

SWILLIAMS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/29/2022

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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	o the	certi	ficate holder in lieu of su	ch end	lorsement(s).					
PRODUCER Mesirow Insurance Services, Inc. 353 N Clark St 11th Floor Chicago, IL 60654						CONTACT NAME: PHONE (242) EDE 6200 FAX					
						PHONE (A/C, No, Ext): (312) 595-6200 FAX (A/C, No): E-MAIL ADDRESS:					
CIII	cago, IL 60654				ADDRE						
					INGLIDE	INS R A : Lloyd's		RDING COVERAGE		NAIC #	
INSURED										25615	
Waste Harmonics, LLC 7620 Omnitech Place. Suite 1						INSURER B: Charter Oak Fire Insurance Company 25615 INSURER C:					
						INSURER D :					
	Victor, NY 14564	ļ			INSURE						
				INSURER F:							
CO	VERAGES CER	CATE	E NUMBER:		REVISION NUMBER:						
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER' POLI	F INS REME TAIN, CIES.	URANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY F	O THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O AL	O WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	300,000	
	CLAIMS-MADE X OCCUR			ENVP0000189-22		7/31/2022	7/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY					7/31/2022	7/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			ENVP0000189-22				BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	UMBRELLA LIAB X OCCUR					=/0.4/0.00		EACH OCCURRENCE	\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			ENVX0000156-22		7/31/2022	7/31/2023	AGGREGATE	\$	5,000,000	
	DED RETENTION \$							DED OTH	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			UB-001R753210		7/31/2022	7/31/2023	X PER OTH- STATUTE ER		4 000 000	
								E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1.000.000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ificate issued as evidence of coverage.	LE 3 (A	JOOKL	7 101, Additional Remarks Schedu	ne, may b	e attacheu ii iilori	e space is requir	euj			
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Coverage						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE				