



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2019

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).

<b>PRODUCER</b> Ralph C. Wilson Agency, Inc.  Box 5069 Southfield MI 48086-5069		<b>CONTACT NAME:</b> Lisa Case <b>PHONE (A/C, No, Ext):</b> (248) 355-1414 <b>FAX (A/C, No):</b> (248) 304-0877 <b>E-MAIL ADDRESS:</b> lisac@rcwa.net	
<b>INSURED</b>  PVS Minibulk Inc Pressure Vessel Services Inc 10900 Harper Avenue Detroit MI 48213		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Amerisure Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 23396	

**COVERAGES****CERTIFICATE NUMBER:** 19/20 Master**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			GL0125812	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,500,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,500,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,500,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA1049675	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
						\$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC0764044	04/01/2019	04/01/2020	<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)

**CERTIFICATE HOLDER****CANCELLATION**INFORMATIONAL CERT

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/08/2019

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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 Aon Risk Services Central, Inc. Southfield MI Office 3000 Town Center Suite 3000 Southfield MI 48075 USA	CONTACT NAME:		
	PHONE (A/C, No. Ext): (866) 283-7122	FAX (A/C, No.):	800-363-0105
INSURED PVS Minibulk, Inc. 10900 Harper Avenue Detroit MI 48213 USA	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Navigators Insurance Co	42307
	INSURER B:	Navigators Specialty Insurance Company	36056
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

Holder Identifier :

## COVERAGES

CERTIFICATE NUMBER: 570075887011

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CH19UMR896044IV	04/01/2019	04/01/2020	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$1,500,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI)	Y/N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE
							E.L. DISEASE-POLICY LIMIT
B	Env Contr Poll			CH19ECP731237IC	04/01/2019	04/01/2022	Aggregate Limit
				Contractors Pollution			Per Occurrence Limit
							SIR/Deductible

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

## CERTIFICATE HOLDER

## CANCELLATION

Informational

only

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

Aon Risk Services Central, Inc.

Certificate No : 570075887011

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AMENDMENT - SCHEDULE OF UNDERLYING**

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY COVERAGE PART  
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART

Item 4. of the Declarations is amended as follows:

The following is ☒ Added ☐ Amended ☐ Deleted

**4. Underlying Insurance:**

<b>Coverage/Carrier/Policy Number</b>	<b>Policy Term</b>	<b>Limits</b>
Auto Liability (AOS) Amerisure Mutual Insurance Company CA1049675	4/1/2019 to 4/1/2020	\$2,000,000 Combined Single Limit
Auto Liability (Foreign) ACE American Insurance Company PHFD38221930 004	4/1/2019 to 4/1/2020	\$1,000,000 Combined Single Limit
Auto Liability (MA) Massachusetts Bay Insurance Company ADB-D190568-02	4/1/2019 to 4/1/2020	\$1,000,000 Combined Single Limit
Auto Liability (Canada) Zurich Insurance Company Ltd AF 9802343	5/27/2018 to 5/27/2019	\$5,000,000 Combined Single Limit
Auto Liability (Canada) Peel Mutual Insurance Company 53071A01	10/1/2018 to 10/1/2019	\$2,000,000 Combined Single Limit

General Liability  
 Amerisure Mutual Insurance Company  
 GL0125812

☒ Occurrence   ☐ Claims Made  
 4/1/2019 to 4/1/2020

\$1,500,000 Each Occurrence  
 \$1,500,000 Personal and Advertising  
 Injury-any one person or organization

☐ Per Project   ☒ Per Location

\$4,000,000 General Aggregate  
 \$2,500,000 Product/CompOps Aggregate

General Liability (Foreign)  
 ACE American Insurance Company  
 PHFD38221930 004

☒ Occurrence   ☐ Claims Made  
 4/1/2019 to 4/1/2020

\$1,000,000 Each Occurrence  
 \$1,000,000 Personal and Advertising  
 Injury-any one person or organization

☐ Per Project   ☐ Per Location

\$0 General Aggregate  
 \$2,000,000 Product/CompOps Aggregate

General Liability (Canada)  
 Zurich Insurance Company Ltd  
 8846791

☒ Occurrence   ☐ Claims Made  
 5/27/2018 to 5/27/2019

\$5,000,000 Each Occurrence  
 \$5,000,000 Personal and Advertising  
 Injury-any one person or organization

☐ Per Project   ☐ Per Location

\$20,000,000 General Aggregate  
 \$5,000,000 Product/CompOps Aggregate

Employers Liability  
 Amerisure Mutual Insurance Company  
 WC0764044

4/1/2019 to 4/1/2020

\$1,000,000 BI by Accident - Each Accident  
 Not Covered - BI by Disease - Each Employee  
 \$1,000,000 BI by Disease - Policy Limit

Employers Liability (Foreign) ACE American Insurance Company PHFD38221930 004	4/1/2019 to 4/1/2020	\$1,000,000 BI by Accident - Each Accident Not Covered - BI by Disease - Each Employee \$1,000,000 BI by Disease - Policy Limit
Employers Liability ( WI) Amerisure Mutal Insurance Company WC2075502	4/1/2019 to 4/1/2020	\$1,000,000 BI by Accident - Each Accident Not Covered - BI by Disease - Each Employee \$1,000,000 BI by Disease - Policy Limit
Employee Benefits Liability Amerisure Mutual Insurance Company GL0125812	<input checked="" type="radio"/> Occurrence <input type="radio"/> Claims Made 4/1/2019 to 4/1/2020	\$1,000,000 Each Employee \$1,000,000 Aggregate
Employee Benefits Liability (Foreign) ACE American Insurance Company PHFD38221930 004	<input checked="" type="radio"/> Occurrence <input type="radio"/> Claims Made 4/1/2019 to 4/1/2020	\$1,000,000 Each Employee \$1,000,000 Aggregate

All other terms of the policy remain unchanged.