



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2019

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).

PRODUCER Ralph C. Wilson Agency, Inc Box 5069 Southfield MI 48086-5069	CONTACT NAME: Lisa Case PHONE (A/C, No, Ext): (248) 355-1414 E-MAIL ADDRESS: lisac@rcwa.net FAX (A/C, No): (248) 304-0877
INSURED PVS Chemical Solutions Inc Pressure Vessel Services Inc 10900 Harper Avenue Detroit MI 48213	INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 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	ADD'L SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		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 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,500,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	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



CERTIFICATE OF LIABILITY INSURANCE

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

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).

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 E-MAIL ADDRESS:
INSURED PVS Chemical Solutions, Inc. c/o PVS Chemicals, Inc. ETAL 10900 Harper Avenue Detroit MI 48213-0000 USA	INSURER(S) AFFORDING COVERAGE INSURER A: Navigators Insurance Co NAIC # 42307 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570075886799

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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			CH19UMR896044IV SIR applies per policy terms & conditions	04/01/2019	04/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	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 <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

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

CERTIFICATE HOLDER**CANCELLATION**

Informational Certificate	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.
----------------------------------	--

Holder Identifier : A2

Certificate No : 570075886799

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:

Coverage/Carrier/Policy Number	Policy Term	Limits
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	<input checked="" type="radio"/> Occurrence <input type="radio"/> 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 <input type="checkbox"/> Per Project <input checked="" type="checkbox"/> Per Location \$4,000,000 General Aggregate \$2,500,000 Product/CompOps Aggregate
General 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 Occurrence \$1,000,000 Personal and Advertising Injury-any one person or organization <input type="checkbox"/> Per Project <input type="checkbox"/> Per Location \$0 General Aggregate \$2,000,000 Product/CompOps Aggregate
General Liability (Canada) Zurich Insurance Company Ltd 8846791	<input checked="" type="radio"/> Occurrence <input type="radio"/> 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 <input type="checkbox"/> Per Project <input type="checkbox"/> 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	4/1/2019 to 4/1/2020	\$1,000,000 BI by Accident - Each Accident
PHFD38221930 004		Not Covered - BI by Disease - Each Employee
		\$1,000,000 BI by Disease - Policy Limit
Employers Liability (WI)		
Amerisure Mutal Insurance Company	4/1/2019 to 4/1/2020	\$1,000,000 BI by Accident - Each Accident
WC2075502		Not Covered - BI by Disease - Each Employee
		\$1,000,000 BI by Disease - Policy Limit
Employee Benefits Liability	<input checked="" type="radio"/> Occurrence <input type="radio"/> Claims Made	
Amerisure Mutual Insurance Company	4/1/2019 to 4/1/2020	\$1,000,000 Each Employee
GL0125812		\$1,000,000 Aggregate
Employee Benefits Liability (Foreign)	<input checked="" type="radio"/> Occurrence <input type="radio"/> Claims Made	
ACE American Insurance Company	4/1/2019 to 4/1/2020	\$1,000,000 Each Employee
PHFD38221930 004		\$1,000,000 Aggregate

All other terms of the policy remain unchanged.