

CERTIFICATE OF LIABILITY INSURANCE

7/11/2024

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: Julie Schafer					
RCP, Alera Group, LLC 8182 Maryland Ave.		PHONE (A/C, No, Ext): 314-300-9516	FAX (A/C, No):				
Suite 250		E-MAIL ADDRESS: jschafer@rcpholdings.com					
Clayton MO 63105		INSURER(S) AFFORDING COVERAGE	NAIC#				
	License#: 20020393	INSURER A: Nautilus Insurance Company	17370				
INSURED	SESHOLD-01	ınsurer в : Key Risk Insurance Company	10885				
Superior Environmental Solutions 9996 Joseph James Dr	SLLC	INSURER c : Great Divide Insurance Company	25224				
Cincinnati OH 45246		INSURER D : Cincinnati Insurance Company (The)	10677				
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 65985349	REVISION NUI	MBER:				

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	INSR ADDLISUBR POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	ECP2040820-11	7/15/2024	6/30/2025	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	X Retention \$5,000						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY	Υ	Υ	BAP2040817-11	7/15/2024	6/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR	Υ	Υ	FFX2040819-11	7/15/2024	6/30/2025	EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ \$0						AGGREGATE	\$ 10,000,000
								\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	WCA2040818-11	7/15/2024	6/30/2025	X PER OTH- STATUTE ER	
	ANY EMPLOYERS LIBILITY ANY PROPRIETOR (PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
A A D	Pollution Liability Professional Liability Leased and Rented Equipment	Y Y	Y	ECP2040820-11 ECP2040820-11 ENP0720512	7/15/2024 7/15/2024 6/30/2024	6/30/2025 6/30/2025 6/30/2025	Per Occurance Each Claim Limit	\$1,000,000 \$1,000,000 \$100,000

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

Additional Named Insureds -

Superior Environmental Solutions LLC SES Labor Corp. SES-R1 Real Estate, LLC SES-R1, LLC See Attached...

CERTIFICATE HOLDER	CANCELLATION
For Information 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.
For Information Only	AUTHORIZED REPRESENTATIVE
1	Heather D. Gardine

AGENCY	CUSTOMER ID:	SESHOLD-01
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LOC #:

R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY RCP, Alera Group, LLC	NAMED INSURED Superior Environmental Solutions LLC 9996 Joseph James Dr				
POLICY NUMBER	Cincinnati OH 45246				
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE									
Superior Environmental Labor LLC Buckeye Acquiror LLC Wolverine Ultimate Parent LLC Buckeye Intermediate LLC dba Midwest Waterblasting Ohio dba MWC Ohio dba Arrowhead Environmental dba Arrowhead Environmental Services dba Resource One dba Hydro Technology dba Mid Valley Industrial Services dba Mountain Industrial Services									

Additional Coverage -

Unscheduled Equipment The Cincinnati Insurance Company Effective: 06/30/2024 - 06/30/2025 Policy #ENP0720512 Limit: \$500,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/24/24

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th	s certificate does not confer rights t	o the	cert	ificate holder in lieu of si).	•		
PROI	OUCER Marsh USA Inc.				CONTACT NAME:					
	100 North Tryon Street, Suite 3600				PHONE FAX (A/C, No, Ext): (A/C, No):					
	Charlotte, NC 28202				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : Beazley					
INSU	RED				INSURE	RB:				
Supe	ior Environmental Solutions LLC				INSURE	RC:				
9996	Joseph James DR				INSURE	RD:				
///0	ooseph sumes bix				INSURE	RE:				
Cinci	nati, OH 45246				INSURER F:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:	ATL	-005258002-06		REVISION NUMBER: 8		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Cyber			D37C40240101		7/14/24	6/30/25	Limit		\$5M
								Deductible:		\$50,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
CERTIFICATE HOLDER					CANCELLATION					
CERTIFICATE HOLDER					CANC	JELEA HON				
Evidence 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					
					Marsh USA Juc.					