	R в : Key Ris	k Insuranc	e Company		10885
	American Lamp Recycling				INSURER C : Great Divide Insurance Company					25224
	55 Riverview Drive				INSURER D:					
	Marlboro, NY 12542				INSURER E :					
					INSURER F:					
cov	ERAGES CER	TIFIC	ATE	NUMBER:				<b>REVISION NUME</b>	BER:	
	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R									
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE									BJECT TO	ALL THE TERMS,
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s s	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurre		100,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	\(\(\text{\tin\text{\tin\text{\tin\tin\text{\text{\text{\text{\text{\text{\tin\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES		ION OF ORERATIONS / LOCATIONS / VEHIC	1.50 (4	CODI	Add Additional Remarks Oak adult as					

CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Eden Central School 8289 North Main St. Eden, NY 14057	AUTHORIZED REPRESENTATIVE  RUMAN BANGE JA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER Coursis Group	CONTACT NAME: PHONE (COO) COO COAA						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No):	(860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

COVERAGES **CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project Name: Contract S-48010 QBL East CBTC

E-J Electric Installation Co. MTA Construction & Development (MTA C&D), New York City Transit Authority (NYCT), Metro North Commuter Railroad Company (MNR), Long Island Railroad (LIRR), MTA Bus Company (MTA Bus), Triborough Bridge & Tunnel Authority (B&T), Metropolitan Transportation Authority (MTA) and it's subsidiaries and affiliates, and the City of New York (as owner) and the state of New York (state) and the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein are listed as additional insured for General Liability where required by written contract. Insurance is primary non-contributory and a waiver of subrogation is included in favor of the additional insureds. All terms and conditions of Environmental Combined Policy form ECP 1200 02 21 apply; however, no Policy Shown on this certificate contains any additional wording which excludes **SEE ATTACHED ACORD 101** 

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.
E-J Electric Installation Co. 46-41 Vernon Boulevard Long Island City, NY 11101	RUTHORIZED REPRESENTATIVE

LOC #: 1



# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Gowrie Group		NAMED INSURED American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542					
POLICY NUMBER		Marlboro, NY 12542					
SEE PAGE 1							
CARRIER	NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabi	ility Insurance						
Description of Operations/Locations/Vehicles:							
coverage for "Injured Employees", "Third Party-Over Injured Employees "Third Party-Over Injured Employees", "Third Party-Over Injured Employees, "Third Party-Over Injured Employees, "Third Party-Over Injured Employees, "Third Party-Over Injured Employees, "Third Party-Over Injured Employees, "Third Party-Over Injured Employees, "Thi	Actions" or '	'Work in the Five Boroughs of New York City" or "Gravity".					
Official Excess is follow form to the underlying.							



\_\_\_\_\_MTOMASELLI



## CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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	(-)		
PRODUCER	CONTACT NAME:		
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	0) 399-3615	
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Nautilus Insurance Company	17370	
INSURED	INSURER B: Key Risk Insurance Company	10885	
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224	
55 Riverview Drive	INSURER D:		
Marlboro, NY 12542	INSURER E :		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EmblemHealth Services Company, LLC. EmblemHealth, Inc. its subsidiaries, its Directors, Officers and employees are recognized as additional insureds.
Policy is primary and non-contributory with any insurance maintained by EmblemHealth Services Company, LLC and a waiver of subrogation is included in favor of EmblemHealth Services Company, LLC.

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.
EmblemHealth Services Company, LLC 55 Water St, 13th Floor New York, NY 10041	RUTHORIZED REPRESENTATIVE



<u>MTOMASELLI</u>



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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.

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company					
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company					
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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.
Empire LED Solutions 25 Newbridge Road	AUTHORIZED REPRESENTATIVE
Suite 300  Hicksville, NY 11801	RC John Brokenge Jose.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI	ISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	JICY 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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.
Energy Conservation & Supply Inc. 55 Washington Street Suite 302A Brooklyn, NY 11201	AUTHORIZED REPRESENTATIVE  RL James Johnson
ACOPD 25 (2016/02)	© 1988-2015 ACOPD COPPORATION All rights reserved



ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	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 ADDL SUBR **POLICY EFF** TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG 1,000,000 **Contr Pollution** OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CENTIFICATE HOLDEN	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

CANCELL ATION

Envirolight & Disposal, Inc. 3200 44th Avenue North St. Petersburg, FL 33714

CEDTIEICATE HOLDED





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
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American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUI	ADED.				

CERTIFICATE NUMBER: COVERAGES REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
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								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
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Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.
Environmental Compliance Manager Tradebe Environmental Services, LLC 4343 Kennedy Avenue East Chicago, IN 46312	AUTHORIZED REPRESENTATIVE  RUJBANJANG JA

ACORD 25 (2016/03)

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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and continuate account control rights to the continuate helder in hea of ca	and doranted adde not defined righte to the definition in flow of each enderteement(o)						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
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American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

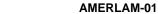
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ESRT 1400 Broadway LP and Empire State Realty Trust Inc are listed as additional insured for General & Excess Liability and a Waiver of Subrogation is included in favor of the additional insureds.

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.
ESRT 1400 Broadway, LP Empire State Realty Trust, Inc. 1400 Broadway New York, NY 10018	AUTHORIZED REPRESENTATIVE RUJamun Johnson Johnson





# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subje is certificate does not confer rights t					require an endorsement	. A statement on		
_	DUCER			CONTACT NAME:					
Gow 70 E	rie Group ssex Road			PHONE (A/C, No, Ext): (800)		(A/C, No):	860) 399-3615		
	tbrook, CT 06498			E-MAIL ADDRESS: info@go	wrie.com				
				IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #		
				INSURER A : Nautilu	s Insurance	e Company	17370		
INSU	RED			INSURER B : Key Ris	sk Insuranc	e Company	10885		
	American Lamp Recycling			INSURER C: Great Divide Insurance Company 25224					
	55 Riverview Drive			INSURER D :					
	Marlboro, NY 12542			INSURER E :					
				INSURER F:					
CO	/ERAGES CEF	RTIFICATE	NUMBER:			REVISION NUMBER:			
IN	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F	REQUIREME	ENT, TERM OR CONDITION	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO WHICH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH						JALL THE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
Α	X COMMERCIAL GENERAL LIABILITY			,			\$ 1,000,000		
						DAMACE TO BENTED	400 000		

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				, , , , , , , , , , , , , , , , , , ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
										ļ

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.
Ewaste+ 7318 Victor Mendon Rd. ∣14564	AUTHORIZED REPRESENTATIVE  RUJAMUS JA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 come rights to the certificate holder in ned or st	ch endorsement(s).							
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, N	o):(860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B : Key Risk Insurance Company							
American Lamp Recycling	INSURER C: Great Divide Insurance Company							
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

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.
Excavation Technologies, Inc. 135 Commerce Court Cheshire, CT 06410	AUTHORIZED REPRESENTATIVE  RUJAMUJA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

lf	SUBI	ROGATION IS WAIVED, subject tificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain į	policies may				
PROD	DUCER			CONTACT NAME:								
Gowrie Group 70 Essex Road						PHONE (A/C, No	eo, Ext): (800) 2			FAX (A/C, No):	860) 3	399-3615
		k, CT 06498				E-MAIL ADDRE	ss: info@go	wrie.com				
									RDING COVERAGE			NAIC #
						INSURE	R A : Nautilus	s Insurance	e Company			17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company			10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Compan	у		25224
		55 Riverview Drive				INSURER D:						
		Marlboro, NY 12542				INSURER E:						
						INSURER F:						
CO	/ERA	GES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
		TO CERTIFY THAT THE POLICIE										
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA'							Y THE POLICI	IES DESCRIB	ED HEREIN IS SU			
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER							POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X	OMMERCIAL GENERAL LIABILITY						•	EACH OCCURRENC	DE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	100,000
									MED EXP (Any one p	· /	\$	10,000
									DEDSONAL & ADV.	NIIIDV	¢	1,000,000

Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Contr Pollution	\$ 1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,000
1							

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
RC Imm Brokenge Ire
© 1988-2015 ACORD CORPORATION. All rights reserved.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

ting bertinodic does not confer rights to the certinodic notice in hea or se	ion chaorsement(s):							
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	60) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B : Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fordham, its trustees, officers, directors and employees are listed as Additional Insured for General Liability, Automobile Liability and Excess Liability on a primary non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Fordham University 441 East Fordham Road Bronx, NY 10458	RUTHORIZED REPRESENTATIVE
A CORD 25 (204 (202)	@ 1000 2015 ACORD CORDORATION All rights received



# ACORD®

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights t							require an endo	rsemen	t. ASt	atement on
PROI	DUCER				CONTACT NAME:						
Gowrie Group 70 Essex Road						o, Ext): (800) 2			FAX (A/C, No): <b>(</b>	<b>(860)</b> 3	399-3615
	tbrook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com				
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Nautilu	s Insurance	Company			17370
INSU	RED				INSURE	RB: Key Ris	k Insuranc	e Company			10885
	American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224	
	55 Riverview Drive				INSURER D:						
	Marlboro, NY 12542				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CEF	RTIFICA	ATE	NUMBER:				REVISION NUM	BER:		
IN	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQUIRE	EME	NT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH	H RESPE	CT TO	WHICH THIS
E	CLUSIONS AND CONDITIONS OF SUCH	POLICIE	ES. L			REDUCED BY	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY								_	•	1.000.000

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	 S	
Α	X COMMERCIAL GENERAL LIABILITY					,,,,,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

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

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.

Freehold Township School District

Freehold Township School Distric 60 Jackson Mills Rd. Freehold, NJ 07728

KC Man Systems In





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to the					require an endorsement	t. A statement on	
	DUCER		Ň	CONTACT IAME:				
	wrie Group Essex Road		(4	PHONE A/C, No, Ext): (800) 2		FAX (A/C, No):(	860) 399-3615	
	stbrook, CT 06498		E A	-MAIL NDDRESS: info@go	wrie.com			
				INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #	
			IN .	NSURER A : Nautilus	s Insurance	e Company	17370	
INSU	JRED		IN	NSURER B : Key Ris	k Insuranc	e Company	10885	
	American Lamp Recycling		IN	INSURER C: Great Divide Insurance Company				
	55 Riverview Drive		IN	NSURER D :				
	Marlboro, NY 12542		IN	NSURER E :				
			IN	NSURER F :				
CO	VERAGES CERTIFI	CATE	NUMBER:			REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES C NDICATED. NOTWITHSTANDING ANY REQU	IIREME	ENT, TERM OR CONDITION	OF ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH POLI						O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE ADDI	L SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α				, , , , , , ,	•	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO PENTED	100 000	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	\(\(\text{\tin\text{\tin\text{\tin\tin\text{\text{\text{\text{\text{\text{\tin\text{\text{\tin\tin\text{\text{\text{\text{\text{\tin\tin\text{\text{\text{\tin\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES		ION OF ORERATIONS / LOCATIONS / VEHIC	1.50 (4	CODI	Add Additional Remarks Oak adult as					

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

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** Gaylor Electric, Inc. 609 East Utica Street

ACORD 25 (2016/03)

Sellersburg, IN 47172

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ACORD'

# CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road		( <sub>No):</sub> (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company 10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBE	R:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WITH R DED BY THE POLICIES DESCRIBED HEREIN IS SUBJI	ESPECT TO WHICH THIS				

ADDL SUBR INSD WVD INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) Α 1,000,000 X **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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

Global Energy Services 20 West Aylesbury Road Timonium, MD 21093



ACORD°

# CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING O	COVERAGE NAIC #						
	INSURER A : Nautilus Insurance Con	npany 17370						
INSURED	INSURER B : Key Risk Insurance Company							
American Lamp Recycling	INSURER C: Great Divide Insurance Company							
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Goldman Sachs Headquarters, LLC, The Goldman Sachs Group, Inc., Goldman, Sachs & Co., Jones Lang LaSalle Americas, Inc., and their respective subsidiaries, associated and/or affiliated companies, successors, or assigns, as now exist or may hereafter be acquired or formed, and any corporation or other business organization which any of the named insured owns, operates or controls, including the interest as successor to any corporation or other business organization acquired, merged or transformed into any of the foregoing, and any trust, foundations, funds and welfare plans of any kind and other interests as are now or hereafter related to the insured but not specifically named and New York City Economic Development Corporation, Battery Park City Authority (d/b/a Hugh L. Carey Battery Park City Authority) as applicable to section 11.03 (A) (i) of the Agreement of Lease between Battery Park City Authority d/b/a Hugh L. Carey Battery Park City Authority and Goldman Sachs Headquarters LLC are listed as Additional Insured for General and Excess Liability where required by written contract. A full waiver of subrogation is included with respect to the Worker's Compensation and General Liability coverages listed above.

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.
Goldman Sachs Headquarters, LLC 200 West Street ∣New York, NY 10282	AUTHORIZED REPRESENTATIVE RUJAMUJA





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A: Nautilus Insurance Company	17370							
INSURED	INSURER B: Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company 25224								
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Marlboro, NY 12542	INSURER E:								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:								
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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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS  $(MM/DD/YYYY) \mid (MM/DD/YYYY)$ 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Χ OCCUR 9/30/2025 ECP 2036593 12 9/30/2024 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000

GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY

5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$

OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG

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

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.

Good Earth Solutions Inc. 4809 Avenue N Suite 377 Brooklyn, NY 11234

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A: Nautilus Insurance Company	17370							
INSURED	INSURER B: Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company 25224								
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Marlboro, NY 12542	INSURER E:								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:								
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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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS  $(MM/DD/YYYY) \mid (MM/DD/YYYY)$ 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Χ OCCUR 9/30/2025 ECP 2036593 12 9/30/2024 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000

GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY

5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$

OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG

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

CERTIFICATE HOLDER CANCELLATION

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Good Earth Solutions Inc. 4809 Avenue N Suite 377 Brooklyn, NY 11234

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER	CONTACT NAME:								
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	X/C, No):(860) 399-3615							
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A: Nautilus Insurance Company	17370							
INSURED	INSURER B : Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C: Great Divide Insurance Company 25224								
55 Riverview Drive	INSURER D:								
Marlboro, NY 12542	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB	ER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Great Forest - JPMC 383 is listed as Additional Insured for General Liability where required by written contract.

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.
Great Forest - JPMC 383 383 Madison Avenue ∣New York, NY 10017	AUTHORIZED REPRESENTATIVE RELIGIOUS Johnson Jo





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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tills oci tilloute does flot collici i	ights to the certificate fielder in hea or s	don endersement(s):						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Nautilus Insurance Company		17370				
INSURED		INSURER B: Key Risk Insurance Company		10885				
American Lamp Recy	cling	INSURER C: Great Divide Insurance Compa	ny	25224				
55 Riverview Drive	-	INSURER D:						
Marlboro, NY 12542		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	IMBER:					

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		SIONS AND CONDITIONS OF SUCH						•		
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α		COMMERCIAL GENERAL LIABILITY				,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Great Forest Management Services, Inc. is named as Additional Insured for General Liability on a primary and non-contributory basis and all policies include a waiver of subrogation in favor of Great Forest Management Services, Inc. and its affiliates, officers, and employees.

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.
Great Forest Management Services, Inc. 2014 Fifth Avenue New York, NY 10035	AUTHORIZED REPRESENTATIVE RELIGIOUS TO THE SECOND STATE OF THE SEC





# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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.

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lf th	SUBROGATION IS WAIVED, subjecting subjections sertificate does not confer rights to	t to	the certi	terms and conditions of ificate holder in lieu of su	the pol	licy, certain   lorsement(s)	policies may	require an endorsement.	A sta	tement on
PRODUCER					CONTACT NAME: PHONE (200) 262 2011 FAX (260) 200 2615					
	vrie Group				PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399-3615					
70 Essex Road Westbrook, CT 06498					E-MAIL ADDRES	<sub>ss:</sub> info@go	wrie.com	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA:				
INSU	JRED				INSURE	RB:				
	American Lamp Recycling				INSURE	R C:				
	55 Riverview Drive Marlboro, NY 12542				INSURE	RD:				
	Mariboro, NY 12042				INSURE					
	V=5.4.5=5				INSURE	RF:				
				NUMBER:	14)/F D	EEN ICCLIED		REVISION NUMBER:	F DOI	ICV PERIOD
IN.	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI	EQUIF	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F							ED HEREIN IS SUBJECT TO	ALL T	HE TERMS,
INSR LTR		ADDL:			DELINI		POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(IMIM/DD/YYYY)	EACH OCCURRENCE \$	:	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	3	
	OTHER:							\$	6	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	5	
	ANY AUTO							BODILY INJURY (Per person) \$	5	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	5	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident) \$	5	
								\$	3	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE \$		
								AGGREGATE \$		
	DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	<u> </u>	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	DESCRIPTION OF STREET							Z.E. BIOZ/IOZ I GEIGI EIIIII Q	,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
					THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		
1	_				AUTHO	RIZED REPRESE	NTATIVE	_		
	Great Forest Management Se 2014 Fifth Avenue New York, NY 10035	ervice	es, Ir	IC.	RCI	pum Brhage Ire.				





# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

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PRODUCER					CONTACT NAME: PHONE (200) 262 2011 FAX (260) 200 2615					
	vrie Group				PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399-3615					
70 Essex Road Westbrook, CT 06498					E-MAIL ADDRES	<sub>ss:</sub> info@go	wrie.com	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA:				
INSU	JRED				INSURE	RB:				
	American Lamp Recycling				INSURE	R C:				
	55 Riverview Drive Marlboro, NY 12542				INSURE	RD:				
	Mariboro, NY 12042				INSURE					
	V=5.4.5=5				INSURE	RF:				
				NUMBER:	14)/F D	EEN ICCLIED		REVISION NUMBER:	F DOI	ICV PERIOD
IN.	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI	EQUIF	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
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INSR LTR		ADDL:			DELINI		POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(IMIM/DD/YYYY)	EACH OCCURRENCE \$	:	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	3	
	OTHER:							\$	6	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	5	
	ANY AUTO							BODILY INJURY (Per person) \$	5	
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	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident) \$	5	
								\$	3	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE \$		
								AGGREGATE \$		
	DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	<u> </u>	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	DESCRIPTION OF STREET							Z.E. BIOZ/IOZ I GEIGI EIIIII Q	,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
					THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		
1	_				AUTHO	RIZED REPRESE	NTATIVE	_		
	Great Forest Management Se 2014 Fifth Avenue New York, NY 10035	ervice	es, Ir	IC.	RCI	pum Brhage Ire.				





# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

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	DUCER		00111	mode moder in nou or ou	CONTAC NAME: PHONE		•			
	vrie Group				PHONE (A/C. No	o, Ext): (800) 2	262-8911	FAX (A/C, No):(8	60) 3	99-3615
70 Essex Road Westbrook, CT 06498				E-MAIL ADDRESS: info@gowrie.com						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA:				
INSU	JRED				INSURE	RB:				
American Lamp Recycling					INSURE	R C:				
	55 Riverview Drive Marlboro, NY 12542				INSURE	RD:				
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	V=5.4.5=5				INSURE	RF:				
				NUMBER:	JA\/E D	EEN ICCLIED		REVISION NUMBER:	F DOI	ICV DEDICE
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LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(IMIM/DD/YYYY)	EACH OCCURRENCE \$	:	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
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	DESCRIPTION OF STREET							Z.E. BIOZ/IOZ I GEIGI EIIIII Q	,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
					THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		
1	_				AUTHO	RIZED REPRESE	NTATIVE	_		
	Great Forest Management Se 2014 Fifth Avenue New York, NY 10035	ervice	es, Ir	IC.	RCI	pum Brhage Ire.				





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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

edule, may be attached if more space is required)
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  RUJANA JAMES ACORD CORDON ALL significances and all significances and according to the second accor





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:			
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615		
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Nautilus Insurance Company	17370		
INSURED	INSURER B: Key Risk Insurance Company	10885		
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224		
55 Riverview Drive	INSURER D:			
Marlboro, NY 12542	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.			

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Greystar Real Estate Partners LLC, its affiliates and the ownership entities of their owned or managed communities are included as additional insured on the general liability policy where required by written contract.

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.
Greystar Real Estate Partners LLC c/o Compliance Depot LLC Post Office Box 115006	AUTHORIZED REPRESENTATIVE  RUJAMUJA



**AMERLAM-01** 

# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 su	ich endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company					
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW!						

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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.
Hamden Economic Development Corp. 2750 Dixwell Avenue ∣Hamden, CT 06518	AUTHORIZED REPRESENTATIVE  W. Johnson J. M.
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION All rights reserved





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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.

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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		0) 399-3615 NAIC # 17370 10885 25224				
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company		17370				
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	,	25224				
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
· · · · · · · · · · · · · · · · · · ·	·						

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Harbor Drive Acquisitions, LLC [Prop Owner], Harbor Drive Acquisitions Unit 1X, LLC [Owner of vacant land parcel], Harbor Drive Parent, LLC [Owners' parent (Parent)], Harbor Drive Investors, LLC [Parent's Sole Member & Mgr (Mgr)], RP III Harbor Drive Member LLC [Mgr's Managing Member], GCS Harbor LLC [Mgr's Operating Member], RPO Property Management LLC [Property Mgr], George Comfort & Sons Inc [Sub-Property Mgr], Rubenstein Properties Fund III L.P. (the Fund) [indirect parent of Owners], Rubenstein Partners, L.P. [fund mgr of the Fund], Shippan Landing Planned Community Association, Inc. [Unit Owners Assoc], CLNC Credit 6, LLC [Mortgagee], Each lender secured by the Property and Each entity controlled by, under control of, under common control with and/or majority owned by are listed as Additional Insured for General Liability for ongoing and completed operations on a primary & non-contributory basis where required by written contract. Waiver of Subrogation is included.

CERTIFICATE HOLDER	CANCELLATION
Harbor Drive Acquisitions, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
c/o Rubenstein Partners Cira Centre	AUTHORIZED REPRESENTATIVE
2929 Arch Street, 28th Floor Philadelphia, PA 19104	KG James Tre

ACORD 25 (2016/03)



# ACORD°

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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	on onder comon(c).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pol	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Healthcare REIT Inc, its affiliates, subsidiaries & corporations owned, controlled or coming under its active management, are listed as additional insured for work performed at Suffern Medical Pavilion, including products/completed operations.

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.
Healthcare REIT, Inc. c/o Suffern Medical Pavilion 75 Crystal Run Road Suite 208 Middletown. NY 10941	AUTHORIZED REPRESENTATIVE RUMAN John Jan.

ACORD 25 (2016/03)





# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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tills ocitilloate aces flot collici fi	gines to the ocitimodic holder in hed or si	aon enaorsement(s):		
PRODUCER		CONTACT NAME:		
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Nautilus Insurance Company		17370
INSURED		INSURER B: Key Risk Insurance Company		10885
American Lamp Recy	cling	INSURER C: Great Divide Insurance Compar	ıy	25224
55 Riverview Drive	<b>G</b>	INSURER D:		
Marlboro, NY 12542		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:	

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				<b></b>	,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Helaba Landesbank Hessen-ThA'¼ringen Girozentrale 420 Fifth Avenue New York, N. Y. 10018 and Diverse Recycling Solutions, 195 Montague Street, 14 Floor
Brooklyn, NY 11201 are listed as additional insured on a primary and non-contributory basis for General Liability per written contract.

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.
Helaba Landesbank Hessen-Thuringen Girozentrale 420 Fifth Avenue ∣New York, NY 10018	RUJam Johns Ja.
10000 05 (0040)00	CARROLL AND CORROLL AND ALL AN





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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)

ting certificate aces not come rights to the certificate holder in fied of se	ion endorsement(s).	
PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:	

CERTIFICATE 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINUBB/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MFA 527 Madison LLC, MFA Real Estate Services Inc, Mitsui Fudosan America Inc and Hines Interests Limited Partnership are included as additional insured.

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.
Hines Interests Limited Partnership MFA 527 Madison LLC 527 Madison Avenue ∣New York, NY 10022	AUTHORIZED REPRESENTATIVE RELIGIOUS TO THE STATE OF THE S





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).										
PROI	DUCER			CONTACT NAME:							
	rie Group ssex Road	PHONE (A/C, No, Ext	t): (800) 2	62-8911	i (	FAX (A/C, No): <b>(8</b> (	60) 399-3615				
	tbrook, CT 06498			E-MAIL ADDRESS: I	info@gov	wrie.com					
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
				INSURER A :	·Nautilus	Insurance	Company		17370		
INSU	RED			INSURER B :	:Key Ris	k Insuranc	e Company		10885		
	American Lamp Recycling				INSURER C: Great Divide Insurance Company						
	55 Riverview Drive			INSURER D:							
	Marlboro, NY 12542			INSURER E :	:						
				INSURER F:	:						
CO	/ERAGES CER	TIFICAT	TE NUMBER:				REVISION NUM	BER:			
IN	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	OF ANY	CONTRAC	T OR OTHER	DOCUMENT WITH	H RESPEC	T TO WHICH THIS				
	CLUSIONS AND CONDITIONS OF SUCH						·				
INSR LTR	TYPE OF INSURANCE	ADDL SUE			OLICY EFF W/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	=   e	1,000,000		

INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
						MED EXP (Any one person)	\$ 10,00
						PERSONAL & ADV INJURY	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:					Contr Pollution	\$ 1,000,00
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONET					( or accounty	\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,00
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,00
	OFFICER/MEMBER EXCLUDED? (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
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOE	D 101 Additional Pomarks Schodulo, may	ho attached if mo	ro enaco le roqui	rod)	

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

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.
Hossa Corporation 44 Koster Street	AUTHORIZED REPRESENTATIVE
Floor 2	RSC Springe Ive

ACORD 25 (2016/03)



N-01 MTOMASELLI



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

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tine continuate account content	ignic to the continuate helder in hea or or	aon onaoroomoni(o)i			
PRODUCER		CONTACT NAME:			
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	No):(860) 399-3615	
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Nautilus Insurance Company		17370	
INSURED		INSURER B: Key Risk Insurance Company		10885	
American Lamp Recy	cling	INSURER C : Great Divide Insurance Compar	ny	25224	
55 Riverview Drive		INSURER D:			
Marlboro, NY 12542		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:		

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hubbell Incorporated and its subsidiaries, divisions and affiliates are named as additional insured on all policies except workers' compensation and a waiver of subrogation in favor of Hubell Incorporated Etal applies to all policies

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.
Hubbell Incorporated Et al c/o CertFocus Post Office Box 140528  Kansas City, MO 64114	AUTHORIZED REPRESENTATIVE  RUJAMU John John John John John John John John





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of su	ch endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company		17370				
INSURED	INSURER B: Key Risk Insurance Company		10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y	25224				
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	/IBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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.							
INOD ADDI QUED	DOLLOV EEE DOLLOV EVD						

LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS 1,000,000 Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO 9/30/2024 9/30/2025 BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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.
Hubbell, Inc. 584 Derby Milford Road Orange, CT 06477	AUTHORIZED REPRESENTATIVE  W. Johnson Johnson
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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tilis certificate does flot collier	rights to the certificate holder in hed o	such endorsement(s).							
PRODUCER		CONTACT NAME:							
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com							
		INSURER(S) AFFORDING COVER	RAGE	NAIC #					
		INSURER A: Nautilus Insurance Compar	ny	17370					
INSURED		INSURER B: Key Risk Insurance Compa	ny	10885					
American Lamp Rec	ycling	INSURER C: Great Divide Insurance Con	npany	25224					
55 Riverview Drive	-	INSURER D:							
Marlboro, NY 12542		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVISION	I NIIMBER:						

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			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hubbell Incorporated and its subsidiaries, divisions and affiliates are named as additional insured on all policies except workers' compensation and a waiver of subrogation in favor of Hubell Incorporated Etal applies to all policies

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.
Hubbell, Inc. c/o CertFocus Post Office Box 140528 ∣Kansas City, MO 64114	RUJAMU John John John John John John John John

ACORD 25 (2016/03)



**AMERLAM-01** 

**MTOMASELLI** 

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

lf	SUBI	ROGATION IS WAIVED, subject tificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain į	policies may				
PROD	PRODUCER Gowrie Group 70 Essex Road					CONTACT NAME:						
Gow						PHONE (A/C, No	eo, Ext): (800) 2			FAX (A/C, No):	860) 3	399-3615
		k, CT 06498				E-MAIL ADDRE	ss: info@go	wrie.com				
									RDING COVERAGE			NAIC #
						INSURE	R A : Nautilus	s Insurance	e Company			17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company			10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Compan	у		25224
		55 Riverview Drive				INSURER D:						
		Marlboro, NY 12542				INSURER E :						
						INSURER F:						
CO	/ERA	GES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
		TO CERTIFY THAT THE POLICIE										
CE	RTIFI	CATE MAY BE ISSUED OR MAY	PER.	TAIN,	REMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHI FAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE CIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
Α	X	OMMERCIAL GENERAL LIABILITY						•	EACH OCCURRENC	DE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	100,000
									MED EXP (Any one p	· /	\$	10,000
									DEDSONAL & ADV.	NIIIDV	¢	1,000,000

A	X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	ECP 2036593 12	9/30/2024	9/30/2025	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:				GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:				Contr Pollution	\$ 1,000,000
В	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
						\$
Α	UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$					\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE TY / N	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Pollution Liability	SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,000
			<u> </u>			

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.
Hudson Valley Idealease 70 Windsor Highway New Windsor, NY 12553	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:						
Gowrie Group 70 Essex Road		FAX (A/C, No):(860) 399-3	3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC#				
	INSURER A: Nautilus Insurance Company	173	70				
INSURED	INSURER B: Key Risk Insurance Company	108	85				
American Lamp Recycling	INSURER C : Great Divide Insurance Company	y 252	24				
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.
Hunt Consulting 9015 Maier Rd., Ste #B Laurel. MD 20723	AUTHORIZED REPRESENTATIVE  RU James James Jac

ACORD 25 (2016/03)



AMERLAM-01

# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

PRODUCER   Gowrie Group   To Essex Road   Westbrook, CT 06498   PHONE (A/C, No, Ext): (800) 262-8911   FAX (A/C, No): (860) 399-3615	this certificate does not confer rights to the certificate holder in lieu of su	uch endorsement(s).					
PHONE (A/C, No, Ext): (800) 262-8911   FAX (A/C, No): (860) 399-3615	PRODUCER	CONTACT NAME:					
Westbrook, CT 06498  E-MAIL   Insurer(s) AFFORDING COVERAGE   NAIC # Insurer A : Nautilus Insurance Company   17370  INSURED   Insurer B : Key Risk Insurance Company   10885   American Lamp Recycling   Insurer B : Key Risk Insurance Company   25224   Insurer B : Key Risk Insurance Company   Insurer B : Key Risk Insurance Company   10885   Insurer C : Great Divide Insurance Company   25224   Insurer D :			FAX (A/C, No): (860)	399-3615			
INSURER A : Nautilus Insurance Company  INSURER B : Key Risk Insurance Company  American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542  INSURER C : Great Divide Insurance Company INSURER D :							
INSURER B : Key Risk Insurance Company  American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542  INSURER C : Great Divide Insurance Company INSURER D :		INSURER(S) AFFORDING COVERAGE		NAIC #			
American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542  INSURER C : Great Divide Insurance Company INSURER D :		INSURER A: Nautilus Insurance Company		17370			
55 Riverview Drive Marlboro, NY 12542	INSURED	INSURER B: Key Risk Insurance Company		10885			
Marlboro, NY 12542	American Lamp Recycling	INSURER C: Great Divide Insurance Compar	iy	25224			
	** **** = *** *	INSURER D:					
MOOKEK E.	Marlboro, NY 12542	INSURER E:					
INSURER F:		INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:	COVERAGES CERTIFICATE NUMBER:	REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE POI	LICY 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.    ADDI   SURP   POLICY FEE							

TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) LTR 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$ Contr Pollution 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO BAP 2036592 12 9/30/2024 9/30/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Innovative Recycling Technologies, Inc is listed as Additional Insured for General Liability where required by written contract.

