

AHBTOOL-01

CERTIFICATE OF LIABILITY INSURANCE

KDEVITO

DATE (MM/DD/YYYY) 12/30/2021

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.

lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subject s certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain ı	policies may				
PRODUCER						CONTACT NAME:					
Gregory & Appel Insurance 1402 N Capitol Suite 400					PHONE (A/C, No, Ext): (317) 634-7491 FAX (A/C, No): (317) 634-66				634-6629		
ndianapolis, IN 46202					E-MAIL ADDRESS: corp@gregoryappel.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Selective Insurance				12572	
INSURED					INSURER B : Accident Fund Insurance Company of America				10166		
AHB Tool & Machinery LLC					INSURER C:						
	15300 Martin Rd		INSURER D:								
	Roseville, MI 48066				INSURER E:						
					INSURE	RF:					
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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			S2461069		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC	G \$	2,000,000	
	OTHER:							EMPLOYEE BENEF	\$	2,000,000	
Α	ALITOMOBILE LIABILITY							COMBINED SINGLE LIMIT	4	1,000,000	

<u>(Ea accident)</u> S2461069 1/1/2022 1/1/2023 ANY ALITO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 1,000,000 X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** S2461069 1/1/2022 1/1/2023 Х **EXCESS LIAB** CLAIMS-MADE AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE WCV6216202 1/1/2022 1/1/2023 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT Ν N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured with respects to General Liability as defined in CG7300 (includes waiver of subrogation and primary & non-contributory), Blanket Additional Insured with respects to Auto Liability as defined in CA7809 (includes waiver of subrogation), Blanket Waiver of Subrogation with respects to Workers Compensation as defined in WC000313, according to the terms, conditions and exclusions within the policy.

CERTIFICATE HOLDER	CANCELLATION
For Information Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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