



EQHOLDI-03

JONESCM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Michigan, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191		<div>RECEIVED ENVIRONMENTAL PROTECTION AUG 18 2014 PERMITTING & COMPLIANCE ASSISTANCE PROGRAM</div>	CONTACT NAME: PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378 E-MAIL: ADDRESS:																					
INSURED Allstate Power Vac, Inc. 928 E. Hazelwood Rahway, NJ 7065			<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td>INSURER B :</td><td>New Hampshire Insurance Company</td><td>23841</td></tr><tr><td>INSURER C :</td><td>Illinois National Insurance Company</td><td>23817</td></tr><tr><td>INSURER D :</td><td>Commerce & Industry Insurance Company</td><td>19410</td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	AIG Specialty Insurance Company	26883	INSURER B :	New Hampshire Insurance Company	23841	INSURER C :	Illinois National Insurance Company	23817	INSURER D :	Commerce & Industry Insurance Company	19410	INSURER E :			INSURER F :	
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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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> \$100,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PROP57666391	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA7557770	8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PROU57666618	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC 006506646	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Legal Liab			PLS2673560	8/1/2012	8/1/2015	Each Claim/Agg 35,000,000
B	Business Auto			CA1955437	8/1/2014	8/1/2015	See Attached

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

CERTIFICATE HOLDER

CANCELLATION

Department of Environmental Protection Hazardous Waste Mgmt. Section 2600 Blair Stone Road, MS4555 Tallahassee, FL 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
POLICY TYPE: Automobile Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: CA1955437	Combined Single Limit: \$1,000,000 Any Auto Hired autos Non-owned autos
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 006506637	All Other States - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease–policy limit \$1,000,000 E.L. Disease–each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 084631373	AZ, GA, VA - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease–policy limit \$1,000,000 E.L. Disease–each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 084631372	CA - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease–policy limit \$1,000,000 E.L. Disease–each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 084631374	IL, KY, NC, UT - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease–policy limit \$1,000,000 E.L. Disease–each employee \$1,000,000

ADDITIONAL COVERAGE SCHEDULE, CONT'D

COVERAGE	LIMITS
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 006506638	FL - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease—policy limit \$1,000,000 E.L. Disease—each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 006506636	MA, WI - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease—policy limit \$1,000,000 E.L. Disease—each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 084631376	ME - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease—policy limit \$1,000,000 E.L. Disease—each employee \$1,000,000
POLICY TYPE: Workers Compensation & Employers Liability CARRIER: New Hampshire Insurance Company POLICY TERM: 08/01/2014 – 08/01/2015 POLICY NUMBER: WC 084631375	NJ, PA - Statutory Limits E.L. Each accident \$1,000,000 E.L. Disease—policy limit \$1,000,000 E.L. Disease—each employee \$1,000,000