

OP ID: LIM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2023

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 | SUI | BROGATION IS WAIVED, subject ertificate does not confer rights to | to th | ne tei | rms and conditions of th | ne polic ich end | cy, certain po lorsement(s) | olicies may i | • | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------|---------------|-------------------------------------------|-----------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------|----|----------|-----------|
| PRODUCER 410-821-1995 | | | | | | CONTACT Lisa Imbraguglio | | | | | | |
| DANA Ins. and Risk Mgmt. 9-B West Ridgely Rd., #100 | | | | | | | PHONE (A/C, No, Ext): 410-821-1995 FAX (A/C, No): 410-82 | | | | | 1-1997 |
| Timonium, MD 21093-5113 Lisa Imbraguglio | | | | | | E-MAIL ADDRESS: Lisa@dana-ins.com | | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | |
| | | | | | | | INSURER A: Century Surety Company - 36951 | | | | | l |
| INSURED Webb Environmental LLC 345 Woodward Road, #822 Westminster, MD 21158 | | | | | | | INSURER B : Star Insurance Company | | | | | |
| | | | | | | | INSURER C: | | | | | |
| | | | | | | | INSURER D : | | | | | |
| | | | | | | | INSURER E : | | | | | |
| | | | | | | | INSURER F: | | | | | l |
| 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 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 | SR TYPE OF INSURANCE ADDL SUBR | | | POLICY NUMBER | POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS | | | | | | | |
| A | Х | COMMERCIAL GENERAL LIABILITY | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | EACH OCCURRENCE | | \$ | 2,000,000 |
| | | CLAIMS-MADE X OCCUR CCP112997 | | CCP1129976 | | 03/30/2023 | 03/30/2024 | DAMAGE TO RENTED PREMISES (Ea occurrer | | \$ | 100,000 | |
| | Х | Contractors | | | | | | | MED EXP (Any one pers | | \$ \$ | 10,000 |

| LTR | LTR TYPE OF INSURANCE | | | WVD | D POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIN | | | <u>s</u> | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----|-----|-----------------------------------------------|------------|-----------------|-------------------------------------------|--------|--------|
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ 2,0 | 00,000 |
| | | CLAIMS-MADE X OCCUR | | | CCP1129976 | 03/30/2023 | 03/30/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1 | 00,000 |
| | Χ | Contractors | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | Pollution | | | | | | PERSONAL & ADV INJURY | \$ 2,0 | 00,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,0 | 00,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,0 | 00,000 |
| | | OTHER: | | | | | | | \$ | |
| | AU1 | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION\$ | | | | | | | \$ | |
| В | AND EMBLOVEDS! LIABILITY | | | | | | | PER X OTH- | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N | | | | WC0868522 | 03/30/2023 | 03/30/2024 | E.L. EACH ACCIDENT | \$ 1,0 | 00,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,0 | 00,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,0 | 00,000 |
| Α | Pro | fessional | | | CCP1129976 | 03/30/2023 | 03/30/2024 | Per Claim | 1,0 | 00,000 |
| | Lial | bility | | | | | | Aggregate | 2,0 | 00,000 |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| | | | (,- | | | | x00 10 10 quill | , | | |
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| I | | | | | | | | | | |

| CERTIFICATE HOLDER | 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. |
| Evidence of Coverage | AUTHORIZED REPRESENTATIVE Lisa Imbraguglio |