



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2021

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>		<b>CONTACT NAME:</b>	
HMK Insurance		PHONE (A/C, No, Ext): (610) 868-8507	
54 South Commerce Way		FAX (A/C, No): (610) 868-7604	
Suite 150		E-MAIL ADDRESS:	
Bethlehem PA 18017		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Greenwich Insurance Company	
		<b>INSURER B:</b> XL Specialty Insurance Co	
		<b>INSURER C:</b> Indian Harbor Insurance Co	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
SES Holding LLC and its affiliates		22322	
9996 Joseph James Drive		37885	
Cincinnati OH 45246-1340		36940	

**COVERAGES**

CERTIFICATE NUMBER: 21gl/auto/umb/wc/poll/pro

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			GEC3001244	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 5,000			
	<input checked="" type="checkbox"/> OH Stop-Gap-Employers Liability						PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:									OH Stop Gap - E.L. \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b>			AEC0049197	01/31/2021	01/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$			
	<input checked="" type="checkbox"/> CA9948 <input checked="" type="checkbox"/> MCS90						\$			
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UEC0049196	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 10,000,000			
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000			
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$			
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WEC3001245	01/31/2021	01/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
C	<b>POLLUTION LIABILITY</b>			PEC0049237	01/31/2021	01/31/2022	Aggregate \$10,000,000			
	PROFESSIONAL/POLLUTION						Each Occurrence \$5,000,000			

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

**CERTIFICATE HOLDER****CANCELLATION**

SUPERIOR ENVIRONMENTAL SOLUTIONS  
9996 JOSEPH JAMES DR

CINCINNATI

OH 45246

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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## Additional Named Insureds

### Other Named Insureds

C&D Premier Properties	Additional Named Insured
DBA Clover Industrial Service	Additional Named Insured
Joseph James LLC	Additional Named Insured
DBA Midwest Waterblasting Ohio	Additional Named Insured
DBA MWC Ohio	Additional Named Insured
SES Labor Corp.	Additional Named Insured
SES-R1, LLC	Additional Named Insured
Superior Environmental Labor LLC	Additional Named Insured
Superior Environmental Solutions LLC	Additional Named Insured
Superior Environmental Solutions SES Inc	Additional Named Insured