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.
Innovative Recycling Technologies, Inc. 690 North Queens Avenue Lindenhurst, NY 11757	AUTHORIZED REPRESENTATIVE  RELIGIONAL TO THE PROPERTY OF THE P
ACORD 25 (2016/02)	© 1000 2015 ACORD CORROBATION All rights reserved





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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(-)						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR PARTIER Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Interior Specialists, Inc. d/b/a ISI Demolition, their officers, employees, agents, and wholly owned subsidiaries or parent organization, and all other parties as required shall be named as additional insured on a primary and non-contributory basis with respect to the above General Liability (ongoing/completed operations), Automobile, and Excess Policies, where required by written contract executed prior to services performed. A waiver of subrogation is provided in favor of the additional insureds with respect to the above General Liability, Automobile, Workers Compensation, and Excess Policies, but only to the extent permitted by law, if required by a written contract executed prior to services performed.

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.
Interior Specialists, Inc. d/b/a ISI Demolition P.O. Box 41 11012 Red Lion Road White Marsh, MD 21162	AUTHORIZED REPRESENTATIVE RUJAMURJA



\_\_\_\_\_MTOMASELLI



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fied of st	den endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
International Asbestos Remediation, The Dormitory Authority State of New York, AMG Demolition and Liro Engineers are listed as Additional Insured for General Liability where required by written contract.

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.
International Asbestos Remediation 68-08 Woodside Avenue Woodside, NY 11377	AUTHORIZED REPRESENTATIVE RUMAN Johnson Johnson
	1-3- Januar Strang He



<u>MTOMASELLI</u>



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su	ch endorsement(s).				
PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	AX (C, No):(860) 399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B: Key Risk Insurance Company				
American Lamp Recycling	INSURER C: Great Divide Insurance Company				
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB	ER:			
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					

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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE SECURITY SECURITY SELL DISEASE - POLICY LIMIT  \$ 1,000,00  \$ 2,000,00  \$ 3,000,00  \$ 3,000,00  \$ 3,000,00  \$ 4,000,00  \$ 5,000,00  \$ 5,000,00  \$ 6,000,00  \$ 6,000,00  \$ 7,000,00  \$ 1,		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,000			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X CCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,0	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		Х				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) lona College is listed as Additional Insured for General Liability where required by written contract.

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.
Iona College 715 North Avenue ∣New Rochelle, NY 10801	AUTHORIZED REPRESENTATIVE  RELIGIOUS John John John John John John John John
ACORD 25 (2046/02)	© 1000 2015 ACORD CORDORATION All rights received





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 in	gnis to the certificate holder in fied of St	ich endorsement(s).			
PRODUCER		CONTACT NAME:			
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615	
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Nautilus Insurance Company		17370	
INSURED		INSURER B: Key Risk Insurance Company			
American Lamp Recyc	eling	INSURER C: Great Divide Insurance Compan	ıy	25224	
55 Riverview Drive	_	INSURER D:			
Marlboro, NY 12542		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE P	OLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE PO	ICY 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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD			(MINUS BY 1 1 1 1 )	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ	Х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	^	^				BODILY INJURY (Per accident)	_	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						(i ei accident)	\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION\$						AGGREGATE	·	
С	WORKERS COMPENSATION						X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY			WCA 2006608 22	9/30/2024	9/30/2025			1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				0.00.000	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	DÉSCRIPTION OF OPERATIONS below  Pollution Liability	v		SSP 2006609 14	12/31/2024	12/31/2027	E.L. DISEASE - POLICY LIMIT  OCC/AGG	\$	5,000,000
A	I dilution Liability	X		2000009 14	12/31/2024	12/31/2021	COGIAGG		3,000,000

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
Ithaca College 953 Danby Rd ∥tthaca, NY 14850-7002	RC Journ Brokenge Ire.
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION All rights reserved.





### CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING	COVERAGE NAIC #					
	INSURER A: Nautilus Insurance Company						
INSURED	INSURER B: Key Risk Insurance Company						
American Lamp Recycling	INSURER C: Great Divide Insurance	e Company 25224					
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

		ISIONS AND CONDITION:				LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	E	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIA		IIIOD			(MIND D) 1111)	(MIND D) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X C	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u>	S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHI AUTOS ONLY AUTO	EDULED OS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON AUTOS ONLY	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α		UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB (	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$								\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXEC	CUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)		, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS be	elow						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	ution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
_							1		l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
New York Convention Center Operating Corporation; New York Convention Center Development Corporation; State of New York; Triborough Bridge & Tunnel
Authority and Empire State Development Corporation are included as additional insured as their interest may appear with respect to the work performed by
the named insured on a primary and non-contributory basis for General Liabilityper written contract.

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.
Jacob K. Javits Convention Center of New York 655 West 34th Street New York, NY 10001	RUTHORIZED REPRESENTATIVE





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

tilia certificate does flot collier i	ights to the certificate floider in fled of 3d	den endorsement(s).			
PRODUCER		CONTACT NAME:			
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-36		
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Nautilus Insurance Company		17370	
INSURED		INSURER B: Key Risk Insurance Company		10885	
American Lamp Recy	cling	INSURER C: Great Divide Insurance Company			
55 Riverview Drive	•	INSURER D:			
Marlboro, NY 12542		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	PEVISION NUM	ARED.		

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Jones Lang LaSalle Americas, Inc and The Royal Bank of Scotland, PLC are listed as additional insured.

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.
JLL Americas, Inc. 525 William Penn Place Suite 2500 Pittsburgh, PA 15228	AUTHORIZED REPRESENTATIVE  RUJAMUJAL

ACORD 25 (2016/03)

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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:			
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	o):(860) 399-3615		
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Nautilus Insurance Company	17370		
INSURED	INSURER B: Key Risk Insurance Company	10885		
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224		
55 Riverview Drive	INSURER D:			
Marlboro, NY 12542	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.			

COVERAGES CERTIFICATE NUMBER: 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				1	,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	!		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER	:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	ΑU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULE AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNE AUTOS ON	D LY					PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR	!					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS	S-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	Y/N N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	□ IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Manulife US REIT, and its affiliates and/or subsidiaries including, but not limited to, Hancock S-REIT JCITY Corp., Hancock Capital Investment Management,
LLC, S-REIT Manager US Corp., and John Hancock Life Insurance Company (U.S.A.) AND Manulife Financial Corporation and all subsidiaries including, but
not limited to, John Hancock Life Insurance Company (U.S.A.)

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.
John Hancock Life Insurance Company (U.S.A.) 10 Exchange Place Jersey City, NJ 07302	AUTHORIZED REPRESENTATIVE  RUJAMUJULIA



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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

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tilis certificate does flot coi	ting certificate does not come rights to the certificate holder in fied of such chaofsement(s).						
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	0) 399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com	,				
		INSURER(S) AFFORDING CO	VERAGE	NAIC #			
		INSURER A : Nautilus Insurance Comp	oany	17370			
INSURED		INSURER B : Key Risk Insurance Com	10885				
American Lamp	Recycling	INSURER C: Great Divide Insurance Company		25224			
55 Riverview Dri		INSURER D:					
Marlboro, NY 12	542	INSURER E:					
		INSURER F:					
COVERAGES	/ERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Johnson Controls Inc is listed as additional insured.

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.

Johnson Controls, Inc. 507 E. Michigan St M91 Post Office Box 423 Milwaukee, WI 53201-0423

AUTHORIZED REPRESENTATIVE



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MTOMASELLI

1/8/2025

### CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	CONTACT NAME:	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING	COVERAGE NAIC #				
	INSURER A: Nautilus Insurance Co	mpany 17370				
INSURED	INSURER B: Key Risk Insurance Co	ompany 10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company					
55 Riverview Drive	INSURER D :					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	INSR LTR TYPE OF INSURANCE			BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jones Lang LaSalle Americas, Inc, Royal Bank of Scotland PLC & its affiliates including their officers, directors and employees are included as Additional
Insured for General and Automobile Liability as agreed by signed written contract. Waiver of subrogration is provided on the Worker's Compensation Liability
insurance policy on behalf of Jones Lang LaSalle Americas, Inc., Royal Bank of Scotland PLC and its affiliates including their officers, directors and
employees. General Liability insurance policy provides primary and non-contributory coverage. 30 day notice of cancellation.

CERTIFICATE HOLDER	CANCELLATION

Jones Lang LaSalle Americas Attn: RBS Contract Administrator 525 William Penn Place Suite 2500 Pittsburgh, PA 15259 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTH	ORIZ	ED F	REF	PRES	SENT	ΓΑΤΙ	٧E
24.	/		,				

<b>ACORD 25 (</b>	2016/03
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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.

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tino oci tinodic doco not ocinici n	gines to the ocitinoate notaer in hea or st	don endorsement(s):				
PRODUCER		CONTACT NAME:				
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615		
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Nautilus Insurance Company		17370		
INSURED		INSURER B: Key Risk Insurance Company		10885		
American Lamp Recy	cling	INSURER C : Great Divide Insurance Company		25224		
55 Riverview Drive	· ·	INSURER D:				
Marlboro, NY 12542		INSURER E :				
		INSURER F:				
COVERAGES	RAGES CERTIFICATE NUMBER: 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Jones Lang LaSalle Americas, Inc and Citizens Bank, N.A. and its affiliates are listed as additional insured.

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.
Jones Lang LaSalle Americas 525 William Penn Place Suite 2500	AUTHORIZED REPRESENTATIVE  REMANDING THE STATE OF THE STA

ACORD 25 (2016/03)





### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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	(-)					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jones Lang LaSalle Americas Inc & Bristol-Myers Squibb Company, including their officers, directors & employees, are listed as additional insured for
General Liability and Automibile Liability. A waiver of subrogation is included on the Workers Compensation policy in favor of the additional insure. General
Liability is primary and non-contributory.

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.
Jones Lang LaSalle Americas Inc. c/o Bristol-Meyers Squibb Company 1 Squibb Drive New Brunswick, NJ 08901	AUTHORIZED REPRESENTATIVE





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 s	ucn endorsement(s).						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Nautilus Insurance Company		17370				
INSURED		INSURER B : Key Risk Insurance Company		10885				
American Lamp Rec	cycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive		INSURER D:						
Marlboro, NY 12542		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:					
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE PO	LICY 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1285 Avenue of the Americas, New York NY, 1285 LLC (Owner) and Jones Lang LaSalle Americas, Inc. (manager of premises) are listed as additional insured.

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
Jones Lang LaSalle Americas, Inc. 1285 Avenue of the Americas	CU Trans T. J. T.
New York, NY 10019	1 Shand Hard He
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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)

ting dertailed deed not define rights to the dertailed in hea or such chaorsement(3).						
PRODUCER	CONTACT VAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	860) 399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Nautilus Insurance Company		17370			
INSURED	INSURER B: Key Risk Insurance Company		10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 2	25224			
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					

COVERAGES **CERTIFICATE NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Transition of Facility Management Services at 6000 Thompson Road, East Syracuse, NY 13057
Jones Lang LaSalle Americas, Inc., Lotte Biologics USA, LLC and their respective affiliates, officers, directors and employees are included as additional insureds on the General Liability and Automobile Liability as agreed by signed written contract. Waiver of subrogation is provided on the Worker's Compensation and Employers' Liability insurance policy on behalf of Jones Lang LaSalle Americas, Inc., Lotte Biologics USA, LLC and their respective affiliates, officers, directors, and employees. The General Liability insurance provides primary and non-contributory coverage. Thirty (30) days-notice of policy cancellation is provided.

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.
Jones Lang LaSalle Americas, Inc. c/o Lotte Biologics USA, LLC 6000 Thompson Road Fast Syracuse, NY 13057	AUTHORIZED REPRESENTATIVE  RL James Johnson Jo

ACORD 25 (2016/03)

AMERLAM-01

### MTOMASELLI

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

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

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

Jones Lang LaSalle Americas, Inc., 101 Wood Metro Park, LLC, Spear Street Capital LLC

RC Translowe Ire.





### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subje is certificate does not confer rights t					require an endorsement	. A statement on			
_	DUCER			CONTACT NAME:						
Gow 70 E	rie Group ssex Road			PHONE (A/C, No, Ext): (800)		(A/C, No):	860) 399-3615			
	tbrook, CT 06498			E-MAIL ADDRESS: info@go	wrie.com					
				IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #			
				INSURER A : Nautilu	s Insurance	e Company	17370			
INSU	RED			INSURER B : Key Ris	sk Insuranc	e Company	10885			
	American Lamp Recycling			INSURER C : Great [	25224					
	55 Riverview Drive			INSURER D :						
	Marlboro, NY 12542			INSURER E :						
				INSURER F:						
CO	/ERAGES CEF	RTIFICATE	NUMBER:			REVISION NUMBER:				
IN	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.									
	CLUSIONS AND CONDITIONS OF SUCH						JALL THE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
Α	X COMMERCIAL GENERAL LIABILITY			,			\$ 1,000,000			
						DAMACE TO BENTED	400 000			

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
Α	Х	COMMERCIAL GENERAL LIABILITY				, , , , , , , , , , , , , , , , , , ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
										ļ

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.
JPMC 28 Liberty Street ∣New York, NY 10005	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUI	MBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW							

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	NSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
$\vdash$										

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

J.P. Morgan Chase & Co including any and all subsidiaries, directors, officers, employees & agents as their interest may appear are listed as additional insured w/ regard to General Liability and Auto Liability. Insurance is primary and all insurance carried by JP Morgan Chase & Co is strictly excess & secondary and shall not contribute with contractors insurance. A Waiver of Subrogation is included in favor of the additional insured for General Liability, Automobile Liability and Workers Compensation.

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.
JPMorgan Chase Bank, N.A. 1111 Polaris Parkway OH1-014  Columbus, OH 43240	RUJAMUJAMUJA

ACORD 25 (2016/03)



CORD

### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

	g								
PRODUCER		CONTACT NAME:							
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No):		o):(860) 399-3615					
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com							
		INSURER(S) AFFORDING COVERAGE		NAIC #					
		INSURER A: Nautilus Insurance Company		17370					
INSURED		INSURER B: Key Risk Insurance Company		10885					
American Lamp Recy	cling	INSURER C: Great Divide Insurance Company		25224					
55 Riverview Drive	•	INSURER D:							
Marlboro, NY 12542		INSURER E:							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:						

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.

XCLU	ISIONS AND CONDITI					REDUCED BY				
	TYPE OF INSURA	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL					,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGRE <u>GAT</u> E LIMIT AP	PLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							Contr Pollution	\$	1,000,000
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SAUTOS ONLY	SCHEDULED AUTOS							\$	
X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	5,000,000
X	EXCESS LIAB	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION	۱\$							\$	
WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
ANY	PROPRIETOR/PARTNER/E	EXECUTIVE [ ]	NI / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	1,000,000	
A Pollution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000	
	AUT X  WORAND ANY OFFI (Mare) If yeep	TYPE OF INSURA  X COMMERCIAL GENERA  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  PRO- JECT  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  DED  RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/E OFFICER/MEMBER EXCLUDED  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATION	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X HOS ONLY X EXCESS LIAB  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  LIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  MIRED  AUTOS ONLY  LOC  UMBRELLA LIAB  VOCCUR  X EXCESS LIAB  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  WIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD    X   COMMERCIAL GENERAL LIABILITY     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   AUTOS ONLY   AUTOS ONLY     X   ANY AUTO   AUTOS ONLY   AUTOS ONLY     X   HIRED   AUTOS ONLY   AUTOS ONLY     UMBRELLA LIAB   X   OCCUR   AUTOS ONLY     X   EXCESS LIAB   CLAIMS-MADE     DED   RETENTION \$   WORKERS COMPENSATION   AND EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   Y/N     ANY EMPLOYERS' LIABILITY   WCA 2006608 22   9/30/2024     CLAIMS-MADE   WCA 2006608 22   9/30/2024     CLAIMS-MADE   WCA 2006608 22   9/30/2024     CLAIMS-MADE   WCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 2006608 22   9/30/2024     CLAIMS-MADE   WVCA 20	TYPE OF INSURANCE  INSD WVD  POLICY NUMBER  (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WCA 2006608 22  9/30/2024  9/30/2025	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBB (NSD WYD)  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  ECP 2036593 12  POLICY EFF (MM/DD/YYYY)  EACH OCCURRENCE DAMAGE TO RENTED PARMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG CONT POllution  COMBINED SINGLE LIMIT  ANY AUTO  OWNED AUTOS ONLY AUTOS	TYPE OF INSURANCE  ADDL SUBR NSD WYD  POLICY NUMBER  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  EACH OCCURENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ CONT POllution \$ COMBINED SINGLE LIMIT (Ea accident) \$ SCHEDULED AUTOS ONLY AUTOS ON

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
JRD Unico Inc, its Subsidiaries and Affiliates and the Subsidiaries or Affiliates thereof, incl Warehouse Realty LLC (all doing business as Jetro Cash & Carry or Restaurant Depot) as well as any companies or entities that the above companies, DBA's, etc. are required to indemnify pursuant to a lease or other contract (for example, our building landlord(s) or urban development Corporations), where appropriate, including the Directors, Officers, Managers, Members and Employees of all of the above are included as Additional Insured with respect to General Liability Coverage where required by written contract.

