| CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE PR BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTH 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 en if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policics may require an endorsement. A stater this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Lockton Companies 44W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 INSURED INSURER S. Company INSURER S. Company INSURER S. Company INSURE TOLIN MECHANICAL SYSTEMS COMPANY INSURER B : Great American Insurance Company INSURER D INSURER D INSURER D INSURER D INSURER D INSURER D INSURER C INSURER C COMPANY INSURER D INSURER C INSURER P COVERAGES MECSEDI CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER: XXXX THIS IS TO CERTIFICATE NUMBER: 14273809 REVISION NUMBER REVISION | dd/yyyy) 019 | | |
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| If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A stater this certificate holder in lieu of such endorsement(s). PRODUCER_Lockton Companies Contract 444 W. 47th Street, Suite 900 NAME: Kansas City MO 64112-1906 FAX INSURED Insurer(s) ArForDING coverage 1304803 TOLIN MECHANICAL SYSTEMS COMPANY 1304803 INSURER C : DENVER CO 80239 INSURER E : INSURER F : INSURER C : INSURER D. INSURER F : COVERAGES MECSE01 CERTIFICATE NUMBER: 14273809 THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INSURER F : INSURER D. NAMED ABOVE FOR THE POLICY NMAY PERTIANT. HE INSURANCE AFFORDED BY THE POLICY BO STREED MEREIN IS SUBJECT TO WHICE INSURER T : INSURANCE INSTRUCE AND WAY | | | |
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| B X UMBRELLA LIAB X OCCUR N N TUU0189267-09 4/1/2019 4/1/2020 EACH OCCURRENCE \$ 25,000 AGGREGATE CLAIMS-MADE CLAIMS-MADE V </td <th>,000</th> | ,000 | | |
| A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND FMPOPRETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A N RWD3001476 4/1/2019 4/1/2020 X PER DESCRIPTION OF OPERATIONS below 0TH- EL. EACH ACCIDENT E.L. EACH ACCIDENT \$ 1,000,0 If yes, describe under DESCRIPTION OF OPERATIONS below Image: Comparison of the period operation operation of the period operation operat | 000 | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | |
| CERTIFICATE HOLDER CANCELLATION | | | |
| 14273809 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
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