| ACORD | |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2022

| 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 | | | | | | | | | | | | |
| Assurance, a Marsh & McLennan Agency LLC company | | | | | | PHONE (A/C, No, Ext): (312) 625-5943 FAX (A/C, No): (847) 440-9126 | | | | | | | |
| 20 N Martingale Road Suite 100 | | | | | | E-MAIL ADDRESS: Chris.Stavrou@MarshMMA.com | | | | | | | |
| Schaumburg IL 60173 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | | |
| | | | | | | INSURER A : Everest National Insurance Com | | | | | | | |
| | | | | | INSURER B : Wesco Insurance Company | | | | | 10120 25011 | | | |
| Labor Source, LLC | | | | | INSURER C : | | | | | | | | |
| | | | | | | | | | | | | | |
| Tu | pelo M3 30004 | | | | INSURE | | | | | | | | |
| | | | | | INSURE | | | | | | | | |
| <u></u> | | TIFIC | | NIIMBED: 1271708554 | INSURE | KF: | | | | | | | |
| | COVERAGES CERTIFICATE NUMBER: 1271708554 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 Image: Content of 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 | | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | s | | | | |
| A | X COMMERCIAL GENERAL LIABILITY | | | 91ML000934221 | | 7/2/2022 | 7/2/2023 | EACH OCCURRENCE | \$ 1,000 | ,000 | | | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$200,0 | 00 | | | |
| | | | | | | | | MED EXP (Any one person) | \$ 10,00 | 0 | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000 | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000 | ,000 | | | |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000 \$ | , | | | |
| А | OTHER: | | | 91ML000934221 | | 7/2/2022 | 7/2/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000 | 000 | | | |
| | ANY AUTO | | | 3 TME00033422 T | | 11212022 | 11212025 | | | \$ | | | |
| | OWNED SCHEDULED | | | | | | | | | \$ | | | |
| | AUTOS ONLY X HIRED X NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | | | |
| | | | | | | | | (Per accident) | \$ | | | | |
| А | X UMBRELLA LIAB X OCCUR | | | 91CU000846221 | | 7/2/2022 | 7/2/2023 | | | 0.000 | | | |
| | | | | 510000040221 | | TILILOLL | 11212020 | EACH OCCURRENCE | \$ 10,00 | , | | | |
| | | - | | | | | | AGGREGATE | \$ 10,00 | 0,000 | | | |
| в | DED ^ RETENTION \$ 0 | | | WWC3602251 | | 7/2/2022 | 7/2/2023 | X PER OTH- STATUTE ER | \$ | | | | |
| D | AND EMPLOYERS' LIABILITY Y / N | | | WWWC3002231 | (12). | 11212022 | 11212023 | | ¢ 1 000 000 | | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N / A | | | | | | E.L. EACH ACCIDENT | \$1,000,000 | | | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | | |
| А | DÉSCRIPTION OF OPERATIONS below Crime (3rd Party Theft) | | | 91CR000207221 | | 7/2/2022 | 7/2/2023 | E.L. DISEASE - POLICY LIMIT | \$1,000 | 0.000 | | | |
| A A | Professional Liability Employment Practices Liability | | | 91ML000934221 91ML000934221 | | 7/2/2022 7/2/2022 7/2/2022 | 7/2/2023 7/2/2023 7/2/2023 | Occ: \$1,000,000 Occ: \$2,000,000 | Agg: | \$2,000,000 \$2,000,000 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance Cyber- Policy #ESK0039430660 - Lloyd's Of London - Effective 2/25/2022-7/2/2023 - Limit \$1,000,000 | | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | | | |
| Dana Manufacturing 187 Spicer Rd | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | |
| | Gordonsville, TN 38563 | | | | | | | | | | | | |

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