



HEPAENV-01

JCZYRBA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2017

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 The Fedeli Group 5005 Rockside Road, Fifth Floor Independence, OH 44131	CONTACT NAME: Jennifer Czyrba	
	PHONE (A/C, No, Ext): 277 FAX (A/C, No): (216) 643-6656	
	E-MAIL ADDRESS: JCzyrba@thefedeligroup.com	
INSURED Union Abatement Company 13581 W Spring St Burton, OH 44021	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Homeland Insurance Company of New York	34452
	INSURER B: Cincinnati Insurance Company	10677
	INSURER C:	
	INSURER D:	
	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.

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			7930060110000	03/17/2017	05/10/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	<input checked="" type="checkbox"/> Pollution/Profession		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Deductible: \$5,000		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Pollution/Prof \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			ENP 0192759	05/10/2016	05/10/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	OH Stop Gap			7930060110000	03/17/2017	05/10/2018	Acc/Employee/Policy 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

PROOF 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.

AUTHORIZED REPRESENTATIVE

Ohio Department of Insurance

John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director

Surplus Lines Statement



PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

Jennifer L. Czyrba acknowledges that he/she is a duly licensed full multiple line agent currently licensed with insurance companies, other than life, authorized to do business in Ohio or he/she is a duly licensed surplus line broker pursuant to section 3905.30 of the Ohio Revised Code and that after due diligence, he/she is unable to procure the insurance policy described below from insurers authorized to do business in Ohio to which he/she is a licensed agent.

Property or risk to be insured: General/Pollution Liability

He/she acknowledges that he/she has complied with the applicable requirements of due diligence as set forth in section 3905.33 of the Ohio Revised Code, and has explained to the insured the meaning of the signed statements prior to binding coverage and received declinations for the reasons set forth below from the following authorized insurer(s) to which he/she is so licensed and which are known to him/her to customarily write the kind of insurance described above.

INSURERS	REASONS
1. <u>Westfield Insurance Company</u>	<u>Underwriting</u>
2. <u>Cincinnati Insurance Company</u>	<u>Underwriting</u>
3. <u>Travelers Insurance Company</u>	<u>Underwriting</u>
4. <u>Zurich Insurance Company</u>	<u>Underwriting</u>
5. <u>Hartford Insurance Company</u>	<u>Underwriting</u>

Jennifer L. Czyrba
Signature of Surplus Line Broker or Originating Agent

PART 2. SIGNED STATEMENT OF INSURED AS REQUIRED BY SECTION 3905.33 OF THE OHIO REVISED CODE

The named insured Union Abatement Company, acknowledges that the insurance policy (other than life insurance) as described above is to be placed with an insurance company not authorized to do business in Ohio. The insured understands that the insurance company is not a member of the Ohio Insurance Guaranty Association and that Chapter 3955 of the Ohio Revised Code is not applicable to claimants or insureds of said insurance company. The surplus line broker shall collect the Ohio tax of five percent of the amount of the premium for the insurance policy at the time the insurance policy is delivered to the insured.

Signature of Insured: _____

Date: _____

enviro@vantage Binder

DATE March 20, 2017

INSURED UNION ABATEMENT COMPANY

EFFECTIVE DATE March 17, 2017

EXPIRATION DATE May 10, 2018

QUOTE 1991992-1

POLICY NUMBER 793-00-60-11-0000

IN PARTNERSHIP WITH THE FEDELI GROUP, INC
5005 ROCKSIDE RD # 500
INDEPENDENCE, OH 44131

UNDERWRITER Justin A Crawford
Underwriter

OneBeacon Environmental
SUITE 600
188 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112

UNDERWRITING COMPANY Homeland Insurance Company of New York
1000 Woodbury Road, Suite 403
Woodbury, NY 11797

Coverage
Limits of Insurance Deductible
Policy Aggregate Limit
\$2,000,000
Commercial General Liability Coverage Part
\$5,000 Each Occurrence

Each Occurrence Limit

\$1,000,000

General Aggregate Limit (other than Products/Completed Operations)

\$2,000,000

Products/Completed Operations Aggregate Limit

\$2,000,000

Personal and Advertising Injury (any one person or organization)

\$1,000,000

Damage to Premises Rented to You Limit (any one premises)

\$50,000

Medical Expenses Limit (any one person)

\$5,000
Contractors Environmental Liability Coverage Part

(Each Pollution Condition)

Contractors Pollution Liability

\$1,000,000 \$5,000 Each Pollution Condition

Transportation Pollution Liability

\$1,000,000 \$5,000 Each Pollution Condition

Non-Owned Disposal Site Liability (Claims-Made)

\$1,000,000 \$10,000 Each Pollution Condition

Short-Term Environmental Premises Liability

Not Covered
Professional Services Liability Coverage Part

(Each Professional Services Wrongful Act Limit)

Professional Services Liability (Claims-Made)

\$1,000,000 \$5,000 Each Claim
Premium
\$2,939
Terrorism Premium (additional premium)
\$78
Minimum Earned Premium
25%

