



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
7/28/2023

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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive Suite 500 St. Louis MO 63131 License#: BR-724491		CONTACT NAME: Charleen Sudholt PHONE (A/C, No, Ext): 314-800-2210 E-MAIL ADDRESS: Charleen_Sudholt@ajg.com PRODUCER CUSTOMER ID #:		FAX (A/C, No): 866-204-5979
INSURED Walsh Service Solutions, LLC 5706 Saddle Club Dr Kalamazoo MI 49009-9737		INSURER(S) AFFORDING COVERAGE		
		INSURER A: Evanston Insurance Company		NAIC # 35378
		INSURER B: Liberty Mutual Insurance Company		23043
		INSURER C: Hanover Insurance Company		22292
		INSURER D: Atlantic Casualty Insurance Company		42846
		INSURER E: Allied World Assurance Co (USA) Inc.		19489
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1973631098

EXPIRATION 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 ENDORSEMENTS AND CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	HULL AND MACHINERY <input type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY			2759000023-0	3/1/2023	5/1/2024	PER SCHEDULE ON FILE INSURED VALUE \$ COLLISION (Ea occurrence) \$ TOWERS (Ea occurrence) \$ \$	
D	PROTECTION AND INDEMNITY <input type="checkbox"/> CREW LIABILITY <input type="checkbox"/> JONES ACT <input type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY <input checked="" type="checkbox"/> REMOVAL OF WRECK <input type="checkbox"/> IN REM			2759000023-0	3/1/2023	5/1/2024	PER CLUB RULES <input checked="" type="checkbox"/> EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000 COLLISION (Ea occ), CSL \$ TOWERS (Ea occ), CSL \$ REMOVAL OF WRECK (Ea occurrence) \$ 10,000 \$ \$ \$	
A	POLLUTION LIABILITY <input type="checkbox"/> OPA 90 <input type="checkbox"/> CERCLA <input type="checkbox"/> NON-OPA / NON-CERCLA <input checked="" type="checkbox"/> Contractors	Y		MKLV3ENV103675	2/19/2023	2/19/2024	EA OCCURRENCE \$ 1,000,000 General Aggregate \$ 2,000,000 Transportation \$ 1,000,000 Non-Own Disposal Site \$ 1,000,000 Crisis/Emer/Def \$ 250,000	
	MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> ALTERNATE EMPLOYER INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGERS <input type="checkbox"/> JONES ACT <input type="checkbox"/> DEATH ON THE HIGH SEAS <input type="checkbox"/> IN REM ENDORSEMENT		N/A				ANY ONE PERSON \$ ANY ONE ACCIDENT \$ \$ \$ \$ \$ \$	
A C	Professional Liability Inland Marine Eq. Floater	Y		MKLV3ENV103675 IHC J37675400	2/19/2023 4/8/2023	2/19/2024 4/8/2024	General Agg. \$ 2,000,000 Each Claim \$ 1,000,000 Leased/Rented Equip. \$ 500,000	

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Chris R. Parra

COVERAGES

CERTIFICATE NUMBER: 1973631098

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 MARINE GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MKL3ENV103675	2/19/2023	2/19/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP / OP AGG \$ 2,000,000 \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input checked="" type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A	Y	WC533SB21R2D013	2/19/2023	2/19/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. DISEASE (Ea accident) \$ 1,000,000 E.L. DISEASE (Ea employee) \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$	
	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. DISEASE (Ea accident) \$ E.L. DISEASE (Ea employee) \$ E.L. DISEASE - ANN AGG \$ \$	
	AIRCRAFT LIABILITY <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
A E	UMBRELLA / EXCESS LIAB / BUMBERSHOOT <input type="checkbox"/> UMBRELLA <input type="checkbox"/> BUMBERSHOOT <input checked="" type="checkbox"/> EXCESS CLAIMS MADE <input checked="" type="checkbox"/> OCCUR DED <input type="checkbox"/> RETENTION \$	Y	Y	MKL3EX101152 03131055	2/19/2023 6/2/2023	2/19/2024 2/19/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ Each Occurrence \$ 10,000,000 Aggregate \$ 10,000,000	
	ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						CSL, ANY ONE OCCURRENCE (100% interest) \$ ANY ONE OCCURRENCE (100% interest) \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ \$ AGGREGATE \$	
VESSEL(S):		AS PER ATTACHED SCHEDULE			AS DETAILED IN THE DESCRIPTION OF OPERATIONS			

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

It is hereby understood and agreed that the certificate holder is named as an additional insured as respects General Liability. Rights of subrogation waived as respects General Liability and Workers Compensation coverage. Policies are primary and non-contributory. All are as required by written contract.

Umbrella sits over Auto policy and Employers Liability policy.