



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TV

DATE (MM/DD/YYYY)

01/10/2017

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.

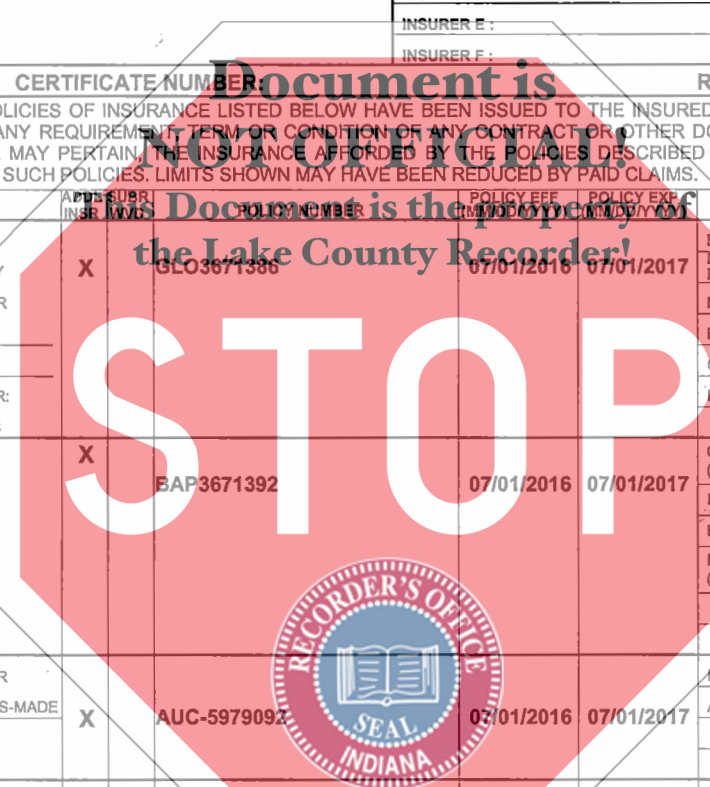
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|----------------|--------------|
| PRODUCER Insurance Solutions & Services 619 Amboy Avenue Edison, NJ 08837 Frank G. Jacobs | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | |
| | E-MAIL ADDRESS: | | |
| | PRODUCER CUSTOMER ID #: GES-022 | | |
| INSURED Groundwater & Environmental Services, Inc. 10381 Citation Drive Suite 500 Brighton, MI 48116 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Zurich American Insurance Co. | | 16535 |
| | INSURER B: American Guarantee & Liability | | 26247 |
| | INSURER C: Nautilus Insurance Company | | 17370 |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

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 WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | APPLICABLE INSURANCE | POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | AMOUNT |
|-----------------|---|---------------------------------------|---------------|-----------------|-----------------|----------------------|
| A | GENERAL LIABILITY | <input checked="" type="checkbox"/> | GLO3671386 | 07/01/2016 | 07/01/2017 | 2,000,000 |
| | COMMERCIAL GENERAL LIABILITY | <input checked="" type="checkbox"/> | | | | |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | 300,000 |
| | <input checked="" type="checkbox"/> XCU Included | | | | | 10,000 |
| | <input checked="" type="checkbox"/> Contractual Liab | | | | | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | 4,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | 4,000,000 |
| A | AUTOMOBILE LIABILITY | <input checked="" type="checkbox"/> | EAP3671392 | 07/01/2016 | 07/01/2017 | 1,000,000 |
| | ANY AUTO | | | | | |
| | ALL OWNED AUTOS | | | | | |
| | SCHEDULED AUTOS | | | | | |
| | HIRED AUTOS | | | | | |
| NON-OWNED AUTOS | | | | | | |
| B | UMBRELLA LIAB | <input checked="" type="checkbox"/> | AUC-597909Z | 07/01/2016 | 07/01/2017 | 1,000,000 |
| | EXCESS LIAB | <input checked="" type="checkbox"/> | | | | |
| | CLAIMS-MADE | <input checked="" type="checkbox"/> | | | | |
| | DEDUCTIBLE | | | | | |
| | <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input checked="" type="checkbox"/> | WC3671385 | 07/01/2016 | 07/01/2017 | 1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input checked="" type="checkbox"/> N | N/A | | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | 1,000,000 |
| C | Professional | | CCP2005634 | 07/01/2016 | 07/01/2017 | Limit 5,000,000 |
| C | Pollution | | CCP2005634 | 07/01/2016 | 07/01/2017 | Aggregate 10,000,000 |



2017 002652
 2017 JAN 13 AM 11:05
 RECORDER'S OFFICE
 CLERK: B. B. B. B. B.
 STATE OF INDIANA
 LAKE COUNTY
 CLERK FOR RECORDER

\$12.00
 #1160
 M-C

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All Cities and Town in Lake County, Indiana or The City of Gary are included as Additional Insured with regards to the General Liability, Auto Liability and Umbrella Policies, as respects the operations of the Insured. Additional Insured status is subject to written contract requirements.

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| GES3091 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| All Cities and Towns in Lake County, Indiana or The City of Gary 401 Broadway, Room 307 Gary, IN 46402 | AUTHORIZED REPRESENTATIVE <i>Frank G. Jacobs</i> |

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