



CERTIFICATE OF LIABILITY INSURANCE

XSUGHEETER

DATE (MM/DD/YYYY)
5/1/2023

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).

PRODUCER	CONTACT Gwyn Heeter				
AssuredPartners of SC, LLC DBA Bynum Insurance 1170 Wilson Hall Road	PHONE (A/C, No, Ext): (803) 795-4656	FAX (A/C, No):			
Sumter, SC 29150	E-MAIL ADDRESS: gwyn.heeter@assuredpartners.com				
	INSURER(S) AFFORDING COVER	RAGE NAIC #			
	INSURER A: Hartford Fire Insurance Co				
INSURED	INSURER B: Trumbull Insurance Co	27120			
Powerhouse Recycling Inc.	INSURER C: Hartford Casualty Insurance Co				
220 Ryan Patrick Dr.	INSURER D :				
Salisbury, NC 28147-5619	INSURER E:				
	INSURER F:				

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.

		DSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				······	,, <u>,</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	22UENAE8889	5/1/2023	5/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	22UENBI5891	5/1/2023	5/1/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			22XHUAE6246	5/1/2023	5/1/2024	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000							\$	
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	22WBAG7K9G	5/1/2023	5/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The following officers are excluded from Workers Compensation coverage: Christin Kennedy, President and Michael Kennedy, Vice-President.

Insured premises: Location 1: 220 Ryan Patrick Dr., Salisbury, NC 28147 and Location 2: 1325 Litton Dr., Salisbury, NC 28147

Certificate holder is included as additional insured as pertains to the general liability and auto liability when required by written contract only where their interests may apply. Coverage is primary and noncontributory. Waiver of subrogation applies to the general liability, auto liability, and workers compensation when required by written contract. Umbrella follows form.

CERTIFICATE HOLDER	CANCELLATION		
Powerhouse Recycling Inc. 220 Patrick Ryan Dr. Salisbury, NC 28147	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Canabary, NO 20147	AUTHORIZED REPRESENTATIVE Malajae		

ACORD 25 (2016/03)

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY ASSURED PARTIES OF SC, LLC DBA Bynum Insurance		NAMED INSURED Powerhouse Recycling Inc. 220 Ryan Patrick Dr. Salisbury, NC 28147-5619 Rowan
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Employment Practices Liability

Policy #22KB0410468

Insurer: Twin City Fire Insurance Co., NAIC 36056

Term: 10/13/2022-10/13/2023 Aggregate limit \$1,000,000 Each Incident limit \$1,000,000

Pollution Liability

Policy #NY21ESPZ09TR3IC

Insurer: Navigators Specialty Insurance Co., NAIC 36056

Term: 11/2/2021-11/2/2024 Aggregate limit \$5,000,000 Each Incident limit \$5,000,000

Cyber Liability

Policy #MR22PTLZ09LE2IC

Insurer: Navigators Specialty Insurance Co., NAIC 36056

Term: 11/6/2022-11/6/2023 Aggregate limit \$1,000,000 Each Incident limit \$1,000,000

Professional Liability

Policy #MR22PTLZ09LE2IC

Insurer: Navigators Specialty Insurance Co., NAIC 36056

Term: 11/6/2022-11/6/2023 Aggregate limit \$1,000,000 Each Incident limit \$1,000,000