MIS1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/4/2017

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).

	ficate does not confer rights to the c		f such endorsement(s).	Statement on
PRODUCER	DDUCER (216) 367-8787		CONTACT Eileen M. Gaudiello	
The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland, OH 44114			PHONE (A/C, No. Ext): (216) 367-4958 FAX (A/C, No.):	
			E-MAIL ADDRESS: egaudiello@oswaldcompanies.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
			INSURER A: Lloyd's Underwriters CAB	
INSURED	Chemtron Corporation 35850 Schneider Court Avon, OH 44011-	INSURER B : XL Specialty Insurance Co.	37885	
			INSURER C: Auto-Owners Insurance Company	18988
			INSURER D:	
			INSURER E:	
			INSURER F:	
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:	
INDICATE CERTIFIC	ED. NOTWITHSTANDING ANY REQUIR CATE MAY BE ISSUED OR MAY PERT	EMENT, TERM OR CONDIT AIN, THE INSURANCE AFF	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE ITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO AITAVE BEEN REDUCED BY PAID CLAIMS.	O WHICH THIS

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.

TYPE OF INSURANCE

ADDL SUBR (NSD WYD)

POLICY EFF (MM/DD/YYYY)

A X COMMERCIAL GENERAL LIABILITY

A X COMMERCIAL GENERAL LIABILITY

FOO 0.000

500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR ENVP0000156-17 11/22/2017 12/1/2018 Ν Ν Professional/E&O 25,000 MED EXP (Any one person) **χ** Contractors Pollution 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 PRO-JECT X LOC POLICY PRODUCTS - COMP/OP AGG \$1M/\$1M/\$1M OH Stop Gap OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 В AUTOMOBILE LIABILITY X ANY AUTO 12/1/2018 AEC0047652-02 12/1/2017 Ν Ν \$ BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 10.000.000 Α UMBRELLA LIAB X OCCUR EACH OCCURRENCE ENVX0000125-17 11/22/2017 12/1/2018 10,000,000 Χ EXCESS LIAB CLAIMS-MADE Ν Ν AGGREGATE DED **RETENTION \$** \$ X | PER STA<u>TUTE</u> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY UB7H82099A 12/27/2017 12/27/2018 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT ENVP0000156-17 12/1/2018 \$1,000,000 **Environmental Site Liability** 11/22/2017 **Each Incident** Ν

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

CERTIFICATE HOLDER	CANCELLATION

Chemtron Corporation 35850 Schneider Court Avon, OH 44011-

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

ara Miller

ACORE