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.
JRD Unico, Inc. 15-24 132nd Street ∣College Point, NY 11356-2440	RUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	AX A/C, No):(860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C : Great Divide Insurance Company 252							
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUME	BER:						
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								

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
		<u>—</u>						MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:						Contr Pollution	\$	1,000,000		
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000		
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000		
		DED RETENTION \$							\$			
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER				
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE		PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PA			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000		
1												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Energy Systems Group, LLC and Pen Bay Medical Center, Maine (Project #0200883.14.C00, Subcontract #020-03784) and LRI, LLC are listed as additional insured under the general and automobile policies.

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.
L R I, LLC 750 Maryland Route 3 South Suit19 Gambrills, MD 21054	AUTHORIZED REPRESENTATIVE  RUJHANJAMAJUJA





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su	ich endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company		17370				
INSURED	INSURER B: Key Risk Insurance Company		10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	y	25224				
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							

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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Х OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY ALITO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS

BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$

OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.
Lakehurst School District 301 Union Ave.  Lakehurst, NJ 08733	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA

ACORD 25 (2016/03)

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of su		atement on				
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	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 ADDL SUBR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lane-Valente Industries Inc. is named an Additional Insured for General Liability for ongoing and completed operations where required by written contract on a primary and non-contributory basis. Waiver of Subrogation is included in favor of the Additional Insured.

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.
Lane-Valente Industries, Inc. 20 Keyland Court Bohemia, NY 11716	AUTHORIZED REPRESENTATIVE  RUJAMA JA.
10000 05 (0010(00)	O JOSE COLE A CORD CORDONATION AND LEE





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road		60) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	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							

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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE SECURITY SECURITY SELL DISEASE - POLICY LIMIT  \$ 1,000,00  \$ 2,000,00  \$ 3,000,00  \$ 3,000,00  \$ 3,000,00  \$ 4,000,00  \$ 5,000,00  \$ 5,000,00  \$ 6,000,00  \$ 6,000,00  \$ 7,000,00  \$ 1,		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,000			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X CCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,0	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		X				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		1.							E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/0007		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

CERTIFICATE HOLDER	CANCELLATION
Lime Energy Services Co.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4 Gateway Center 4th Floor Mulberry Street	AUTHORIZED REPRESENTATIVE  RUJANULJU





### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subjectificate does not confer rights t							require an endorsemei	nt. As	tatement on
	PRODUCER					CONTA NAME: PHONE					
	Gowrie Group 70 Essex Road						o, Ext): (800) 2		FAX (A/C, No):	(860)	399-3615
Westbrook, CT 06498						E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED					INSURE	R в : Key Ris	sk Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURE	RD:				
		Marlboro, NY 12542				INSURER E:					
						INSURE	RF:				
CO	VEF	RAGES CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER:		
IN CI	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,										
		USIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN	POLICY EFF	PAID CLAIMS.			
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	LIMI	rs	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	\(\(\text{\tin\text{\tin\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\text{\text{\text{\text{\tin\tin\text{\text{\text{\text{\text{\tin\tin\text{\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES		ION OF ORERATIONS / LOCATIONS / VEHIC	1.50 (4	CODI	Add Additional Remarks Oak adult as					

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.
Livingston Public Schools 11 Foxcroft Dr.  Livingston, NJ 07039-2613	RU Jam John Ja
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



AM-01 MTOMASELLI



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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	is certificate does not confer rights to					require an endorsement. A	Statement on		
PROI	DUCER	CONTACT NAME:							
Gow	rie Group ssex Road			PHONE (A/C, No, Ext): <b>(800)</b>	) 399-3615				
Wes	tbrook, CT 06498			E-MAIL ADDRESS: info@go	wrie.com				
				IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #		
				INSURER A : Nautilu	is Insurance	e Company	17370		
INSU	RED			INSURER B : Key Ri	sk Insuranc	e Company	10885		
	American Lamp Recycling			INSURER C : Great I	25224				
	55 Riverview Drive			INSURER D:					
	Marlboro, NY 12542			INSURER E :					
				INSURER F:					
CO	/ERAGES CER	TIFICATE	E NUMBER:			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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Λ	V COMMEDICIAL CENEDAL LIABILITY			, , ,			1 000 000		

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	\(\(\text{\tin\text{\tin\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\text{\text{\text{\text{\tin\tin\text{\text{\text{\text{\text{\tin\tin\text{\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES		ION OF ORERATIONS / LOCATIONS / VEHIC	1.50 (4	CODI	Add Additional Remarks Oak adult as					

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

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

Loureiro Contractors, Inc. 100 Northwest Drive Plainville, CT 06062



### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE SECURITY SECURITY SELL DISEASE - POLICY LIMIT  \$ 1,000,00  \$ 2,000,00  \$ 3,000,00  \$ 3,000,00  \$ 3,000,00  \$ 4,000,00  \$ 5,000,00  \$ 5,000,00  \$ 6,000,00  \$ 6,000,00  \$ 7,000,00  \$ 1,		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,000			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X CCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,0	В	ΑU	OMOBILE LIABILITY							\$	1,000,000
X		X				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ule, may be attached if more space is required)
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.
Loureiro Engineering Associates, Inc. 100 Northwest Drive  Plainville, CT 06062	AUTHORIZED REPRESENTATIVE  RUJAMU John John John John John John John John
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are	registered marks of ACUKD



\_\_\_\_MTOMASELLI



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							

INSR LTR ADDL SUBR **POLICY EFF** TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.

Lovley Development, Inc. 710 Main Street Suite 11 Plantsville, CT 06479

ACORD 25 (2016/03)

-Mun Ordere M.

**AUTHORIZED REPRESENTATIVE** 



-AM-01 <u>MTOMASELLI</u>



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PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
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		INSURER A: Nautilus Insurance Company		17370				
INSURED		INSURER B : Key Risk Insurance Company						
American Lamp Recycling		INSURER C: Great Divide Insurance Compan	у	25224				
55 Riverview Drive		INSURER D:						
Marlboro, NY 12542		INSURER E:						
		INSURER F:						
COVERAGES CERT	IFICATE NUMBER:	REVISION NUM	MBER:					

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

CERTIFICATE HOLDER	CANCELLATION
OLKHINATE HOLDEN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lumic Electric 292 Marlborough Point Rd. Stafford, VA 22554	RU James Johnson Johns
A CORD OF (004C(00))	© 4000 2045 ACORD CORPORATION. All sights recovered



### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
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INSURED	INSURER B: Key Risk Insurance Company		10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	ı <b>y</b>	25224				
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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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Χ OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY ALITO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**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** Management & Training Corporation/EJCC/DOL

500 Plain?eld Ave. 08817





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Mariboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE B	OLICY PERIOD					

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			POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(11111111111111111111111111111111111111	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.							\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000	
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pol	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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.
Manchester Township School District 121 Route 539	AUTHORIZED REPRESENTATIVE
P.O. Box 4100	RC James Joshume Ive
Whiting 08759	5 F 75 9 THE W





# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsemen	t. A sta	tement on	
PRODUCER Coursis Crous						CONTACT NAME: PHONE (200) 200 2014 FAX (200) 200 2015					
70 Fesey Road					(A/C, No, Ext): (800) 262-8911 (A/C, No): (860) 399-3					99-3615	
Westbrook, CT 06498				E-MAIL ADDRESS: info@gowrie.com							
				-	INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Nautilus Insurance Company					17370	
INSU	RED				INSURER B: Key Risk Insurance Company					10885	
American Lamp Recycling						INSURER C : Great Divide Insurance Company					
	55 Riverview Drive				INSURER D:						
					INSURER E:						
					INSURER F:						
CO	/ERAGES CER	TIFIC/	ATE	NUMBER:	REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIED DICATED. NOTWITHSTANDING ANY R										
CE	ERTIFICATE MAY BE ISSUED OR MAY	PERTA	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICI	IES DESCRIB	ED HEREIN IS SUBJECT T			
	(CLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE I	BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL SI	UBR VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
								DAMA OF TO DENTED		400.000	

INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
						MED EXP (Any one person)	\$ 10,00
						PERSONAL & ADV INJURY	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:					Contr Pollution	s 1,000,00
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s 1,000,00
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONET					( or accounty	\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,00
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		WCA 2006608 22	9/30/2024	9/30/2025	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					E.L. EACH ACCIDENT	s 1,000,00
	OFFICER/MEMBER EXCLUDED? (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
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,00
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)						

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.
Marchion & Faucher 77 Crestwood Road West Hartford, CT	AUTHORIZED REPRESENTATIVE RUJBANG TA





HIRED AUTOS ONLY

**UMBRELLA LIAB** 

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

**EXCESS LIAB** 

DED

ACORD 25 (2016/03)

Α

Х

X

RETENTION \$

X

NON-OWNED AUTOS ONLY

**OCCUR** 

**CLAIMS-MADE** 

N/A

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

5,000,000

5,000,000

1,000,000

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 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 have ADDITIONAL INSURED provisions or 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 CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company						
INSURED	INSURER B: Key Risk Insurance Company						
American Lamp Recycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive	INSURER D :						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS  $(MM/DD/YYYY) \mid (MM/DD/YYYY)$ 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Χ OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY ALITO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 5,000,000 **Pollution Liability** OCC/AGG

9/30/2024

9/30/2024

**AUTHORIZED REPRESENTATIVE** 

9/30/2025

9/30/2025

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

FFX 2036594 12

WCA 2006608 22

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.

MarineMax, Inc. 18167 US Highway 19 North Suite 300 Clearwater, FL 33764

BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident)

OTH-FR

**EACH OCCURRENCE** 

PER STATUTE

E.L. EACH ACCIDENT

AGGREGATE



**AMERLAM-01** 

**MTOMASELLI** 

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights to							require an endorsem	nent. A s	statement on
	PRODUCER					СТ		1		
Gowrie Group 70 Essex Road						o, Ext): (800) 2	262-8911	FAX (A/C, N	<sub>lo):</sub> (860)	399-3615
	brook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Nautilus	s Insurance	e Company		17370
INSUR	ED				INSURE	R в : Key Ris	k Insuranc	e Company		10885
	American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224
	55 Riverview Drive				INSURER D :					
	Marlboro, NY 12542				INSURER E :					
					INSURE	RF:				
cov	ERAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBER	:	
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE									
	RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH F								T TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								,,		10 000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				(	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Χ	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Χ	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	_	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DE0/		ION OF OPERATIONS // COATIONS //EUR	. = 0 (							

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

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.
Marriott International 9737 Washington Blvd.	AUTHORIZED REPRESENTATIVE  RUJAMU July July
Gaitherburg, MD 20878	





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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and documents decorated being rights to the documents helder in health ea	on ondercomonico).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:					

CERTIFICATE 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS

Maryland Department of the Environment Land Management Administration 1800 Washington Blvd., Ste 650 Baltimore, MD 21230-1719

**AUTHORIZED REPRESENTATIVE** 

CANCELLATION

**CERTIFICATE HOLDER** 





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	0) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Metropolitan 885 Third Ave Leasehold LLC, New Lipstick LLC, Lipstick Management LLC, 885 Third Holding LLC, 885 Third Fee LLC and CB Richard Ellis are listed as Additional Insured on the General Liability for operations where required by written contract.

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.
Metropolitan 885 Third Ave Leasehold LLC c/o CB Richard Ellis 885 Third Avenue New York, NY 10022	AUTHORIZED REPRESENTATIVE  RESIDENT STATES OF THE STATES O



<u>MTOMASELLI</u>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company						
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,000			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X CCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  AGGREGATE \$ 5,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		Х				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    S										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Solicitation #IFB-18-31823 - TMG Job 01328-0000. For work performed at the Metropolitan Washington Airports Authority Project(s).
Certificate Holders are Additional Insured, ATIMA on the General Liability, Automobile and Excess/Umbrella Liability policies and Waiver of Subrogation in favor of Certificate Holders applies to all policies when required by written contract. General Liability coverage applies off-site. Workers Comp & Employers Liability coverage applies on and off-site. Auto coverage applies on and off-site umbrella coverage schedules General Liability (off-site), Employers Liability and Auto Liability (on and off-site) as underlying policies.

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.
Metropolitan Washington Airports Authority c/o USI Insurance Services National, Inc. 601 - 13th Street NW 9th FIr N Washington. DC 20005	AUTHORIZED REPRESENTATIVE  RL James Johnson Jo



## CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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 Coursis Group	CONTACT NAME: PHONE (2002) 200 2014 FAX	
owrie Group Essex Road estbrook, CT 06498	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No):	(860) 399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
*************	INSURER D:	
Mariboro, NY 12542	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: CONTRACT #: 6240 - LIRR 3rd Track Extension from Floral Park to Hicksville.

MTA Capital Construction Company (MTACCC), New York City Transit Authority (NYCT), Metro North Commuter Railroad Company (MNR), Long Island Rail Road (LIRR), MTA Bus Company (MTABus), Triborough Bridge & Tunnel Authority (B&T), Metropolitan Transportation Authority (MTA) and its subsidiaries and

affiliates , and the City of New York (as owner) and the State of New York (state) and the respective affiliates and subsidiaries existing currently or in the future

of and successors to each Indemnified Party listed herein; NYS Department of Transportation and the Commissioner of Transportation. New York & Atlantic Railway Company and Anacostia Rail Holdings and the respective affiliates and the respective affiliates and the Railroad Project Consultant are included as Additional Insured as respects to General Liability, Auto Liability and Umbrella Liability policies, pursuant to and subject to the policy's terms, definitions.

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.
MTA Capital Construction Company/MTA Attn: OCIP Administrator	AUTHORIZED REPRESENTATIVE
2 Broadway, 21st Floor New York, NY 10005	RC James Joshen Ive.

ACORD 25 (2016/03)

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LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Gowrie Group		NAMED INSURED American Lamp Recycling 55 Riverview Drive Marlboro, NY 12542		
POLICY NUMBER		Mariboro, NT 12342		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS				

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: AC	ORD 25 FORM TITLE: Certificate of Liability Insurance						

#### **Description of Operations/Locations/Vehicles:**

conditions and exclusions. The insurance provided in the General Liability policy is primary and any other insurance shall be excess only, and not contributing. Waiver of Subrogation applies to Additional Insured's as respects General Liability, Auto Liability, Umbrella Liability and Workers Compensation policies pursuant to and subject to the policy's terms, definitions, conditions and exclusions.





## CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVER A CEC.	DEVICION NUM	ADED:					

COVERAGES CERTIFICATE NUMBER: 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.

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
N.O.C. III URBAN RENEWAL LIMITED LIABILITY COMPANY, LOGO NEWPORT LAND OWNERS LIMITED LIABILITY COMPANY, NEWPORT OFFICE CENTER III
COMPANY, LLC, NEWPORT NJ REAL ESTATE SERVICES LLC AND THEIR RESPECTIVE MEMBERS, PARTNERS, SHAREHOLDERS, OFFICERS, DIRECTORS,
EMPLOYEES, AGENTS AS ADDITIONAL INSUREDS WITH RESPECT TO GENERAL LIABILITY AND EXCESS/UMBRELLA LIABILITY COVERAGE.

