



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
2/24/2026

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).

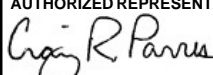
PRODUCER Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive Suite 500 St. Louis, MO, 63131	CONTACT NAME: Charleen Sudholt PHONE (A/C, No, Ext): 314-800-2210 E-MAIL ADDRESS: Charleen_Sudholt@ajg.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): 866-204-5979
	INSURER(S) AFFORDING COVERAGE	
INSURED Walsh Service Solutions 5706 Saddle Club Dr Kalamazoo, MI, 49009-9737	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B: Liberty Mutual Insurance Company	23043
	INSURER C: Hanover Insurance Company	22292
	INSURER D: Navigators Insurance Company	42307
	INSURER E: Markel American Insurance Company	28932
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1550555828 **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 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 END CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
E	HULL AND MACHINERY <input type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY			9CE6402-0	7/9/2025	7/9/2026	X	PER SCHEDULE ON FILE INSURED VALUE \$ COLLISION (Ea occurrence) \$ TOWERS (Ea occurrence) \$ \$
E	PROTECTION AND INDEMNITY <input type="checkbox"/> CREW LIABILITY <input type="checkbox"/> JONES ACT <input type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY <input type="checkbox"/> REMOVAL OF WRECK <input type="checkbox"/> IN REM			9CE6402-0	7/9/2025	7/9/2026	X	PER CLUB RULES EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000 COLLISION (Ea occ), CSL \$ TOWERS (Ea occ), CSL \$ REMOVAL OF WRECK (Ea occurrence) \$ \$ \$ \$
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	Y	MKLV3ENV105742	2/19/2026	2/19/2027		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"/> FEM <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 \$ \$ \$ \$ \$
C A D	Professional Liability Inland Marine Equipment Floater Ocean Cargo	Y		IHC J376754-03 MKLV3ENV105742 CH25CARR0007801	2/19/2026 2/19/2026 4/26/2025	2/19/2027 2/19/2027 4/26/2026		General Agg. \$ 2,000,000 Each Claim \$ 1,000,000 CE -Light Towers \$ As Scheduled

CERTIFICATE HOLDER **CANCELLATION**

For Informational Purposes	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2026

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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	CONTACT NAME: Christy Laiben PHONE (A/C No. Ext): 314-800-2272 E-MAIL ADDRESS: Christy_Laiben@ajg.com		FAX (A/C, No): 866-203-7406
	INSURER(S) AFFORDING COVERAGE		
INSURED Walsh Service Solutions LLC 5706 Saddle Club Dr Kalamazoo MI 49009-9737	INSURER A : Evanston Insurance Company	NAIC # 35378	
	INSURER B : Liberty Mutual Insurance Company	23043	
	INSURER C : Hanover Insurance Company	22292	
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 621162380 **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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MKLV3ENV105742	2/19/2026	2/19/2027	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV3EEK102	2/19/2026	2/19/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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		WC531SB21R2D015	2/19/2026	2/19/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine Equipment Floater			IHC J376754-03	2/19/2026	2/19/2027	CE Limit Unscheduled Per Schedule \$25,000

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Professional Liability and Pollution Liability included within General Liability \$1,000,000 Limit.
 RE: 2009 Lobells Cabin Motorboat LOA115761909

CERTIFICATE HOLDER For Informational Purposes	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

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
02/27/2026

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This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER STATE FARM INS 4644 WEST MAIN ST KALAMAZOO MI 49006	CONTACT NAME: KORY WAGONMAKER PHONE (A/C, No, Ext): 269-488-4900 FAX (A/C, No): 269-216-4330												
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:												
INSURED WALSH SERVICE SOLUTIONS LLC 5706 SADDLE CLUB DR KALAMAZOO MI 49009	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :	
INSURER(S) AFFORDING COVERAGE	NAIC #												
INSURER A :													
INSURER B :													
INSURER C :													
INSURER D :													
INSURER E :													

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2026	MAKE / MANUFACTURER GMC	MODEL K1500	BODY TYPE PICKUP	VEHICLE IDENTIFICATION NUMBER 3GTUUEDT7G120000
DESCRIPTION		VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	C99 9105-F07-22	12/07/2025	06/07/2026	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1 MM
						BODILY INJURY (Per accident)	\$ 1 MM
						PROPERTY DAMAGE	\$ 1 MM
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input type="checkbox"/> VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
NAME AND ADDRESS OF ADDITIONAL INTEREST	LOAN / LEASE NUMBER
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.	

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