

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2023

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										
th	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su	ıch en	dorsement(s	).			
PRODUCER MARSH USA, LLC. 1166 Avenue of the Americas						CONTACT NAME:				
						PHONE FAX (A/C, No, Ext): (A/C, No):				
New York, NY 10036				E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE				
CN108453421-Evoqu-GAWU-23-24						INSURER A: National Union Fire Insurance Co. of Pittsburgh, PA				
INSURED EWT Holdings III Corp. Evoqua Water Technologies LLC						INSURER B: AIU Insurance Co.				
						INSURER C: Allianz Global Risk US Insurance Company				
210 Sixth Avenue, Suite 3300 Pittsburgh, PA 15222					INSURER D:					
					INSURER E :					
					INSURER F:					
CO	'ERAGES CER	TIFIC	CATE	NUMBER:	NYC	-011807542-01		REVISION NUMBER: 0		
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)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 9941282		10/31/2023	10/31/2024	EACH OCCURRENCE \$	1,000,000	
		1	1			1	I	DALLA OF TO DELITED		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	Χ	COMMERCIAL GENERAL LIABILITY			GL 9941282	10/31/2023	10/31/2024	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						SIR: \$1,000,000	\$
Α	AU1	TOMOBILE LIABILITY			7620278 (AOS)	10/31/2023	10/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
В	Χ	ANY AUTO			7620279 (MA)	10/31/2023	10/31/2024	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								,	\$
С	Х	UMBRELLA LIAB X OCCUR			USL00109923	10/31/2023	10/31/2024	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED X RETENTION \$ 10,000							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY			049154515 (AOS)	10/31/2023	10/31/2024	X PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		049154514 (WI)	10/31/2023	10/31/2024	E.L. EACH ACCIDENT	\$ 2,000,000
В	(Mar	ndatory in NH)	N/A		049154513 (CA)	10/31/2023	10/31/2024	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS TO GENERAL LIABILITY AND AUTO LIABILITY, IF REQUIRED BY WRITTEN CONTRACT. GENERAL LIABILITY POLICY SHALL BE PRIMARY AND NON-CONTRIBUTORY WITH ANY OTHER INSURANCE IN FORCE FOR OR WHICH MAY BE PURCHASED BY ADDITIONAL INSURED. IF REQUIRED BY WRITTEN CONTRACT.

	Marsh USA LLC	
LEXINGTON, KY 40507	AUTHORIZED REPRESENTATIVE	
ATTN: MARTHA ROGERS 200 EAST MAIN STREET LEVINGTON BY 40607	ACCORDANCE WITH THE POLICY PROVISIONS.	
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	
CERTIFICATE HOLDER	CANCELLATION	

AGENCY CUSTOMER ID: CN108453421

LOC #: New York

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<b>ACORD</b> °	

## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY		NAMED INSURED		
MARSH USA, LLC.		EWT Holdings III Corp. Evoqua Water Technologies LLC 210 Sixth Avenue, Suite 3300 Pittsburgh, PA 15222		
POLICY NUMBER		210 Sixth Avenue, Suite 3300 Pittsburgh, PA 15222		
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS	•	-		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,			
FORM NUMBER: 25 FORM TITLE: Certificate of Lia	ability Insura	nce		
Evoqua will be included as an insured under Xylem Inc. effective 12/31/2023.				