

CERTIFICATE OF LIABILITY INSURANCE

2/15/2024

DATE (MM/DD/YYYY) 11/29/2023

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).

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PRODUCER	LOCKTON COMPANIES	CONTACT NAME:						
	500 West Monroe, Suite 3400	PHONE (A/C, No, Ext):	FAX (A/C, No):					
	CHICAGO IL 60661	E-MAIL ADDRESS:						
	(312) 669-6900 midwestcertificates@lockton.com	INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: The Travelers Indemnity Company of	America	25666				
INSURED 1514819	HYDROMAX USA LLC	INSURER B: Travelers Property Casualty Company	of America	25674				
	3700 Riverwalk Drive, Suite 145	INSURER C: The Travelers Indemnity Company of Connecticut		25682				
	Flower Mound TX 75028	INSURER D:						
		INSURER E :						
		INSURER F:						

COVERAGES CERTIFICATE NUMBER: 20091640 REVISION NUMBER: XXXXXXX

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

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	X	CLAIMS-MADE X OCCUR	Y	N	DT-CO-158D2429-TIA-23	2/15/2023	2/15/2024	EACH OCCURRENCE \$ 1,000,000
	X	Deductible: \$2,500						MED EXP (Any one person) \$ 5,000
								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
		OTHER:						\$
C	AUT	OMOBILE LIABILITY	Y	N	810-158D2430-23-26	2/15/2023	2/15/2024	COMBINED SINGLE LIMIT \$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXX
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ XXXXXXX
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXX
								\$ XXXXXXX
В	X	UMBRELLA LIAB X OCCUR	N	N	CUP-4W507598-23-26	2/15/2023	2/15/2024	EACH OCCURRENCE \$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 10,000,000
		DED RETENTION \$ 10,000						\$ XXXXXXX
A		KERS COMPENSATION EMPLOYERS' LIABILITY		N	UB-4W129884-23-26-G	2/15/2023	2/15/2024	X PER OTH-ER
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

LFUCG is included as additional insured if required by written contract with respect to General Liability and Automobile Liability per the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION	See Attachment
20091640	THE EXPIRATION	HE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

LFUCG



LFUCG

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID 20091640.

• Email: Chicagoedelivery@lockton.com

Phone: 866-297-8023

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for automating electronic delivery of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies