ACORD [®] CERTIFICATE OF LIABILITY INSURANCE										
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, AND T	IVELY	OR NEGATIVELY AMI NCE DOES NOT COM	END, EXTEND	OR ALTE	R THE CO	VERAGE AFFORDED	BY THE			
IMPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject	to	the terms and condition	ons of the po	•		•				
this certificate does not confer rights to th	e cerui	icate noider in lieu of such	CONTACT		<u>_</u>		·			
on Risk Services South, Inc.			PHONE PHONE C. No. Ext): (866) 283-7122 [AC. No.): (800) 363-0105							
Atlanta GA Office 3550 Lenox Road NE				E-MAIL ADDRESS:						
vite 1700		ADDRES	ADDRESS:							
itlanta GA 30326 USA				INSURER(S) AFFORDING COVERAGE						
nsurep Danton Hydroblasting, LLC				INSURERA: Navigators Specialty Insurance Company						
				INSURER B: Great Northern Insurance Co.						
9 Commerce Way, Suite B Inford FL 32771 USA			INSURER	INSURERC: Executive Risk Indemnity Inc.						
			INSURER	D: Banke	ers Standa	d Ins Co		18279		
			INSURER	E: Allio	ed world As	surance Company (L	JS) Inc	19489		
			INSURER	r: Marki	el American	Ins Co		28932		
			3191246			VISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PER	QUIREI IAIN, TH	MENT, TERM OR CONDI HE INSURANCE AFFORDED	TION OF ANY	CONTRACT	OR OTHER HEREIN IS SUI	DOCUMENT WITH RESP BJECT TO ALL THE TERMS	РЕСТ ТО			
R TYPE OF INSURANCE	INSD	SUBR POLICY NUI	MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		Mits			
X COMMERCIAL GENERAL LIABILITY	1	54326401	(02/12/2023	02/12/2024	EACH OCCURRENCE		\$2,000,000		
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)		\$300,000		
	_					MED EXP (Any one person)		\$10,000		
	-1					PERSONAL & ADV INJURY		\$2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:		! !				GENERAL AGGREGATE		\$4,000,000		
POLICY X JECT LOC			Í			PRODUCTS - COMP/OP AGG	-+	\$4,000,000		
OTHER:		54326400		02/12/2023	02/12/2024	COMBINED SINGLE LIMIT				
		54520400		01/11/2025		(Ea accident)		\$2,000,000		
X ANY AUTO						BODILY INJURY (Per person)				
AUTOS ONLY		1	ļ			BODILY INJURY (Per accident)				
X HIRED AUTOS X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)				
X UMBRELLA LIAB X OCCUR		03132597		02/12/2023	02/12/2024	EACH OCCURRENCE		\$5,000,000		
EXCESS LIAB	1	SIR applies per	r policy ter	ms & condi	tions	AGGREGATE	-+	\$5,000,000		
DED X RETENTION	-	j j								
WORKERS COMPENSATION AND	+	54326402	{	02/12/2023	02/12/2024	X PER STATUTE	H-			
ANY PROPRIETOR / PARTNER /		{				EL EACH ACCIDENT	-+	\$1,000,000		
EXECUTIVE OFFICER/MEMBER	N/A				1	E.L. DISEASE-EA EMPLOYEE	-{	\$1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below	1	{ }				E.L. DISEASE-POLICY LIMIT	-+—	\$1,000,000		
Contractors Pollution Liabil	i l	MP22ECP3120861	c	02/12/2022	02/12/2024	Aggregate Limit		\$1,000,000		
1		1	1		i i	SIR/Deductible	1	\$25,000		

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	_				A	GENCY	CUSTOMER ID		73581			
AC	Corb		101	NAL RE	KS SCHEDULE Page _ of _							
AGENCY Aon Risk Services South, Inc.						NAMED INSURED Danton Hydroblasting, LLC						
POLICY NUMBER See Certificate Numbe 570098191246												
CARRIER NAIC CODE See Certificate Numbe 570098191246					NC CODE	EFFECTIVE DATE:						
	ITIONAL REMARKS ADDITIONAL REMARKS FOR					+						
	NUMBER: ACORD 25	FORM TIT		Certificate of Li		ance						
INSURER(S) AFFORDING COVERAGE							NAIC #					
INSU	RER											
INSU:												
INSU	RER					_						
INSU	RER	<u></u>				_						
AD	DITIONAL POLICIES			does not include or policy limits.	e limit infor	nation	, refer to the cor	responding policy	on the ACORD			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY NUMBER		POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
	EXCESS LIABILITY						<u>(MM/DD/TTTY)</u>					
F I				MKLM1EUE100	759		02/12/2023	02/12/2024	Aggregate	\$1,000,000		
							1		Each Occurrence	\$1,000,000		
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