



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2022

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 HMK Insurance 54 South Commerce Way Suite 150 Bethlehem PA 18017 | | CONTACT NAME: PHONE (A/C, No, Ext): (610) 868-8507 FAX (A/C, No): (610) 868-7604 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------------|--|--------|--|--|-------|---|--|-------|--|--|-------|---|--|-------|---|--|-------|-------------------|--|--|
| INSURED SES Holding LLC and its affiliates 9996 Joseph James Drive Cincinnati OH 45246-1340 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td></td> <td>24147</td> </tr> <tr> <td>INSURER B: Lexington Insurance Company</td> <td></td> <td>19437</td> </tr> <tr> <td>INSURER C: Indian Harbor Insurance Co</td> <td></td> <td>36940</td> </tr> <tr> <td>INSURER D: Columbia Casualty Company</td> <td></td> <td>31127</td> </tr> <tr> <td>INSURER E: Scottsdale Insurance Co</td> <td></td> <td>41297</td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Old Republic Insurance Company | | 24147 | INSURER B: Lexington Insurance Company | | 19437 | INSURER C: Indian Harbor Insurance Co | | 36940 | INSURER D: Columbia Casualty Company | | 31127 | INSURER E: Scottsdale Insurance Co | | 41297 | INSURER F: | | |
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| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 21gl/auto/wc/umb/pollprof **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | MWZY 316603-21 | 11/01/2021 | 11/01/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | MWTB 316604-21 | 11/01/2021 | 11/01/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 018303425 | 11/01/2021 | 11/01/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | MWC 316602-21 | 11/01/2021 | 11/01/2022 | <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 |
| C | POLLUTION LIABILITY PROFESSIONAL LIABILITY | | | PEC0049237 | 01/31/2021 | 01/31/2022 | Pollution Ea Occ/Agg \$10M/\$10M Professional Ea Occ/Agg \$5M/\$5M |

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

WORKERS COMPENSATION COVERAGE APPLIES IN THE FOLLOWING STATES: KY, TN, NC, IA, IN, IL, MI, WI & CA

CERTIFICATE HOLDER**CANCELLATION**

INSURED'S COPY - SAMPLE 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

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | | |
|-------------------------|-----------|---|--|
| AGENCY HMK Insurance | | NAMED INSURED SES Holding LLC and its affiliates | |
| POLICY NUMBER | | | |
| 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: Notes

D) UMBRELLA - COLUMBIA CASUALTY CO - Policy: 7017982769 - 11/01/2021 to 11/01/2022 - Excess: \$5,000,000 - 2nd Layer: \$5,000,000

E) EXCESS AUTO LIABILITY-SCOTTSDALE INS CO-Policy: XLS0121261- 11/01/2021 to 11/01/2022-Limit: \$4,000,000-Excess over \$1,000,000 Auto Only

Additional Named Insureds

Other Named Insureds

| | |
|---------------------------------------|--------------------------|
| Superior Environmental Solutions, LLC | Additional Named Insured |
| Superior Environmental Labor, LLC | Additional Named Insured |
| SES Labor Corp. | Additional Named Insured |
| SES-R1, LLC | Additional Named Insured |
| SES-R1 Real Estate, LLC | Additional Named Insured |
| d/b/a Hydro Technology | |
| d/b/a Resource One | |
| d/b/a MWC Ohio | |
| d/b/a Midwest Waterblasting Ohio | |
| d/b/a Clover Industrial Services | |
| d/b/a SES, LLC | |
| d/b/a SES | |
| d/b/a Mid Valley Industrial Services | |