



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 CN132297150-GPRS-Poll-22-24	CONTACT NAME: Brittany (Hull) Tighe PHONE (A/C, No, Ext): 615-336-8183 E-MAIL ADDRESS: Brittany.Tighe@Marsh.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Phoenix Insurance Company INSURER B: Travelers Property Casualty Company of America INSURER C: Allied World Surplus Lines Insurance Company INSURER D: Federal Insurance Company INSURER E: INSURER F:
INSURED Ground Penetrating Radar Systems, LLC 1901 Indian Wood Circle Maumee, OH 43537	NAIC # 25623 25674 24319 20281

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	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"/> Contractual Liability per <input checked="" type="checkbox"/> policy terms & conditions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			P-630-2S002435-PHX-23	05/02/2023	05/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OH & WS Stop Gap \$ \$1M Occ/\$2M Agg
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			810-1S936732-23-43	05/02/2023	05/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Ded. Comp & Coll \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-2S012139-23-43	05/02/2023	05/02/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-1S972860-23-43-G (SEE ACORD 101 FOR STATES)	05/02/2023	05/02/2024	<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
C	Pollution Liability			03138181	05/02/2023	05/02/2024	Each Claim/Agg (Ded.: \$100K) 10,000,000
D	Crime-Employee Theft&3rd Party			82618644	07/01/2022	07/01/2023	Limit (SIR: \$10K) 3,000,000

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.

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA LLC.		NAMED INSURED Ground Penetrating Radar Systems, LLC 1901 Indian Wood Circle Maumee, OH 43537
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

CONTINUED FROM DESCRIPTION SECTION:

Contractors Equipment

Insurer Affording Coverage: Ascot Insurance Company (NAIC # 23752)

Policy Number: IMMA2310001351-02

Effective Date: 05/02/2023

Expiration Date: 05/02/2024

TIV: \$28,774,310

Max Per Occurrence: \$10,000,000

Deductible: 2% of TIV subject to a minimum of \$2,500 except theft/VMM \$5,000

Rented and Leased Equipment from Others: \$500,000 Limit

Other deductibles may apply per policy terms and conditions.

Professional Liability

Insurer Affording Coverage: Allied World Surplus Lines Insurance Company (NAIC # 24319)

Policy Number: 0313-8124

Effective Date: 05/02/2023

Expiration Date: 05/02/2024

Limit: \$5,000,000

Deductible: \$250,000

With respect to General Liability, Auto Liability, Workers Compensation, and Umbrella Liability, Insurance Company will provide 30 days advance notice of cancellation for any reason except nonpayment of premium to the certificate holder as required by written contract with the Insured.

Workers Compensation/Employers Liability Policy # UB-1S972860-23-43-G covers states: AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,MI,MN,MO,MS,NC,NE,NH,NJ,NM,NV,NY,OK,OR,PA,RI,SC,TN,TX,UT,VA,WI

Other States:

ME,MT,SD,VT,WV

Cyber

Insurer Affording Coverage: ACE American Insurance Company (NAIC # 22667)

Policy Number: D97202242

Effective Date: 05/02/2023

Expiration Date: 05/02/2024

Limit: \$5,000,000

SIR: \$100,000