



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2016

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 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).

PRODUCER Marsh USA Inc. Six PPG Place, Suite 300 Pittsburgh, PA 15222	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
--GAWU-16-17 4760 WHALE	INSURER A: Lexington Insurance Company	19437
INSURED EWT HOLDINGS III CORP. INCLUDING EVOQUA WATER TECHNOLOGIES LLC 1451 E. NINE MILE ROAD HAZEL PARK, MI 48030	INSURER B: National Union Fire Ins Co Pittsburgh PA	19445
	INSURER C: New Hampshire Insurance Co.	23841
	INSURER D: Allianz Global Risks US Insurance Co.	35300
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CLE-004834941-36 **REVISION NUMBER:2**

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			014180804	01/15/2016	01/15/2017	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA3632394 (AOS) CA3632395 (MA) CA3632396 (VA)	01/15/2016 01/15/2016 01/15/2016	01/15/2017 01/15/2017 01/15/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ULA 2006537	01/15/2016	01/15/2017	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 2,000,000
								\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC035808874 (AOS) SEE ATTACHED	01/15/2016	01/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							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)
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT IS HEREBY ADDITIONAL INSURED UNDER THE REFERENCED GENERAL LIABILITY AND AUTOMOBILE LIABILITY INSURANCE POLICIES WHERE REQUIRED BY WRITTEN CONTRACT. SUCH INSURANCE AS IS AFFORDED BY THE ADDITIONAL INSURED ENDORSEMENT SHALL APPLY AS PRIMARY INSURANCE & OTHER INSURANCE MAINTAINED BY THE CERTIFICATE HOLDER SHALL BE EXCESS ONLY & NOT CONTRIBUTING WITH INSURANCE PROVIDED UNDER THIS POLICY.

CERTIFICATE HOLDER LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT ATTN: MARTHA ROGERS 200 EAST MAIN STREET LEXINGTON, KY 40507	CANCELLATION 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED EWT HOLDINGS III CORP. INCLUDING EVOQUA WATER TECHNOLOGIES LLC 1451 E. NINE MILE ROAD HAZEL PARK, MI 48030	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

FORMERLY SIEMENS WATER TECHNOLOGIES

ADDITIONAL WORKERS COMPENSATION POLICIES:

POLICY NUMBER: WC035808875
 STATE(S) COVERED: IL, KY, NC, NH, UT, VT
 INSURER: NEW HAMPSHIRE INSURANCE CO.
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2017

POLICY NUMBER: WC035808876
 STATE(S) COVERED: NJ, PA
 INSURER: NEW HAMPSHIRE INSURANCE CO.
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2017

POLICY NUMBER: WC035808877
 STATE(S) COVERED: AZ, VA
 INSURER: NEW HAMPSHIRE INSURANCE CO.
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2017

POLICY NUMBER: WC035808878
 STATE(S) COVERED: CA
 INSURER: NEW HAMPSHIRE INSURANCE CO.
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2016

POLICY NUMBER: WC035808879
 STATE(S) COVERED: MA, ND, OH, WA, WI
 INSURER: NEW HAMPSHIRE INSURANCE CO.
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2017

POLICY NUMBER: WC035808880
 STATE(S) COVERED: FL
 INSURER: ILLINOIS NATIONAL INSURANCE COMPANY
 EFFECTIVE AND EXPIRATION DATES: 1/15/2016 - 1/15/2017