

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 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).											
	DUCER				CONTAC NAME:						
	CP, Alera Group, LLC				PHONE (A/C, No, Ext): 314-300-9516 (A/C, No):						
	82 Maryland Ave. lite 250				E-MAIL ADDRESS: jschafer@rcpholdings.com						
	ayton MO 63105				INSURER(S) AFFORDING COVERAGE NAIC #						
				License#: 20020393					17370		
INSU	URED			SESHOLD-01	INSURER B : Key Risk Insurance Company					10885	
	perior Environmental Solutions LLC				INSURER C : Great Divide Insurance Company					25224	
	96 Joseph James Dr ncinnati OH 45246							Company (The)		10677	
0"											
					INSURER E :						
со	VERAGES CER	TIFIC		NUMBER: 65985349	INCONEN						
					VE BEEN	I ISSUED TO			HE POL	ICY PERIOD	
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	ECP2040820-11	ľ	7/15/2024	6/30/2025	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0		
	X Retention \$5,000							MED EXP (Any one person)	\$ 10,00	0	
								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	
В		Y	Y	BAP2040817-11		7/15/2024	6/30/2025	COMBINED SINGLE LIMIT	\$ 1,000	.000	
	X ANY AUTO					.,	0,00,2020	(Ea accident) BODILY INJURY (Per person)	\$	,	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
А	UMBRELLA LIAB X OCCUR	Y	Y	FFX2040819-11		7/15/2024	6/30/2025	EACH OCCURRENCE	\$ 10,00	0.000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 10,00		
	DED X RETENTION \$ \$0							AGGREGATE	\$ 10,00	0,000	
С	WORKERS COMPENSATION		Y	WCA2040818-11		7/15/2024	6/30/2025	X PER OTH- STATUTE ER	ð		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000	000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		,	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000		
А	Pollution Liability	Y	Y	ECP2040820-11		7/15/2024	6/30/2025	Per Occurance	\$1,00	0,000	
A D	Professional Liability Leased and Rented Equipment	Y Y	Y Y	ECP2040820-11 ENP0720512		7/15/2024 6/30/2024	6/30/2025 6/30/2025	Each Claim Limit	\$1,00 \$100,	0,000 000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
For	r Information Only										
Ado	ditional Named Insureds -										
	perior Environmental Solutions LLC S Labor Corp.										
SE	S-R1 Real Estate, LLC										
	S-R1, LLC e Attached										
					CANC	ELLATION					
UE											
				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					
						Deather & Gardere					

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AGENCY CUSTOMER ID: SESHOLD-01

LOC #:

ACORD	

### **ADDITIONAL REMARKS SCHEDULE**

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AGENCY RCP, Alera Group, LLC	NAMED INSURED Superior Environmental Solutions LLC 9996 Joseph James Dr			
POLICY NUMBER	Cincinnati OH 45246			
	1			
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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be         If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A stathis certificate does not confer rights to the certificate holder in lieu of such endorsement(s).         PRODUCER       CONTACT         Marsh USA Inc.       FAX         100 North Tryon Street, Suite 3600       FAX         Charlotte, NC 28202       (A/C, No):         INSURED       INSURER A : Beazley         INSURED       INSURER B :						
NAME:     NAME:       Marsh USA Inc.     PHONE       100 North Tryon Street, Suite 3600     FAX       Charlotte, NC 28202     (A/C, No):       E-MAIL     ADDRESS:       INSURER(S) AFFORDING COVERAGE     INSURER A : Beazley       INSURED     INSURER B :	NAIC #					
E-MAIL DRESS:         E-MAIL DRESS:           INSURER(S) AFFORDING COVERAGE         I           INSURER A : Beazley         I           INSURER B :         I	NAIC #					
INSURED INSURER B :						
INSURER B .						
Superior Environmental Solutions LLC INSURER C :						
9996 Joseph James DR INSURER D :						
Cincinnati, OH 45246						
COVERAGES CERTIFICATE NUMBER: ATL-005258002-06 REVISION NUMBER: 8	ATL-005258002-06 REVISION NUMBER: 8					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WAY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	WHICH THIS					
INSR LTR TYPE OF INSURANCE ADDL/SUBR INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
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:						
POLICY PRO- JECT LOC PRODUCTS - COMP/OP AGG \$						
OTHER: \$						
AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$						
OWNED SCHEDULED BODILY IN ILLIRY (Per accident)						
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY SUBJECT STREAM						
UMBRELLA LIAB     OCCUR     EACH OCCURRENCE     \$						
EXCESS LIAB     CLAIMS-MADE   AGGREGATE \$						
DED         RETENTION \$         \$           WORKERS COMPENSATION         PER						
AND EMPLOYERS' LIABILITY Y/N						
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT						
A Cyber D37C40240101 7/14/24 6/30/25 Limit	\$5M					
Deductible:	\$50,000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER CANCELLATION						
Evidence Only SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI ACCORDANCE WITH THE POLICY PROVISIONS.						
AUTHORIZED REPRESENTATIVE						
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