

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2017

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).

| Certificate noticer in fled of Such endors | sement(s). RECEIVED | | |
|--|-----------------------------|---|------------------|
| PRODUCER Associated Benefits and Risk Consultin 711 Eisenhower Drive | U U → 0 0 0 47 | CONTACT NAME: Julie Kinjerski PHONE IA/C. No. Ext):920-731-0400 FAX (A/C. E-MAIL ADDRESS:Julie.Kinjerski@AsssociatedBRC.com | No):920-731-4072 |
| Kimberly WI 54136 | DERNHTTING & COMPLIANCE | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSURED L | AMPRECIOTANCE PROGRAM | INSURER A :Liberty Mutual Fire Insurance Compa INSURER B :Employers Insurance Company of Wau | IS |
| P O Box 2962 Hammond LA 70404 | | INSURER C :Rockhill Insurance Company INSURER D :American Interstate Insurance Compa | 31895 |
| | | INSURER E : linois Union INSURER F : | 27960 |
| COVERACES | TITIOATE MUMBER, and annual | | |

COVERAGES CERTIFICATE NUMBER: 1734555135

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.

| NSR TR | TYPE OF INSURANCE | INSR | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-----------|---|------|---|--------------------|----------------------------|----------------------------|---|--------------------------|
| A | X COMMERCIAL GENERAL LIABILITY | | | TB2-Z91-459561-027 | 7/1/2017 | 7/1/2018 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 \$100,000 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY X PRO- X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 \$ |
| | AUTOMOBILE LIABILITY ANY AUTO | | | AIC-Z91-459561-047 | 7/1/2017 | 7/1/2018 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) | \$1,000,000 \$ |
| Ì | X ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | T of doord it | \$ |
| С | UMBRELLA LIAB X OCCUR | | | FF010065-03 | 7/1/2017 | 7/1/2018 | EACH OCCURRENCE | \$5,000,000 |
| | X EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 |
| _ | DED X RETENTION \$ 10,000 | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | AVWCLA2613092017 | 7/1/2017 | 7/1/2018 | X WC STATU- OTH- TORY LIMITS ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| - | DESCRIPTION OF OPERATIONS below | _ | _ | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | Pollution Liability | | | PPL G2811655A 001 | 7/1/2016 | | | 5,000,000 16,000,000 |

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

| CERTI | FICATE | HOL | DER |
|-------|--------|-----|-----|
|-------|--------|-----|-----|

Florida DEP Waste Management Division 2600 Blair Stone Road, MS4560 Tallahassee FL 323992400 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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