| 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 CONTACT NAME: Chris Stavrou | | | | | | | | | | | |
| | surance, a Marsh & McLennan Age | ncy L | LC o | 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 | | | | 10120 | | |
| INSURED WISESTA-01 | | | | | | | | | | | |
| Labor Source, LLC | | | | | INSURER B : Wesco Insurance Company | | | | 25011 | | |
| 432 Magazine Street | | | | | INSURER C : | | | | | | |
| lu | pelo MS 38804 | | | | INSURER D : | | | | | | |
| | | | | | INSURER E : | | | | | | |
| | | | | | INSURER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 1800928592 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 | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| A | X COMMERCIAL GENERAL LIABILITY | | | 91ML000934221 | | 7/2/2022 | 7/2/2023 | | 000,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | 0,000 | | |
| | | | | | | | | MED EXP (Any one person) \$10 | , | | |
| | | | | | | | | | ,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | 000,000 | | |
| | X POLICY PRO- JECT LOC | | | | | | | | 000,000 | | |
| | OTHER: | | | | | | | \$ | 00,000 | | |
| Α | AUTOMOBILE LIABILITY | | | 91ML000934221 | | 7/2/2022 | 7/2/2023 | COMBINED SINGLE LIMIT (Ea accident) \$1,0 | 000,000 | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | AUTOS ONLY X HIRED X NON-OWNED | | | | | | | PROPERTY DAMAGE \$ | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | | |
| А | X UMBRELLA LIAB X OCCUR | | | 91CU000846221 | | 7/2/2022 | 7/2/2023 | EACH OCCURRENCE \$10 | ,000,000 | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | | ,000,000 | | |
| | | - | | | | | | | 000,000 | | |
| В | DED PRETENTION \$ 0 WORKERS COMPENSATION | | | WWC3602251 | | 7/2/2022 | 7/2/2023 | X PER OTH- STATUTE ER | | | |
| 5 | | | | | | | 11212020 | | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | | | 000,000 | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE \$1,0 | | | |
| А | DÉSCRIPTION OF OPERATIONS below Crime (3rd Party Theft) | | | 01000007004 | | 7/0/0000 | 7/0/0000 | | 000,000 | | |
| A A A | Employment Practices Liability | | | 91CR000207221 91ML000934221 91ML000934221 | | 7/2/2022 7/2/2022 7/2/2022 | 7/2/2023 7/2/2023 7/2/2023 | Occ: \$1,000,000 Ag | g: \$2,000,000 g: \$2,000,000 g: \$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 | | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| TPG Plastics, LLC 101 Robert Young Blvd. | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| fice To gale | | | | | | | | | | | |

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