

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2023

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).

001/554.050	OFFICIOATE MUMPED, W20752220	DEMOLON NUMBER			
		INSURER F:			
		INSURER E :			
Saint Louis, MO 63146		INSURER D :			
1830 Craig Park Court		INSURER C: Concinental insulance company	35289		
Core & Main LP		INSURERC: Continental Insurance Company	35289		
INSURED		INSURER B: Willis Submission Carrier	GENRC		
		INSURERA: ACE American Insurance Company	22667		
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE	NAIC#		
P.O. Box 305191		E-MAIL ADDRESS: certificates@willis.com			
Willis Towers Watson Northeast, c/o 26 Century Blvd		PHONE 1-877-945-7378 FAX (A/C No): 1-	888-467-2378		
PRODUCER		CONTACT Willis Towers Watson Certificate Center			

<u>(</u>	COVERAGES	CERTIFICATE NUM	BER: W29753229		REVISION	NUMBER:	
	THIS IS TO CERTIFY	THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE BEEN	I ISSUED TO THE	INSURED NAMED A	BOVE FOR THE POLICY PE	RIC
	INDICATED NOTWI	THSTANDING ANY REQUIREMENT, TER	RM OR CONDITION OF ANY	CONTRACT OR	OTHER DOCUMENT	WITH RESPECT TO WHICH	TH

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		POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 500,00	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence). \$ 500,00	
A	X	SIR Each Occurrence: \$500,000	1					MED EXP (Any one person) \$ 15,00	
					XSL G72949341	08/01/2023	08/01/2024	PERSONAL & ADV INJURY \$ 500,00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 1,500,00	
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG \$ 1,500,00	
		OTHER:						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 2,000,00	
	X							BODILY INJURY (Per person) \$	
В		OWNED SCHEDULED AUTOS			SEE ATTACHED	08/01/2023	08/01/2024	BODILY INJURY (Per accident) \$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
L								\$	
c	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 5,000,00	
`		EXCESS LIAB CLAIMS-MADE			CUE 7039926999	08/01/2023	08/01/2024	AGGREGATE \$ 5,000,00	
		DED RETENTION\$						\$	
1		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-	
В	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [Mandatory in NH]		ANYPROPE	N/A		SEE ATTACHED	08 (01 (2022	/2023 08/01/2024	E.L. EACH ACCIDENT \$ 1,000,00
			N/A		SEE ATTACHED	08/01/2023	06/01/2024	E.L. DISEASE - EA EMPLOYEE \$ 1,000,00	
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,00	
В	Add	ditional Lines of Coverage			SEE ATTACHED	08/01/2023	08/01/2024		

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

CONTRACT: C19-2859-WS Core & Main, LP Sensus Meters & Associated Products EXPIRES:09/16/2024

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
Evidence Only	floly
nvidence only	<u></u>

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BATCH: 3070839

ADDITIONAL COVERAGE SCHEDULE

NAMED INSURED: Core & Main LP

AUTOMOBILE LIABILITY

Policy Effective & Expiration Dates: See Page 1

Limits: See Page 1

POLICY NUMBER	STATE	INSURER(S) AFFORDING COVERAGE		
ISA H25562847	All Other States	ACE American Insurance Company		

WORKERS COMPENSATION & EMPLOYERS LIABILITY Policy Effective & Expiration Dates: See Page 1 Limit: See Page 1			
POLICY NUMBER	STATE	INSURER(S) AFFORDING COVERAGE	
WLR C70305069	All Other States	ACE American Insurance Company	
SCF C70305100	Wisconsin	ACE Fire Underwriters Insurance Company	

EXCESS LIABILITY Policy Effective & Expiration Dates: 08/01/2022-08/01/2023				
POLICY NUMBER	TYPE OF INSURANCE	LIMITS	INSURER(S) AFFORDING COVERAGE	
140001151	Excess Automobile Liability	*\$3M xs \$2M	QBE Specialty Insurance Company	
MKLM6MM50000066	Excess General Liability	*\$5M xs Primary GL	Markel American Insurance Company	

^{*}Umbrella Liability policy on page 1 applies after and in addition to Excess Automobile and Excess General Liability policy limits, respectively.