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.
N.O.C. III Urban Renewal Ltd Liab Co; Newport Office Center III Co LLC; LOGO Newport Land Owners LLC 499 Washington Boulevard Jersey City. NJ 07310	AUTHORIZED REPRESENTATIVE  RU James James Ja.



ACORD°

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Degmor, Inc. and its affiliates as additional insured, New York City School Construction Authority, The City of New York, New York City Department of Education, and Nead Electric Inc. RE: P.S. 279 Annex @ K242, 10001 Flatlands Ave, Brooklyn, NY 11236, Floors 1 â" 3 and cellar

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.
New York City School Construction Authority 30-30 Thomson Avenue  Long Island City, NY 11101	AUTHORIZED REPRESENTATIVE





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER Coursis Group	CONTACT NAME: PHONE (2002) 200 2014 FAX	
70 Essay Poad	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No):	(860) 399-3615
vrie Group Essex Road stbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
*************	INSURER D:	
Mariboro, NY 12542	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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E	XCLL	JSIONS AND CONDITIONS OF SUCH			EN REDUCED BY	PAID CLAIMS	-		
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: CONTRACT #: IFB No. 353577-GS57 (NYCTA). NYCT, MaBSTOA, SIRTOA, LIRR, MTA, including its subsidiaries and affiliates, MTACC, MTA Bus and the City of New York, PBS Capital LLC, MIU Realty LLC, JLK Capital LLC, Green Bus Holding Corp, Jamaica Bus Holding Corp, Triboro Coach Holding Corp, New York Bus Services and the respective affiliates and subsidiaries existing currently or in the future of and successors to each indemnified party listed herein are included as Additional Insured as respects to General Liability, Auto Liability and Umbrella Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. The insurance provided in the General Liability policy is primary and any other insurance shall be excess only, and not contributing. Waiver of Subrogation applies to Additional Insured's as respects General Liability, Auto Liability, Umbrella Liability and Workers Compensation policies pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

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.
New York City Transit; MTA Bus Company Long Island Railroad / MTA 2 Broadway, 21st Floor New York, NY 10004	AUTHORIZED REPRESENTATIVE  FULL James Jame

ACORD 25 (2016/03)



\_\_\_\_\_MTOMASELLI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B: Key Risk Insurance Company	10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		ISIONS AND CONDITION				LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	E	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIA		IIIOD			(MIND D) 1111)	(MIND D) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X C	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u>	S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHI AUTOS ONLY AUTO	EDULED OS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON AUTOS ONLY	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α		UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB (	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$								\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXEC	CUTIVE Y/N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)		, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS be	elow						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	ution Liability				SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
_							1		l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
New York Convention Center Operating Corporation, New York Convention Center Development Corporation, State of New York, Triborough Bridge and
Tunnel Authority and Empire State Development Corporation are listed as additional insured as their interest may appear only with respect to the work
performed by the named insured as per written agreement. General Liability is on a primary non-contributory basis.

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.
New York Convention Center Operating Corp Javits Center 655 West 34th Street New York, NY 10001-1188	RL Jam John Jr.



<u>MTOMASELLI</u>



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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tine continuate account rights to the continuate motion in the continuation of the con						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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.

New York State Department of Environmental Conservation, Div Materials Mgt 625 Broadway, 9th Floor

AUTHORIZED REPRESENTATIVE

Albany, NY 12233-7253 ACORD 25 (2016/03)

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**AMERLAM-01** 

# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road		<sup>AX</sup> /C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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** 

NJR Service Company, Procurement Dept. 1415 Wyckoff Road Wall, NJ 07719





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING	COVERAGE NAIC #						
	INSURER A: Nautilus Insurance Co	mpany 17370						
INSURED	INSURER B: Key Risk Insurance Co	ompany 10885						
American Lamp Recycling	INSURER C: Great Divide Insurance	e Company 25224						
55 Riverview Drive	INSURER D :							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NOC VII URBAN RENEWAL COMPANY LLC, NOC VII LAND LIMITED LIABILITY COMPANY, NOC VII OFFICE ASSOCIATES LLC, NOC VII LEASING CORP., AND
ALL PRINCIPALS, OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES OF THE ABOVE NAMED ENTITIES AS ADDITIONAL INSUREDS WITH RESPECT TO
GENERAL LIABILITY AND EXCESS/UMBRELLA LIABILITY COVERAGE.

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.
NOC VII Urban Renewal Company LLC, NOC VII Office Associates LLC 40 West 57th Street 23rd Floor	AUTHORIZED REPRESENTATIVE RUJAMUJA

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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.

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this certificate does not confer ri	this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).						
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Nautilus Insurance Company	17370				
INSURED		INSURER B: Key Risk Insurance Company	10885				
American Lamp Recyc	ing LLC	INSURER C: Great Divide Insurance Compar	ny 25224				
55 Riverview Drive		INSURER D:					
Marlboro, NY 12542		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:				

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		ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				\(\text{\tin\text{\tin\tin\tin\text{\text{\text{\text{\text{\text{\text{\text{\tin\tin\tin\tin\tin\tin\text{\text{\text{\text{\tin\tin\text{\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	<del>(,</del>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	THE POST OF THE PO							\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	X		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE TIME			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	•	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NOCO LLC is listed as additional insured on a primary and non-contributory basis where required by written contract and a Waiver of Subrogation is included for all policies in favor of the Additional Insured.

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.
NOCO LLC 2440 Sheridan Drive  Tonawanda, NY 14150	RUMAN Johns Johnson
	0.4444.444.444.444.444.444.444.444.444.



-AM-01 <u>MTOMASELLI</u>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	AX (C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB	ER:				
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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE Х OCCUR 9/30/2025 ECP 2036593 12 9/30/2024

10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY ALITO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.
NOCO LLC	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

2440 Sheridan Dr. Tonawanda, NY 14150

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#### MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

# CERTIFICATE OF LIABILITY INSURANCE

ACORD'

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PRODUCER	CONTACT NAME:	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING	COVERAGE NAIC #						
	INSURER A: Nautilus Insurance Co	mpany 17370						
INSURED	INSURER B: Key Risk Insurance Co	ompany 10885						
American Lamp Recycling	INSURER C: Great Divide Insurance	e Company 25224						
55 Riverview Drive	INSURER D :							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NORESCO, the Owner and all other parties as required by contract are named as Additional Insureds for General Liability on a Primary and Noncontributing basis. Waiver of Subrogation applies as required by written contract. Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice (10 days for non-payment) to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

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.
NORESCO One Research Drive	AUTHORIZED REPRESENTATIVE
Suite 400C Westborough, MA 01581	RSC Johns Soday Lore.

ACORD 25 (2016/03)



ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of su		atomont on					
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224					
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Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							

INSR LTR ADDL SUBR POLICY EXP **POLICY EFF** TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nortech Environmental LLC is listed as additional insured.

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.
Nortech Environmental LLC Post Office Box 803  South Windsor, CT 06074	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA.



**AMERLAM-01** 

# **CERTIFICATE OF LIABILITY INSURANCE**

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).											
PROD	PRODUCER					CONTA NAME:	СТ					
		Group x Road					o, Ext): (800) 2	262-8911	FA (A	AX /C, No): <b>(</b> 8	60) 3	399-3615
		ook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com	,			
							INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
						INSURE	R A : Nautilu	s Insurance	Company			17370
INSU	RED					INSURE	R в : Key Ris	k Insuranc	e Company			10885
		American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company			25224
		55 Riverview Drive				INSURER D:						
		Marlboro, NY 12542				INSURER E :						
						INSURER F:						
CO	/ER	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMB	ER:		
IN CE	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 TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					DELIVI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS			
A	Х	COMMERCIAL GENERAL LIABILITY					,, <u>.</u>	<del>,</del> ,	EACH OCCURRENCE	\$	3	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurre		3	100,000
									MED EXP (Any one per		3	10,000
												1.000.000

COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					MED EXP (Any one person)	\$	10,000
					PERSONAL & ADV INJURY	\$	1,000,000
N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:					Contr Pollution	\$	1,000,000
OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS						\$	
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
DED RETENTION \$						\$	
RKERS COMPENSATION  EMPLOYERS' LIABILITY					X PER OTH-ER		
PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	,				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
s, describe under					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
CRIPTION OF OPERATIONS below						Ψ	
CRIPTION OF OPERATIONS below lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	Ψ	5,000,000
CRIPTION OF OPERATIONS below		SSP 2006609 14	12/31/2024	12/31/2027		Ψ	5,000,000
	NL AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  TOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  HIRED AUTOS ONLY  LUMBRELLA LIAB X OCCUR EXCESS LIAB  DED RETENTION \$  RERS COMPENSATION EMPLOYERS LIABILITY PROPRIETOR PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? ICER/MEMBER EXCLUDED? IN AUTOS ONLY  Y/N ICER/MEMBER EXCLUDED?	CLAIMS-MADE X OCCUR  VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  COMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  HIRED AUTOS ONLY  WANTON-OWNED AUTOS ONLY  LOCUR  EXCESS LIAB  DED  RETENTION \$  REPLOYERS' LIABILITY  PROPPIETOR/PART NER/EXECUTIVE ICER/MEMBER EXCLUDED?  S. describe under	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  COMPEN:  COMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  AUTOS ONLY  HRED AUTOS ONLY  AUTOS ONLY  LIABILITY  ANY AUTO  OWNED AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  CLAIMS-MADE  CLAIMS-MADE  DED  RETENTION \$  CLAIMS-MADE	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  COMPEN:  COMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  HRED AUTOS ONLY  AUTOS ONLY  LOC  WIMBRELLA LIAB  CLAIMS-MADE  MVCA 2006608 22  9/30/2024	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CTAIR AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC  OTHER:  TOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  HIRED AUTOS ONLY  LUMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION\$  REPLOYER'S LIABILITY  PROPRIETOR/PARTNER/EXECUTIVE OCCUR  CER'MEMBER EXCLUDED?  OKANGE AUTOS ONLY  N/A  WCA 2006608 22  9/30/2024  9/30/2024  9/30/2025	CLAIMS-MADE X OCCUR  ECP 2036593 12  9/30/2024  9/30/2025  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  CONTR Pollution  COMBINED SINGLE LIMIT  (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  (Per accident)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  FFX 2036594 12  9/30/2024  9/30/2025  SCHEDULED  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  WCA 2006608 22  9/30/2024  9/30/2025  SCHEDULED  AUTOS ONLY  BODILY INJURY (Per person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODILY INJURY (PER person)  BODIL	CLAIMS-MADE X OCCUR  ECP 2036593 12  9/30/2024  9/30/2025  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED DAMAGE (PREMISES (Ea occurrence)) \$ DAMAGE TO RENTED DE DAMAGE TO RENTED DE DAMAGE (PREMISES (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (Ea occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (EA occurrence)) \$ DAMAGE TO RENTED DAMAGE (PREMISE (EA occurrence)) \$ DAMAGE TO RENTED DA

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

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.
Northern Dutchess Hospital 6511 Springbrook Avenue Rhinebeck, NY 12572	AUTHORIZED REPRESENTATIVE  RUJANJANJAN
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.
TI 400DD 11	1. 1 1. (10000





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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		certificate does not confer rights t							require an endors	ement. A	statement on
_	PRODUCER			CONTA NAME:							
Gow 70 F	rie	Group ex Road					o, Ext): (800) 2		FAX (A/0	X C, No): (860)	399-3615
Wes	tbre	ook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED					INSURE	R в : Key Ris	sk Insuranc	e Company		10885
		American Lamp Recycling				INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E:					
						INSURE	RF:				
CO	VEF	RAGES CEF	RTIFIC	ATE	NUMBER:				<b>REVISION NUMBE</b>	ER:	
IN CE	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	SUBR			POLICY EFF	POLICY EXP		LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY	11430	****			(MINIO DITTITI	(MINDDITTI)	EACH OCCURRENCE	\$	1,000,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	\(\(\text{\tin\text{\tin\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\text{\text{\text{\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
DES		ION OF ORERATIONS / LOCATIONS / VEHIC	1.50 (4	CODI	Add Additional Remarks Oak adult as					

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

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.
NTM Enterprises LLC 6810 52nd Drive	AUTHORIZED REPRESENTATIVE  RUL James Red Total

ACORD 25 (2016/03)

Maspeth, NY 11378





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fied of sach endorsement(s).								
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B : Key Risk Insurance Company							
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.							

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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.

**NYS Dept of Environmental Conservation** Division of Materials Management 625 Broadway, 9th Floor Albany, NY 12233-7251

**AUTHORIZED REPRESENTATIVE** 

ACORD 25 (2016/03)

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER	CONTACT NAME:								
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615							
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A : Nautilus Insurance Company	17370							
INSURED	INSURER B : Key Risk Insurance Company	10885							
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224							
55 Riverview Drive	INSURER D:								
Marlboro, NY 12542	INSURER E:								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	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									

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XCLU	ISIONS AND CONDITI					REDUCED BY				
	TYPE OF INSURA	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL					,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGRE <u>GAT</u> E LIMIT AP	PLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							Contr Pollution	\$	1,000,000
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SAUTOS ONLY	SCHEDULED AUTOS							\$	
X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	5,000,000
X	EXCESS LIAB	CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION	۱\$							\$	
WOF	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE		EXECUTIVE [ ]	NI / A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below									\$	1,000,000
A Pollution Liability					SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
	AUT X  WORAND ANY OFFI (Mare) If yeep	TYPE OF INSURA  X COMMERCIAL GENERA  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  PRO- JECT  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  DED  RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/E OFFICER/MEMBER EXCLUDED  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATION	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X HOS ONLY X EXCESS LIAB  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  LIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  MIRED  AUTOS ONLY  LOC  UMBRELLA LIAB  VOCCUR  VEXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  (Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  WIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD    X   COMMERCIAL GENERAL LIABILITY     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   X   OCCUR     CLAIMS-MADE   AUTOS ONLY   AUTOS ONLY     X   ANY AUTO   AUTOS ONLY   AUTOS ONLY     X   HIRED   AUTOS ONLY   AUTOS ONLY     UMBRELLA LIAB   X   OCCUR   AUTOS ONLY     X   EXCESS LIAB   CLAIMS-MADE     DED   RETENTION \$   WORKERS COMPENSATION   AND EMPLOYERS' LIABILITY     ANY PROPRIETOR/PARTNER/EXECUTIVE   MY / N     ANY PROPRIETOR/PARTNER/EXECUTIVE   MY / N     If yes, describe under   OPERATIONS below     WCA 2006608 22   9/30/2024	TYPE OF INSURANCE  INSD WVD  POLICY NUMBER  (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WCA 2006608 22  9/30/2024  9/30/2025	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBB (NSD WYD)  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  ECP 2036593 12  POLICY EFF (MM/DD/YYYY)  EACH OCCURRENCE DAMAGE TO RENTED PARMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG CONT POllution  COMBINED SINGLE LIMIT  ANY AUTO  OWNED AUTOS ONLY AUTOS	TYPE OF INSURANCE  ADDL SUBR NSD WYD  POLICY NUMBER  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  ADDLCY EFF (MM/DD/YYYY)  EACH OCCURENCE \$ DAMAGE TO RENTED PREMISS (Ea occurrence) \$  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE \$  PRODUCTS - COMP/OP AGG \$  CONT POILUTION  AUTOS ONLY  AUTOS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Middletown Area Transit O&G Industries Inc., MAT (Middletown Area Transit), State of Connecticut, each participating municipality and Architects &
Engineers are listed as additional insured under the General Liability, Automobile Liability, Excess Liability and Pollution Liability on a primary and
non-contributory basis. No XCU exclusions apply. Should any of the above described policies be cancelled before the expiration date, the issuing company
will endeavor to mail 30 days written notice (10 days for non-payment) to the certificate holder but failure to do so shall impose no obligation or liability of any
kind upon the insurer, its agents or representatives.

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.
O&G Industries, Inc. 112 Wall Street  Torrington, CT 06790	RUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 fied of st	den endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
One Century Tower Building Association, Century One Limited Partnership and Konover Commercial Corporation are listed as Additional Insured for General Liability where required by written contract.

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.

