

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services, LLC 75 John Roberts Road, Building C South Portland, ME 04106 855 874-0123		CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110 E-MAIL ADDRESS:	
INSURED Triumvirate Environmental, Inc. 200 Inner Belt Road Somerville, MA 02143-4456		INSURER(S) AFFORDING COVERAGE INSURER A : Ironshore Specialty Insurance Co 25445 INSURER B : New Hampshire Insurance Company 23841 INSURER C : AIU Insurance Company 19399 INSURER D : National Union Fire Ins Pittsburgh, PA 19445 INSURER E : INSURER F :	

JAN 11 2021

Permitting & Compliance Assistance Program


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 INSR 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"/> BI/PD Ded:100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		IEPICB5ZC6001	12/31/2020	12/31/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> 5,000 Comp <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 5,000 Coll		1722359 MA 1722358 AOS MCS90 Incl.	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		IEELCASB5ZDJ001	12/31/2020	12/31/2021	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
B	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 N	018325751 MA/WI 018325752 018325748 018325750	12/31/2020	12/31/2021	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 - Contractors Pollution/#IEPICB5ZC6001/12-31-2020 to 12-31-2021/1,000,000 Occ/2,000,000 Agg/100,000 Ded  
 - Site Pollution/#IEPICB5ZC6001/12-31-2020 to 12-31-2021/1,000,000 Occ/2,000,000 Agg/100,000 Ded  
 - Professional Liab/#IEPICB5ZC6001/12-31-2020 to 12-31-2021/1,000,000 Occ/2,000,000 Agg/25,000 Ded

\*CONTRACTORS POLLUTION, SITE POLLUTION AND PROFESSIONAL LIABILITY LIMITS ARE EXTENDED UNDER THE \$25,000,000 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Florida Department of Environmental Protection Waste Management Division - HWRS 2600 Blair Stone Rd. MS4560 Tallahassee, FL 32399-2400	<b>CANCELLATION</b> 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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## DESCRIPTIONS (Continued from Page 1)

EXCESS LIABILITY OCCURENCE AND AGGREGATE LIMITS. PROFESSIONAL LIABILITY RETRO DATE: 10/20/1992\*

**\*Workers Comp Information\***

Policy #018325750 - AZ,CO,CT,GA,IL,MD,NC,NH,NJ,NV,NY,PA,RI,SC,TX,VA

Policy #018325752 - CA

Policy #018325748 - FL

\$350,000 State Law Retained Limit for Each Accident or Each Person for Disease

\$350,000 Federal Law Retained Limit for Each Accident or Each Person for Disease

**\*Auto Liability Cont'd\***

Hired Auto Physical Damage Limit: Actual Cash Value

Hired Auto Deductibles: \$5,000 Comp / \$5,000 Coll

**\*\*\*CERTIFICATE HOLDER REQUIREMENTS FOLLOW BELOW\*\*\***

Re: 200 Inner Belt Road, Somerville, MA 02143 EPA ID MAC300016672