Coverage Basis

Premium Basis \$200,000 (estimated revenue)

Rate Flat/Not Auditable

Retroactive Date(s)

Professional Services Liability	March 17, 2017
Non-Owned Disposal Site Liability	March 17, 2017

Coverage Subjectivities

The following items are required **Prior to Binding**:

The following items are required **within thirty(30) days of binding**:

1. All received....thanks!

Coverage Terms and Conditions

1. The premium amount in this binder does not include any taxes and fees. The producer is responsible in ensuring all taxes and fees applicable to the policy are collected and paid. Homeland Insurance Company of New York is a non-admitted company in the state where the insured is domiciled.
2. **Please review this binder carefully.** Terms and conditions may differ from those requested by you or in your submission or quotes previously issued by us. We shall not be obligated to provide coverages that may have been requested by you or listed in your submission.
3. We reserve the right to amend this binder based on receipt and satisfactory review of any additional underwriting information.

Coverage Forms

4 VIL 100 NA 10 98
IL P 001 01 04
OBENV CE 321 11 15

OBENV GE 001 02 11
OBENV GE 213 06 12
OBENV GE 301 02 11

OBENV GE 304 02 11

OBENV GE 319 02 11
OBENV GE 320 04 11

OBENV GE 402 04 14
OBENV GE 408 08 16
OBENV GL 001 02 11
OBENV GL 101 10 12
OBENV GL 302 02 11
OBENV GL 307 02 11

OBENV GL 319 07 13
OBENV TR 401 01 15
ASC 00 10 01 98

ASC 00 11 01 98

COMMON POLICY DECLARATIONS

U.S. TREASURY DEPT OFFICE OF FOREIGN ASSETS NOTICE

INSURED'S REAL PROPERTY EXCLUSION AMENDMENT - TEMPORARY STORAGE OF ASBESTOS FORM YOUR WORK

COMMON POLICY DECLARATIONS PREMIUM STATEMENT

PRIOR OPERATIONS EXCLUSION

ADDL INS - OWNERS, LESSEES OR CONTRACTORS - SCH PERSON FRM I

SCHEDULE: Any person or organization for which the Named Insured has agreed to provide insurance prior to loss as provided by this policy but only to the scope of insurance agreed to by the Named Insured.

ADDL INS - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OP

SCHEDULE: Any person or organization for which the Named Insured has agreed to provide insurance prior to loss as provided by this policy but only to the scope of insurance agreed to by the Named Insured.

PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

WAIVER TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

SCHEDULE: Any person or organization for which the Named Insured has agreed to provide insurance prior to loss as provided by this policy but only to the scope of insurance agreed to by the Named Insured.

ENVIRONMENTAL CLAIMS REPORTING NOTICE

SERVICE OF SUIT

LIABILITY COVERAGE PART DECLARATIONS

COMMERCIAL GENERAL LIABILITY COVERAGE FORM I

EMPLOYEE BENEFITS LIABILITY COVERAGE ENDORSEMENT

STOP GAP - EMPLOYERS LIABILITY COVERAGE ENDT - OHIO

LIMITS: Bodily Injury by Accident - \$1,000,000 Each Accident; Bodily Injury by Disease - \$1,000,000 Aggregate Limit; Bodily Injury by Disease - \$1,000,000 Each Employee

ADDITIONAL SUPPLEMENTARY PAYMENTS LIMIT - CPL-TPL-PL

EXCL- OTHER ACTS OF TERRORISM; CAP ON CERTIFIED LOSSES

Policy Change 1 - OBENV GE 343(10 16) REPRESENTATION AND INCORPORATION OF THE APP AMEND ENDT

Schedule 1 - LIST OF COMMON DEC FORMS

Commission

18.00%

Commission is included in the quoted premium.

Payment Terms

Please remit premium payment net of commission within forty-five (45) days. Failure to remit payment will result in a cancellation notice issued for non-payment of premium.

Audits and Endorsements are due in full.

Several ways to pay:

Online (Agency Bill Web Pay) and by telephone.

To enroll, please email agencylicensing@onebeacon.com or call 1-888-248-5788.

Payments can also be mailed to:

OneBeacon Insurance Group
Agency Receivables C2-45
150 Royall Street, Canton, MA 02021-1030

Billing questions? Please call 1-888-248-5788 for assistance.

Notice Regarding Electronic Delivery of Policies

In an effort to service your business more efficiently and to help our environment, some OneBeacon insurance policies may be issued and delivered in an electronic format. If electronic delivery of this policy is available and you and OneBeacon agree to deliver this policy electronically, you must have the Insured's consent in writing to this manner of delivery. If your client has not consented in writing to electronic delivery of the policy or you have any difficulty printing the policy for physical delivery to your client, please contact us and a printed policy will be sent via regular mail.

We expect that you will, if applicable, retain your Client's written consent to electronic delivery of insurance documents during the period of time you provide insurance services to your Client. If your email changes, you should notify us of such change in writing. OneBeacon reserves the right to provide you with paper, if necessary (instead of electronic versions), which will be mailed to the address we have on file for you.