**One Century Tower Building Assoc** c/o Konover Commercial Corp 265 Church St., Suite 200 New Haven, CT 06510

**AUTHORIZED REPRESENTATIVE** 





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 rig	ghts to the certificate holder in lieu of s	such endorsement(s).						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Nautilus Insurance Company	17370					
INSURED		INSURER B: Key Risk Insurance Company						
American Lamp Recyc	eling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive		INSURER D:						
Marlboro, NY 12542		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	IMBER:					
		V HAVE BEEN ISSUED TO THE INSURED NAMED AB						

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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.
Ontario County 20 Ontario Street  Canandaigua, NY 14424	AUTHORIZED REPRESENTATIVE  RUJAMUS JA.
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





## **CERTIFICATE OF LIABILITY INSURANCE**

1/8/2025

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.

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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
OP-TECH Environmental Services Inc, General Electric Company, Town of Plainville and Ownerâs Representative are listed as additional insured as required by written contract and a Waiver of Subrogation is included.

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.
OP-TECH Environmental Services Inc. dba NRC Environmental Services 6392 Deere Road  Syracuse, NY 13206	AUTHORIZED REPRESENTATIVE RUJBANG TA.



CORD

## CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		X	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
C	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Orion Energy Systems Inc., its Affiliates and their respective directors, officers, employees and agents are named as Additional Insured on General Liability and Pollution Liability, Auto Liability and Umbrella (as applicable) with respect to the services performed by ALR on a primary and non-contributory basis.
ALR shall waive, and shall cause its insurers to waive, any and all rights of subrogation (including general liability, auto, pollution/professional and workers compensation) against Orion Energy Systems, Inc. Orion is included as insured for ALR's actions in removal and proper disposal of Orion waste products once removed from Orion job sites.

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.
Orion Energy Systems Inc. 2210 Woodland Drive Manitowoc, WI 54220	AUTHORIZED REPRESENTATIVE  RL James Jan.



## CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860	399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B: Key Risk Insurance Company	10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	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 ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.
Pearl River School District 135 West Crooked Hill Rd.  Pearl River, NY 10965	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fieu of such endorsement(s).							
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road Westbrook, CT 06498		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615			
		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Nautilus Insurance Company		17370			
American Lamp Recycling		INSURER B: Key Risk Insurance Company		10885			
		INSURER C: Great Divide Insurance Compa	ny	25224			
55 Riverview Drive	_	INSURER D:					
Marlboro, NY 12542		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	IMBER:				
THIS IS TO CERTIFY THAT THE P	OLICIES OF INSURANCE LISTED BELOV	V HAVE BEEN ISSUED TO THE INSURED NAMED AB	OVE FOR THE PO	LICY 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		PROPRIETOR/PARTNER/EXECUTIVE Y/N WCA 2006608 22		WCA 2006608 22	9/30/2024 9/30/2025	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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.
Pearl Street Systems LLC 7 Commerce Street	AUTHORIZED REPRESENTATIVE
Suite 3 Somerville, NJ 08876	KS-Thur Sodere Ire

ACORD 25 (2016/03)



<u>MTOMASELLI</u>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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tills ocitilloate aces flot e	contenting its to the certificate holder in hea	or saon endorsement(s).						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860	) 399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com	, ,					
		INSURER(S) AFFORDING CO	VERAGE	NAIC #				
		INSURER A : Nautilus Insurance Comp	any	17370				
INSURED		INSURER B: Key Risk Insurance Com	10885					
American Lam	p Recycling	INSURER C: Great Divide Insurance C	25224					
55 Riverview D		INSURER D:						
Marlboro, NY 1	12542	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISI	ON 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

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

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.

Penske Truck Leasing Co, LP Route 10 Green Hills P.O. Box 563 Reading, PW 19603

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

AMERLAM-01

## CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company		17370				
INSURED	INSURER B: Key Risk Insurance Company						
American Lamp Recycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
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 ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 9/30/2024 9/30/2025 BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Peopleas Untied Bank, ISAOA-ATIMA is listed as Mortgagee/Lenders Loss Payable.

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.
Peopleâs Untied Bank, ISAOA-ATIMA Post Office Box 820 ∣Burlington, VT 05402-0820	AUTHORIZED REPRESENTATIVE  RUJANJANGUTA
Dullington, v i 03402-0620	L



\_\_\_\_MTOMASELLI

ACORD'

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not come rights to the certificate holder in fied of st	ich endorsement(s).			
PRODUCER	CONTACT NAME:			
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615		
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Nautilus Insurance Company	17370		
INSURED	INSURER B: Key Risk Insurance Company			
American Lamp Recycling	INSURER C: Great Divide Insurance Company			
55 Riverview Drive	INSURER D:			
Marlboro, NY 12542	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Power and Construction Group Inc is listed as Additional Insured for General Liability where required by written contract.

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.
Power and Construction Group Inc. 96 River Road PO Box 30   Scottsville NY 14546	AUTHORIZED REPRESENTATIVE RUJAMA John John John John John John John John





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:		
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Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
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INSURED	INSURER B: Key Risk Insurance Company	10885	
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224	
55 Riverview Drive	INSURER D:		
Marlboro, NY 12542	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.		

COVERAGES CERTIFICATE NUMBER: 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.

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY					<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		X	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPERTY PACTURE Y/N	N/A	X	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	II, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
							l			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Powerhouse Retail Services LLC, Security Vault Works Inc along with their respective officers, agents and employees shall be named as Additional Insured for General & Auto Liability on a primary and non-contributory basis for both ongoing and completed operations. A Waiver of Subrogation in included in favor of the additional insured for General, Auto, Excess and Workers Compensation Liability. 30 days notice for cancellation.

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.
Powerhouse Retail Services, LLC 812 S. Crowley Rd. Suite A Crowley. TX 76036	AUTHORIZED REPRESENTATIVE  RU James Johnson Johnson



CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not comer rights to the certificate holder in fied of st	den endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
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				<u> </u>	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	Х	ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х	Х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	Χ	X	FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N / A	X	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pro Star Energy Solutions LP is listed as Additional Insured for General Liability, Automobile and Excess policies. Waiver of Subrogation is included for General Liability, Automobile, Workers Compensation and Excess policies.

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.
Pro Star Energy Solutions LP One Cowboys Way Suite 575 Frisco. TX 75034	AUTHORIZED REPRESENTATIVE  W. Jahren Jahren Jahren





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Nautilus Insurance Company		17370			
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C : Great Divide Insurance Compan	25224				
55 Riverview Drive	INSURER D :					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUI	MBER:				
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						

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				<b></b>	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u> </u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
C	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.
Pro-Teck LLC 85 Willow Street-Suite 11 ∣New Haven, CT 06510	AUTHORIZED REPRESENTATIVE  RUJAMUJUMUJUM
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



\_\_\_\_\_MTOMASELLI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in fied of su	ich endorsement(s).	Į.			
PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B: Key Risk Insurance Company	10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D :				
Marlboro, NY 12542	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW!	HAVE BEEN ISSUED TO THE INSURED NAMED ABOV	E FOR THE POLICY PERIOD			

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINUSE/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N		WCA 2006608 22		9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000	
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
ı										

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

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.
QSI Facilities PO Box 589  Colwich, KS 67030-0589	AUTHORIZED REPRESENTATIVE  RUJAMULTA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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ting certificate aces not come rights to the certificate holder in fied of se	ion endorsement(s).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:					

CERTIFICATE 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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pol	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Queens Borough Public Library & Queens Borough Public Library Board of Trustees are listed as additional insured for General Liability where required by written contract.

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.
Queens Borough Public Library & the Library Board of Trustees 89-11 Merrick Boulevard	AUTHORIZED REPRESENTATIVE  RUJAMUJALIA





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of su		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	399-3615		
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Nautilus Insurance Company		17370		
INSURED	INSURER B: Key Risk Insurance Company	10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:			
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.					
INCR   AND CONDITIONS OF SUCH POLICIES, LIWITS SHOWN WAT HAVE	BOLICY EEE BOLICY EVE				

TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS LTR 1,000,000 Χ Α **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** FFX 2036594 12 9/30/2024 9/30/2025 5,000,000 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCA 2006608 22 9/30/2024 9/30/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**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** 

R3Technologies 502 Baltimore Avenue Towson, MD 21204



\_\_\_\_MTOMASELLI

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING COVERAGE		NAIC#			
		INSURER A: Nautilus Insurance Company		17370			
INSURED		INSURER B: Key Risk Insurance Company		10885			
American Lamp Recycling 55 Riverview Drive		INSURER C: Great Divide Insurance Company					
		INSURER D:					
Marlboro, NY 12542		INSURER E:					
		INSURER F:					
COVERAGES CERTIF	ICATE NUMBER:	REVISION NUI	MBER:				
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							
EXCLUSIONS AND CONDITIONS OF SUCH POL		DED BY THE POLICIES DESCRIBED HEREIN IS S BEEN REDUCED BY PAID CLAIMS.	OBJECT TO ALL	THE TERMS,			
INSR LTR TYPE OF INSURANCE INS	DL SUBR POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS				

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD			(MINUSE/1111)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	•	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	NOTOS GILLI						,	\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X PER OTH-	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7/ N			WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	•	5,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPT	101 Additional Pomarke Schodula m	ay be attached if mor	o enaco le recul	rod)		

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.

Rahway Public Schools
1157 Kline Place

ACORD 25 (2016/03)

Rahway, NJ 07065





#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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.

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· · · · · · · · · · · · · · · · · · ·			
PRODUCER	CONTACT NAME:		
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		
	INSURER(S) AFFORDING COVER	AGE	NAIC #
	INSURER A: Nautilus Insurance Compar	17370	
INSURED	INSURER B: Key Risk Insurance Compa	10885	
American Lamp Recycling	INSURER C: Great Divide Insurance Company		
55 Riverview Drive	INSURER D :		
Marlboro, NY 12542	INSURER E :		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Recycle Track Systems Inc, RTS Holding Inc and RTS NJ LLC, RTS Inc is listed as Additional Insured under the General Liability and Auto policies on a primary and non-contributory basis where requried by written contract and a Waiver of Subrogation is included in favor of the additional insured for General Liability, Automobile Liability, Umbrella/Excess Liability and Workers Compensation. General Liability does not include third party/NY labor law exclusion. Contractual Liability is provided as described in the General Liability coverage form. Umbrella is follow form.

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Recycle Track Systems, Inc. RTS Holding Inc., RTS NJ LLC, RTS Inc. c/o myCOI 1075 Broad Ripple Ave., Ste 313

Indianapolis, IN 46220

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZ	ED REP	RESENTA'	ΓΙΥΕ
0.1			

ACORD 25 (2016/03)



PRODUCTS - COMP/OP AGG **Contr Pollution** 

**MTOMASELLI** 



X POLICY

OTHER:

**AUTOMOBILE LIABILITY** 

PRO-JECT

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

2,000,000

1,000,000

1,000,000

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company					
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:				
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS INSR LTR ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/30/2024 9/30/2025 ECP 2036593 12 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE

COMBINED SINGLE LIMIT (Ea accident) Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Х **EXCESS LIAB CLAIMS-MADE** 

AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$

If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

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.

Red Technologies, LLC 173 Pickering Street Portland, CT 06480 ACORD 25 (2016/03)

**AUTHORIZED REPRESENTATIVE** 



# ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

1/8/2025

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this certificate does not come rights to the certificate notice in ned of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	0) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

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

ERTIFICATE 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

Riverside Township Public School District 112 East Washington St. |Riverside, NJ 08075

ACORD 25 (2016/03)



# ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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and continuate account control rights to the continuate helder in hea of ca	on ondercomonico).					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company 10					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   Y / N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Rosche/888 First Street NE LLC c/o Union Center Plaza Mgt Corp is listed as Additional Insured for General Liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION

Rosche/888 First Street NE LLC c/o Union Center Plaza Mgt Corp 5301 Wisconsin Avenue, NW Suite 510

Washington, DC 20015

AUTHORIZED REPRESENTATIVE

RCTHUM Ruby Tos

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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.

If	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may			
Gow	DUCER vrie Group :ssex Road				CONTA NAME: PHONE (A/C, No	) 399-3615				
	stbrook, CT 06498		E-MAIL ADDRE							
			INS	URER(S) AFFOR	RDING COVERAGE		NAIC #			
					INSURE	R A : Nautilus	s Insurance	e Company		17370
INSU	IRED				INSURE	R в : Key Ris	k Insuranc	e Company		10885
American Lamp Recycling 55 Riverview Drive					INSURE	R C : Great D	ivide Insur	ance Company		25224
					INSURER D :					
	Marlboro, NY 12542				INSURER E:					
					INSURE	RF:				
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:					
IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQUI	REMI	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH R	RESPECT	TO WHICH THIS
	ERTIFICATE MAT BE ISSUED OR MAT XCLUSIONS AND CONDITIONS OF SUCH								ECT TO AL	L INE LEKIVIS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	100,000
								MED EXP (Any one perso		10,000
								PERSONAL & ADV INJUI	RY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		1	1	1		1				

2,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG | \$ **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO BAP 2036592 12 9/30/2024 9/30/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/30/2025 5,000,000 FFX 2036594 12 9/30/2024 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Pollution Liability** SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Roux Associates Inc and G-1 Holdings Inc are listed as Additional Insureds under the above General, Auto and Excess Liability Insurance where required by written contract. A Waiver of Subrogation is included in favor of the additional insureds for General, Auto and Excess Liability Insurance. Insurance is primary and non-contributory.

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.
Roux Associates, Inc. 209 Shafter Street ∥slandia, NY 11749	AUTHORIZED REPRESENTATIVE  RELIGIOUS JAN.
100000000	0.4000 0045 400DD 00DD0D4510H 4H 1 1 4



#### **CERTIFICATE OF LIABILITY INSURANCE**

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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.

plicy/ies) must have ADDITIONAL INCLIDED

If	SUI	RTANT: If the certificate holder BROGATION IS WAIVED, subject Extificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡	policies may			
	rie (	R Group k Road				CONTAI NAME: PHONE (A/C, No	o, Ext): (800) 2	262-8911	FAX (A/C, N	<sub>o):</sub> (860)	399-3615
Wes	tbro	ok, CT 06498				ADDRE:	<sub>SS:</sub> info@go		RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu:	` '			17370
INSU	RED								e Company		10885
American Lamp Recycling					INSURE	R C : Great D	ivide Insur	ance Company		25224	
55 Riverview Drive Marlboro, NY 12542					INSURE	RD:					
		Mariboro, N 1 12342				INSURE	RE:				
						INSURE	RF:				
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER		
IN CE	DIC/ ERTI	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	/ITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
		I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000 1,000,000
		OTHER:							Cond Foliation	\$	1,000,000

	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Contr Pollution	\$ 1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED?	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG	5,000,000

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

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.
Rubenstein Partners 600 Washington Blvd  Stamford, CT 06901	AUTHORIZED REPRESENTATIVE  RUMAN Bridge Ja
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate ho	older in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBI	ER: REVISION NUMBER:						
	LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO						
	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 S							

NSR LTR		TYPE OF INSURANCE	ADDL INSD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	III OD	1112		(MINUSSITITITY	(MMI)	EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
								MED EXP (Any one person)	\$	10,00
								PERSONAL & ADV INJURY	\$	1,000,00
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,00
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
		OTHER:						Contr Pollution	\$	1,000,00
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,00
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,00
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ΔΝΥ	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,00
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,00
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,00

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY O
THE EXPIRATI

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

SDI, Inc. 1414 Radcliffe Street Suuite 300 Bristol, PA 19007

AUTHORIZED REPRESENTATIVE





#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

tine continuate account content	ignic to the continuate helder in hea or or	aon onaoroomoni(o)i			
PRODUCER		CONTACT NAME:			
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	60) 399-3615	
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Nautilus Insurance Company		17370	
INSURED		INSURER B: Key Risk Insurance Company		10885	
American Lamp Recy	cling	INSURER C : Great Divide Insurance Compar	ny	25224	
55 Riverview Drive		INSURER D:			
Marlboro, NY 12542		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:		

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEBI Environmental Services Inc is listed as additional insured for General Liability where required by written contract.

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.
SEBI Environmental Services Inc. 337 Fullerton Avenue Newburgh, NY 12550	AUTHORIZED REPRESENTATIVE  RU James Ja.
ACORD 25 (2016/03)	© 1000 2015 ACODD CORDODATION All rights received





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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)

ting certificate aces not come rights to the certificate holder in fied of se	ion endersement(s).	
PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:	

CERTIFICATE 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

ENTIFICATE HOLDEN	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** 

Sessler Environmental Services, LLC 1330 Research Forest Macedon, NY 14502

ACORD 25 (2016/03)



# ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Nautilus Insurance Company		17370				
INSURED	INSURER B: Key Risk Insurance Company		10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company						
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
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 ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | X | OCCUR ECP 2036593 12 9/30/2024 9/30/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG **Contr Pollution** 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 9/30/2024 9/30/2025 ANY AUTO BAP 2036592 12 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 Α X **UMBRELLA LIAB OCCUR** EACH OCCURRENCE 5,000,000 FFX 2036594 12 9/30/2024 9/30/2025 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 1,000,000 WCA 2006608 22 9/30/2024 9/30/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,000 **Pollution Liability** 

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

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

Sidney Central School District 95 West Main St. |Sidney, NY 13838

ACORD 25 (2016/03)

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**AMERLAM-01** 

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

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tine continuate acception of rights to the continuate holder in hear	or each endersement(e)					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVE	RAGE NAIC#				
	INSURER A: Nautilus Insurance Compa	ny 17370				
INSURED	INSURER B: Key Risk Insurance Compa	ny 10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Cor	mpany 25224				
55 Riverview Drive	INSURER D :					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
COVEDAGES CERTIFICATE NUMBER.	DEVISION	I NI IMPED.				

CERTIFICATE 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,

E	XCLL	JSIONS AND CONDITIONS OF SUCH			EN REDUCED BY	PAID CLAIMS	-		
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SitelogIQ, Inc., Reynolds Enterprises, Inc and their related and affiliated companies and the Ownerare listed as additional insureds on the General Liability (for ongoing and completed operations), Pollution Liability, Automobile Liability and Umbrella Liability policies where required by written contract. General Liability coverage for the additional insureds is primary with other insurance maintained by the additional insured being excess and noncontributing to the Subcontractor's insurance. A Waiver of Subrogation is included in favor of the additional insured.

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.
SitelogIQ 3300 North 3rd Street Harrisburg, PA 17110	AUTHORIZED REPRESENTATIVE  RELIGIOUS TO THE PROPERTY OF THE PR

ACORD 25 (2016/03)



DATE (MM/DD/YYYY) 1/8/2025

## **CERTIFICATE OF LIABILITY INSURANCE**

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 contificate holder is an ADDITIONAL INSURED, the notice/(ics) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subjective certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡	policies may	•		
PROD	DUCER				CONTA NAME:	СТ				
Gow	Gowrie Group 70 Essex Road				PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)					399-3615
Westbrook, CT 06498				E-MAIL ADDRE	<sub>ss:</sub> info@go	wrie.com	·			
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED				INSURE	R в : Key Ris	k Insuranc	e Company		10885
American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company		25224	
	55 Riverview Drive				INSURE	RD:				
	Marlboro, NY 12542				INSURER E :					
					INSURER F:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	₹:	
IN	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI	REMI	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RE	SPECT T	O WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH I							ED HEREIN IS SUBJEC	CITOAL	L THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	l	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	100,000
								MED EXP (Any one person		10,000
								PERSONAL & ADV INJUR	Y \$	1,000,000
										2 000 000

LTR	TYPE OF INSURANCE	INSD V	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

Skae Northeast LLC is listed as Additional Insured for General Liability on a primary and non-contributory basis where required by written contract. A Waiver of Subrogation is included in favor of the additional insured for General Liability, Automobile and Workers Compensation.

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.
Skae Northeast LLC PO Box 615 348 Route 9W  Palisades, NY 10964	AUTHORIZED REPRESENTATIVE RUJAMUJAL





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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ting certificate aces not come rights to the certificate holder in fied of se	ion endersement(s).	
PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:	

CERTIFICATE NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2001 Peterbilt #1NP5XBTX21N566745 2001 Peterbilt #1NP5XBTX41N566746 2001 Peterbilt #1NP5XBTX61N566747

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.
State of Connecticut Department of Motor Vehicles, Comml Vehicle Safety Div 60 State Street Wethersfield CT 06161	AUTHORIZED REPRESENTATIVE  RU James James Jac.

ACORD 25 (2016/03)



AMERLAM-01

## CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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	come: riginie to une commente monde, un nou	5. 545H 5H45155H15H1(5)					
PRODUCER		CONTACT NAME:					
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(86	60) 399-3615			
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com					
		INSURER(S) AFFORDING CO	VERAGE	NAIC #			
		INSURER A : Nautilus Insurance Com	pany	17370			
INSURED  American Lamp Recycling		INSURER B: Key Risk Insurance Com	INSURER B : Key Risk Insurance Company				
		INSURER C: Great Divide Insurance C	25224				
55 Riverview		INSURER D :					
Marlboro, NY 12	12542	INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVIS	ON NUMBER:				

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.

State of Connecticut Department of Transportation, Div of **Environmental Compliance** 2800 Berlin Turnpike

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Newington, CT 06131





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:		
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	60) 399-3615	
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Nautilus Insurance Company	17370	
INSURED	INSURER B: Key Risk Insurance Company	10885	
American Lamp Recycling	INSURER C : Great Divide Insurance Company	25224	
55 Riverview Drive	INSURER D:		
Marlboro, NY 12542	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.		

COVERAGES CERTIFICATE NUMBER: 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		Х				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  AGGREGATE \$ 5,000,000  **  X PER STATUTE OTH- ER  1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

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.
State of Connecticut Dept of Economic and Community Development	AUTHORIZED REPRESENTATIVE
505 Hudson Street	RC Janus Brokens Ive
Hartford, CT 06106	□ F □ □ 9 (1997) W

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

1/8/2025

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PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sterling National Bank and its lessors, partners and members, trustees, agents, representatives, directors, officers, employees and mortgagees are included as Additional Insured's with respect to General Liability and Auto Liability.

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.
Sterling National Bank One Marcus Avenue New Hyde Park, NY 11042	RUMMUJALUSTA.

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## CERTIFICATE OF LIABILITY INSURANCE

MTOMASELLI

DATE (MM/DD/YYYY) 1/8/2025

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
	DUCER				CONTA NAME:	СТ					
Gov	rrie Group ssex Road					o, Ext): (800) 2	62-8911	F.	AX A/C, No):(	860)	399-3615
	stbrook, CT 06498				E-MAIL ADDRE	ss. info@go	wrie.com		, ,		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Nautilus	s Insurance	e Company			17370
INSU	RED				INSURE	R в : Key Ris	k Insuranc	e Company			10885
	American Lamp Recycling				INSURE	R C : Great D	ivide Insur	ance Company			25224
	55 Riverview Drive				INSURE	RD:		•			
	Marlboro, NY 12542				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TC	WHICH THIS
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			ECP 2036593 12		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000 10,000
								MED EXP (Any one per	rson)	\$	1,000,000
								PERSONAL & ADV IN.	JURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/C	OP AGG	\$	1,000,000
В	OTHER:							COMBINED SINGLE LI	IMIT	\$	1,000,000
_	X ANY AUTO			DAD 2026502 42		9/30/2024	9/30/2025	(Ea accident)		\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			BAP 2036592 12		9/30/2024	9/30/2023	BODILY INJURY (Per p	,	\$	
								PROPERTY DAMAGE (Per accident)	accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)		\$	
Α	UMBRELLA LIAB X OCCUR							540U 000UDD5N05		\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12		9/30/2024	9/30/2025	EACH OCCURRENCE		\$	5,000,000
	DED RETENTION\$							AGGREGATE		\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ф	
				WCA 2006608 22		9/30/2024	9/30/2025	E.L. EACH ACCIDENT		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM		Ψ	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$	1,000,000
Α	Pollution Liability			SSP 2006609 14		12/31/2024	12/31/2027	OCC/AGG	, I LIIVII I	Ψ	5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requi	red)			
Vari	ous project locations.	•		,	., .,			,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
								ESCRIBED POLICIE IEREOF, NOTICE			
								CY PROVISIONS.	WILL E	יב טו	TIVEKED IN

ACORD 25 (2016/03)

Sullivan Contracting Inc. 9362 Paris Hill Road Sauquoit, NY 13456 **AUTHORIZED REPRESENTATIVE** 





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	INSURER(S) AFFORDING COVERAGE	NAIC #						
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INSURED	INSURER B : Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C : Great Divide Insurance Company							
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Marlboro, NY 12542	INSURER E:							
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		· ·						

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD			(MINIPEDITITIE)	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	ECP 2036593 12	9/30/2024	9/30/2025	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:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ	Х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS	^	^				BODILY INJURY (Per accident)	_	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						(i ei accident)	\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION\$						AGGILGATE	\$	
С	WORKERS COMPENSATION						X PER OTH-	<u> </u>	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		Х	WCA 2006608 22	9/30/2024	9/30/2025			1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	^				E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	DÉSCRIPTION OF OPERATIONS below  Pollution Liability			SSP 2006609 14	12/31/2024	12/31/2027	E.L. DISEASE - POLICY LIMIT  OCC/AGG	\$	5,000,000
_	i onation Elability			2000000 17	12/3//2024	12/31/2021	000/700		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CBRE, Inc., Summit Glory Property, LLC, Fosun Property Holdings Limited and its subsidiaries, directors, officers, employees, and agents, as their interest may appear are listed as additional insureds with regard to Commercial General Liability and Automobile Liability Insurance. The Commercial General Liability Policy, Automobile Liability Policy, and Worker's Compensation/Employer's Liability Policy contain a waiver of subrogation against the party listed as additional insured, except to the extent any of such parties is finally determined to be solely liable. Contractor's insurance shall be primary and non-contributory to all insurance carried by CBRE, Inc., Summit Glory, LLC and Fosun Property Holdings Limited is strictly excess and secondary insurance and shall not contribute with Contractor's insurance.

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.
Summit Glory Property LLC CBRE Inc & all related entities 28 Liberty Street New York, NY 10005	AUTHORIZED REPRESENTATIVE





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

		IBROGATION IS WAIVED, subje certificate does not confer rights t							require an endorsemen	t. Ast	atement on
PRO	DUC	ER				CONTACT NAME:					
		Group ex Road				PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 399-3615					399-3615
		ook, CT 06498				E-MAIL ADDRESS: info@gowrie.com					
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nautilu	s Insurance	e Company		17370
INSU	RED					INSURER B: Key Risk Insurance Company					10885
	American Lamp Recycling					INSURER C: Great Divide Insurance Company					25224
		55 Riverview Drive				INSURER D:					
		Marlboro, NY 12542				INSURER E:					
						INSURE	RF:				
CO	VEF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN	DIC	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F	REQU	IREMI	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 2 1 0 1 1 0 m 2 m				EACH OCCURRENCE	\$	1,000,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
Α	Х	COMMERCIAL GENERAL LIABILITY					,, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION\$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22 9/30/2024 9		9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
									ĺ	
									ĺ	
DE0/		TON OF OPERATIONS / LOCATIONS / VEHIC	. 50 (4	0000	Add Additional Damanta Oakadada			0		

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

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.
Sunnking 4 Owens Road  Brockport, NY 14420	AUTHORIZED REPRESENTATIVE
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 1/8/2025

## CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

uns ceruncate does not comer rights to	the certificate holder in hed of 3u	ch endorsement(s).							
PRODUCER		CONTACT NAME:							
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 3	99-3615					
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com	gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #					
		INSURER A: Nautilus Insurance Company		17370					
INSURED		INSURER B: Key Risk Insurance Company INSURER C: Great Divide Insurance Company							
American Lamp Recycling									
55 Riverview Drive		INSURER D:							
Marlboro, NY 12542		INSURER E:							
		INSURER F:							
COVERAGES CERT	IFICATE NUMBER:	REVISION NUM	MBER:						

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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		Х				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  AGGREGATE \$ 5,000,000  **  X PER STATUTE OTH- ER  1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY PROPRIETOR/PARTNER/EXECUTIVE				WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

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 RUJAMUS JA.

ACORD 25 (2016/03)



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615						
Westbrook, CT 06498	NAME: PHONE (A/C, No, Ext): (800) 262-8911  FAX (A/C, No): (860) 3  E-MAIL ADDRESS: info@gowrie.com  INSURER A: Nautilus Insurance Company  INSURER B: Key Risk Insurance Company  INSURER C: Great Divide Insurance Company  INSURER C: INSURER D: INSURER D: INSURER B: INSURER B: INSURER B: INSURER C: INSURER B							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company	17370						
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Mariboro, NY 12542	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.							

COVERAGES CERTIFICATE NUMBER: 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		Х				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  AGGREGATE \$ 5,000,000  **  X PER STATUTE OTH- ER  1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY PROPRIETOR/PARTNER/EXECUTIVE				WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/000=		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) TCI of New York, LLC is listed as additional insured for General Liability where required by written contract.

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.

TCI of New York, LLC PO Box 936 99 Coeymans Industrial Park Lane Coeymans, NY 12045

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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)

tine continuate acception of rights to the continuate holder in hear	or each endersement(e)	
PRODUCER	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVE	RAGE NAIC#
	INSURER A: Nautilus Insurance Compa	ny 17370
INSURED	INSURER B: Key Risk Insurance Compa	ny 10885
American Lamp Recycling	INSURER C: Great Divide Insurance Con	mpany 25224
55 Riverview Drive	INSURER D :	
Marlboro, NY 12542	INSURER E :	
	INSURER F:	
COVEDAGES CERTIFICATE NUMBER.	DEVISION	I NI IMPED.

CERTIFICATE 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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.

TCL Industries Inc. dba: TCL Electrical & Lighting 191 Poplar Place, Unit 4

**AUTHORIZED REPRESENTATIVE** 

North Aurora, IL 60542-8192 ACORD 25 (2016/03)



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company					
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG S 2,000,000  OTHER:  NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	INSR		1510N2 AND CONDITIONS OF SUCH						I		
A   X   COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   ECP 2036593 12   9/30/2024   9/30/2025   EACH OCCURRENCE   \$ 1,000,000	LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
PREMISES (Ea occurrence)   S   10,000		Х	COMMERCIAL GENERAL LIABILITY				(1	,		\$	1,000,000
MED EAP (All) Office person)   S   1,000,000			CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
GENIL AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000									MED EXP (Any one person)	\$	10,000
Seric Adgregate   Limit   Applies   Period   Seric Adgregate   S									PERSONAL & ADV INJURY	\$	1,000,000
OTHER:  OTHER:  B AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  S HOLOR  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HOLOR  AUTOS ONLY  BODILY INJURY (Per person)  S HOLOR  BODILY INJURY (PER person)	ĺ	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
B AUTOMOBILE LIABILITY  X ANY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X HIRED AUTOS ONLY  X EXCESS LIAB  CLAIMS-MADE  DED  RETENTION\$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DIFFER TO THE RESERVANCE S 1,000,000  S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) \$ S COMBINED SINGLE LI		X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB DED DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BAP 2036592 12  9/30/2024 9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  BAP 2036592 12  9/30/2024 9/30/2025  EACH OCCURRENCE \$ 5,000,00 AGGREGATE \$ 5,000,00 AGGREGATE \$ 5,000,00  S  X PER OTH- EL. DISEASE - POLICY LIMIT \$ 1,000,00 EL. DISEASE - POLICY LIMIT \$ 1,000,00			OTHER:							\$	1,000,000
WIND AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED STATUS ONLY X NON-OWNED STATUS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUS OFFICER/MEMBER EXCLUDED?  AVAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  P/30/2024  P/30/2024  P/30/2025  EACH OCCURRENCE \$ 5,000,00  AGGREGATE \$ 5,000,00  TWO STATUS OTHERS OF THE STATUS OF THE ST	В	ΑU٦	OMOBILE LIABILITY							\$	1,000,000
X		X				BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
A   UMBRELLA LIAB   X   OCCUR   S   S   S   S   S   S   S   S   S										\$	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  EACH OCCURRENCE \$ 5,000,000  AGGREGATE \$ 5,000,000  S  X PER STATUTE OTH- ER  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000		X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
X EXCESS LIAB CLAIMS-MADE DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  FFX 2036594 12  9/30/2024  9/30/2024  9/30/2025  AGGREGATE \$ 5,000,000  **  X PER STATUTE OTH- ER  1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000										\$	
DED RETENTION \$  C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  X PER OTH ER.  1,000,00  E.L. DISEASE - EA EMPLOYEE \$ 1,000,00  E.L. DISEASE - POLICY LIMIT \$ 1,000,00		X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  WCA 2006608 22  9/30/2024  9/30/2025  E.L. EACH ACCIDENT \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000	_								DED OTH	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	С	WOF	EMPLOYERS' LIARILITY				0/00/0004	0/00/0005	X STATUTE STATUTE		4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below  1,000,000		ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		l '	• •						E.L. DISEASE - EA EMPLOYEE	\$	
A Pollution Liability SSP 2006609 14 12/31/2024 12/31/2027 OCC/AGG 5,000,00		DÉS	CRIPTION OF OPERATIONS below			222 22222 11	40/04/0004	40/04/0007		\$	
	Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

