



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2021

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).

<b>PRODUCER</b> <b>AssuredPartners of Ohio LLC- Granville</b> 596 Newark-Granville Road Granville, OH 43023	<b>CONTACT NAME:</b> Donna Sunkel	<b>PHONE (A/C, No, Ext):</b> (800) 860-6718	<b>FAX (A/C, No):</b> (740) 321-1369
	<b>E-MAIL ADDRESS:</b> info@assuredpartnersoh.com		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Environmental Specialists, Inc 1000 Andrews Ave Youngstown, OH 44505	<b>INSURER A :</b> Greenwich Insurance Company		<b>22322</b>
	<b>INSURER B :</b> XL Specialty Insurance Company		<b>37885</b>
	<b>INSURER C :</b> Indian Harbor Insurance Co		<b>36940</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **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			
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>GEC002878812</b>	<b>7/1/2021</b>	<b>7/1/2022</b>	EACH OCCURRENCE	<b>\$ 1,000,000</b>		
							DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$ 100,000</b>		
							MED EXP (Any one person)	<b>\$ 5,000</b>		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							<b>\$ 1,000,000</b>	<b>\$ 2,000,000</b>	<b>\$ 2,000,000</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>AEC002879012</b>	<b>7/1/2021</b>	<b>7/1/2022</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,000,000</b>	BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			<b>UEC002878912</b>	<b>7/1/2021</b>	<b>7/1/2022</b>	EACH OCCURRENCE	<b>\$ 4,000,000</b>	AGGREGATE	<b>\$ 4,000,000</b>
								\$		
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <span style="float: right;">Y / N</span> <input type="checkbox"/> <span style="float: right;">N / A</span> If yes, describe under DESCRIPTION OF OPERATIONS below			<b>GEC002878812</b>	<b>7/1/2021</b>	<b>7/1/2022</b>	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER			
							E.L. EACH ACCIDENT	<b>\$ 1,000,000</b>		
							E.L. DISEASE - EA EMPLOYEE	<b>\$ 1,000,000</b>		
							E.L. DISEASE - POLICY LIMIT	<b>\$ 1,000,000</b>		
<b>C</b>	<b>Pollution Liability</b>			<b>PEC002879406</b>	<b>7/1/2021</b>	<b>7/1/2024</b>	<b>SIR \$15,000</b>	<b>\$ 4,000,000</b>		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\*Workers Compensation section refers to OH Employers Liability.**

<b>CERTIFICATE HOLDER</b>  A Graziani & Company Inc. 1057 Butler Avenue New Castle, PA 16101	<b>CANCELLATION</b>  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 