CERTIFICATE HOLDER	CANCELLATION

The Action Environmental Group, Inc. Interstate Waste Services, Inc. & All Subsidiaries 300 Frank W. Burr Boulevard Suite 39 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

RC Juma Rul . Tax
2 - De comment de

Teaneck, NJ 07666



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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 Gowrie Group		CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615
70 Essex Road Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com	(A/C, NO). (CCC)
		INSURER(S) AFFORDING COV	ERAGE NAIC #
		INSURER A : Nautilus Insurance Compa	any 17370
INSURED		INSURER B : Key Risk Insurance Comp	pany 10885
American Lam	p Recycling	INSURER C : Great Divide Insurance Co	ompany 25224
55 Riverview D	Prive	INSURER D:	
Mariboro, NY 1	Marlboro, NY 12542	INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISIO	ON 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Millennium Building, 1909 K Street, NW

"Nina Jo Associates, LLC, Tower Construction Group, LLC, Tower D. C. Holdings, LLC, Tower Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
The Tower Companies 2000 Tower Oaks Blvd 9th Floor Rockville, MD 20852	AUTHORIZED REPRESENTATIVE  RLJAMIJHULJA

ACORD 25 (2016/03)



#### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Compan	y 25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUM	ADED:				

<u>COVERAGES</u> CERTIFICATE NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 1828 L Street, NW

"1828 L Street Associates, LLC, Tower Construction Group, LLC, Tower D. C. Holdings, LLC, Tower Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
The Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJA





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

<u>COVERAGES</u> CERTIFICATE NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 1707 L Street, NW

"L Street, LLC, Tower Construction Group, LLC, Tower D. C. Holdings, LLC, Tower Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
The Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	RUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

**AMERLAM-01** 

#### **MTOMASELLI**

DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

**ACORD** 

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	0) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
		· ·				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Verizon Building, 1133 19th Street, NW

"1137 19th Street Associates, LLC, Tower Construction Group, LLC, Tower D. C. Holdings, LLC, Tower Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
The Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	AUTHORIZED REPRESENTATIVE  RELIGIOUS TO THE SECOND TO THE

ACORD 25 (2016/03)



<u>MTOMASELLI</u>



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No):(	860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B : Key Risk Insurance Company	10885					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224					
55 Riverview Drive	INSURER D:						
Mariboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CEPTIEV THAT THE POLICIES OF INSLIDANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSUDED NAMED ABOVE FOR T	HE DOLLOV DEDIOD					

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Second Hotel at Newport LLC, Marriott International and Westin Operator LLC are all listed as an additional insured for General Liability where required by written contract.

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 RUMAN Johns John



## ACORD\*

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	0) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
		· ·				

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	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:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Contr Pollution	\$	1,000,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pollution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
No 1 Times Square Development LLC; Times Square Tower Associates LLC; BP Times Square Tower Mezzanine; Boston Properties Limited Partnership;
Boston Properties Inc; BP Management L.P.; NY State Urban Development Corp; The City of New York; The New York City Economic Development Corp; The
New York City Transit Authority; NBIM WALKER TST NYC LLC; Norges bank; NBIM Walker MM LLC; 42nd Street Development Project Inc are listed as
additional insured where required by written contract.

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.
Times Square Tower Associates LLC c/o Boston Properties Ltd Partnership 7 Times Square, C2 Level New York, NY 10036	AUTHORIZED REPRESENTATIVE RUJBANG JA



DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E :	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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,

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	.,,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 2000 Tower Oaks Boulevard

2000 Tower Oaks Boulevard, LLC, Tower-Dawson, LLC, Tower Construction Group, LLC, Tower Oaks Phase II Holdings, LLC, Tower MD Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	AUTHORIZED REPRESENTATIVE  RU James Ja.

ACORD 25 (2016/03)



## CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
		· ·				

COVERAGES CERTIFICATE NUMBER: **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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: THE TOWER BUILDING, 1101 Wootton Parkway

"Tower-Dawson, LLC, Tower Construction Group, LLC, Tower MD Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	AUTHORIZED REPRESENTATIVE  RELIGIONALITY  RELIGIONA



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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and common account to me nighte to the common account in how or	2011 011120 00111(0)1					
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C,	No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E :					
	INSURER F:					
		_				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Aspen Hill Shopping Center, 13501 – 13781 Connecticut Avenue

"Aspen Hill Venture, Tower Construction Group, LLC, Abramson-Reich, LLLP, Tower MD Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Tower Companies 2000 Tower Oaks Blvd 9th Floor   Rockville MD 20852	AUTHORIZED REPRESENTATIVE  RUJAMUJAMUJAM



AMERLAM-01

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

#### CERTIFICATE OF LIABILITY INSURANCE

ACORD

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PRODUCER Gowrie Group 70 Essex Road	CONTACT NAME: PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
INSURED	INSURER B: Key Risk Insurance Company	10885
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224
55 Riverview Drive	INSURER D:	
Marlboro, NY 12542	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: ALL Blairs (Blair Towers, LLC, The Pearl – 180 High Park Lane, Blair Towers – 8101-8107 Eastern Avenue, Blair House – 8201 16th Street, Blair Plaza –
1401 Blair Mill Road, Blair East – 1220 East West Highway, Blair Towns – 8300, 8310, 8320 Colesville Road, Blair House/Park Garage – 8316 Colesville Road, Blair Shopping Center and Blair Stores - 1280-1316 East West Highway, Blair Office Building - 8380 Colesville Road, Silver Spring, MD 20910 "Blair Towers, LLC, Blair House Holdings, LLC, Blair East Holdings, LLC, Blair Plaza Holdings, LLC, Blair Pearl Holdings, LLC, Blair Stores, LLC, Blair Shopping Center, LLC, Blair Office Building, LLC, Tower Construction Group, LLC, Tower MD Holdings, LLC, Tower Property Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Tower Companies 2000 Tower Oaks Blvd 9th Floor  Rockville, MD 20852	RUJAMIJAMIJA.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company							
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	117.5				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
-	_								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 2250 Tower Oaks Boulevard, LLC

"2250 Tower Oaks Boulevard, LLC, Tower Oaks Phase 2 Holdings, LLC, Tower-Dawson, LLC, Tower Construction Group, LLC, Tower MD Holdings, LLC, Tower Real Estate Group, LLC, the Landlord, Its Owners, Partners, Managers, Employees, Agents, Subsidiaries, Affiliates, Property Managers, Lenders, Members, Officers and Directors are listed as additional insureds where required by written contract. A Waiver of Subrogation is included in favor of the Additional Insured.

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.
Tower Companies 2000 Tower Oaks Blvd 9th Floor   Rockville_MD_20852	AUTHORIZED REPRESENTATIVE  RUJAMUJAMULJA

ACORD 25 (2016/03)



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (86	0) 399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Nautilus Insurance Company	17370			
INSURED	INSURER B: Key Risk Insurance Company	10885			
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				<b></b>	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
C	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Triumvirate Environmental Inc is listed as additional insured for General Liability where required by written contract.

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.
Triumvirate Environmental, Inc	AUTHORIZED REPRESENTATIVE
200 Inner Belt Road	RC Jame John Joy
	© 1000 2015 ACODD CORDODATION. All rights recogned





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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	· · · · · · · · · · · · · · · · ·							
PRODUCER	CONTACT NAME:							
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860) 3	399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Nautilus Insurance Company							
INSURED	INSURER B: Key Risk Insurance Company	10885						
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jones Lang LaSalle Americas Inc, UNIZO Real Estate NY Three LLC and UNIZO Holdings Company Limited are listed as additional insured on a primary and non-contributory basis where required by written contract.

CERTIFICATE HOLDER	CANCELLATION

UNIZO Real Estate NY Three LLC c/o Jones Lang LaSalle Americas Inc.

370 Lexington Avenue Suite 312

**AUTHORIZED REPRESENTATIVE** 

New York, NY 10017

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, I	No): (860) 399-3615				
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nautilus Insurance Company	17370				
INSURED	INSURER B : Key Risk Insurance Company					
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224				
55 Riverview Drive	INSURER D:					
Marlboro, NY 12542	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER	:				
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LISTED BELOW.	HAVE DEEN ISSUED TO THE INSUDED NAMED ABOVE EO	D THE BOLLOV DEBIOD				

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INSR LTR		TYPE OF INSURANCE	ADDL	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

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

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.
Vernon Township School District 625 Route 517 IVernon, NJ 07462	AUTHORIZED REPRESENTATIVE  RUJAMUSTA
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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tilla certificate does not confer i	ights to the certificate florder in fled of se	ien endorsement(s).						
PRODUCER		CONTACT NAME:						
Gowrie Group 70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860)	399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Nautilus Insurance Company		17370				
INSURED		INSURER B : Key Risk Insurance Company		10885				
American Lamp Recy	cling	INSURER C: Great Divide Insurance Compan	ıy	25224				
55 Riverview Drive	•	INSURER D:						
Marlboro, NY 12542		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:					

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	 	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.						\$	
Α		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$						\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
Α	_	ution Liability		SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
İ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Columbia Property Trust, Inc., including its affiliated and subsidiary companies, their officers, directors and employees are named as additional insuredâs.

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.
Wells REIT II â" 222 East 41 Street Columbia Property Trust Inc. 222 East 41st Street New York, NY 10017	AUTHORIZED REPRESENTATIVE RUJBANJANJA





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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 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 have ADDITIONAL INSURED provisions or 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 Gowrie Group		CONTACT NAME: PHONE (200) 200 2014 FAX (200) 200 2015						
70 Essex Road		PHONE (A/C, No, Ext): (800) 262-8911	(A/C, No): (860) 3	<sub>):</sub> (860) 399-3615				
Westbrook, CT 06498		E-MAIL ADDRESS: info@gowrie.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Nautilus Insurance Company		17370				
INSURED		INSURER B: Key Risk Insurance Company		10885				
American Lamp Recy	cling	INSURER C: Great Divide Insurance Company		25224				
55 Riverview Drive		INSURER D:						
Marlboro, NY 12542		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBFR.					

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		POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	****		(MINUSE/TTTT)	(MINUS 57 1 1 1 1 )	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Х	ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO	Х	Х	BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	^	^		0,00,000	0.00.000	BODILY INJURY (Per accident)	_	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY						(Per accident)	·	
Α		UMBRELLA LIAB X OCCUR							\$	5,000,000
``	Х	EXCESS LIAB CLAIMS-MADE	Х	х	FFX 2036594 12	9/30/2024	9/30/2025	EACH OCCURRENCE	\$	5,000,000
	_		^	^		0,00,202	0.00,2020	AGGREGATE	\$	
_	WOD	DED RETENTION \$  KERS COMPENSATION						▼ PER OTH-	\$	
•	AND	EMPLOYERS' LIABILITY Y/N		v	WCA 2006608 22	9/30/2024	9/30/2025	X PER OTH- STATUTE ER		1,000,000
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	WCA 2000000 22	9/30/2024	9/30/2023	E.L. EACH ACCIDENT	\$	
	(Man	datory in NH) describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Poll	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brookfield Office Properties Inc., Brookfield Properties (USA II), LLC, WFP Tower B Co., L.P., Battery Park City Authority, any present and future mortgagee which encumbers an interests in the land or improvements at 225 Liberty Street, New York, New York, and each of their subsidiaries, agents, employees, contractors, sub-contractors, representatives, affiliates(s) or affiliated entities, successors and assigns are listed as Additional Insured for General Liability where required by written contract.

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.
WFP Tower B Co., L.P. 225 Liberty Street New York, NY 10281	AUTHORIZED REPRESENTATIVE  W. January Jan.



#### CERTIFICATE OF LIABILITY INSURANCE

**MTOMASELLI** 

DATE (MM/DD/YYYY) 1/8/2025

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 have ADDITIONAL INSURED provisions or 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 su	ıch endorsement(s).						
PRODUCER	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No):(860) 399-3615					
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Nautilus Insurance Company	17370					
INSURED	INSURER B: Key Risk Insurance Company 1088						
American Lamp Recycling	INSURER C : Great Divide Insurance Company	y 25224					
55 Riverview Drive	INSURER D:						
Marlboro, NY 12542	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WIT DED BY THE POLICIES DESCRIBED HEREIN IS SL	TH RESPECT TO WHICH THIS					

	CL	ISIONS AND CONDITIONS OF								
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,,,,,	,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	!		ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER	:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	ΑU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULE AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNE AUTOS ON	D LY					PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR	!					EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS	S-MADE		FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	Y/N N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	□ IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
					I .					

DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101	1, Additional Remarks Schedule, may b	e attached if mor	e space is requi	red)	
CER	TIFICATE HOLDER			CANO	ELLATION			1
				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.	
				AUTHO	RIZED REPRESE	NTATIVE		
	Williams Lumber & Home Ce 6760 Route 9 Rhinebeck, NY 12572	enters		RCI	rum Brokuze Ire.			
ACC	RD 25 (2016/03)				© 19	88-2015 AC	ORD CORPORATION.	All rights reserved.
	The ACORD name and logo are registered marks of ACORD							



D1 <u>MTOMASELLI</u>



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not comer rights to the certificate holder in fied of st	den endorsement(s).				
PRODUCER	CONTACT NAME:				
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911 FAX (A/C, No): (860)	399-3615			
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B : Key Risk Insurance Company				
American Lamp Recycling	INSURER C: Great Divide Insurance Company	25224			
55 Riverview Drive	INSURER D:				
Marlboro, NY 12542	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINUSE/1111)	(MINUDDITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		<u>—</u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pol	lution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000
1										

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

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.
Woodland Pond at New Paltz 100 Woodland Pond Circle New Paltz, NY 12561	AUTHORIZED REPRESENTATIVE  RUJAMU John John John

ACORD 25 (2016/03)



\_\_\_\_\_MTOMASELLI



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTACT NAME:	CONTACT NAME:						
Gowrie Group 70 Essex Road	PHONE (A/C, No, Ext): (800) 262-8911	FAX (A/C, No): (860) 399-3615						
Westbrook, CT 06498	E-MAIL ADDRESS: info@gowrie.com							
	INSURER(S) AFFORDING CO	OVERAGE NAIC #						
	INSURER A : Nautilus Insurance Com	pany 17370						
INSURED	INSURER B : Key Risk Insurance Com	npany 10885						
American Lamp Recycling	INSURER C: Great Divide Insurance (	Company 25224						
55 Riverview Drive	INSURER D:							
Marlboro, NY 12542	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE N	UMBER: REVIS	REVISION NUMBER:						

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INSR LTR	NSR TYPE OF INSURANCE		ADDL			POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(11111111111111111111111111111111111111	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP 2036593 12	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Contr Pollution	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP 2036592 12	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.							\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			FFX 2036594 12	9/30/2024	9/30/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WCA 2006608 22	9/30/2024	9/30/2025	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Pol	ution Liability			SSP 2006609 14	12/31/2024	12/31/2027	OCC/AGG		5,000,000

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

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.
World Management Resource Service PO Box 276 North Salem, NY 10560	AUTHORIZED REPRESENTATIVE  RUMMURJANGETAL
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.