

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/19/2023

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).

this certificate does not come rights to the certificate holder in hed of such endorsement(s).					
PRODUCER	CONTACT NAME:				
Aon Risk Services Northeast, Inc. New York NY Office	PHONE (A/C. No. Ext):	8662837122	FAX (A/C. No.): (800) 363-01	05	
One Liberty Plaza 165 Broadway, Suite 3201	E-MAIL ADDRESS:				
New York NY 10006 USA		INSURER(S) AFFORDING COVE	NAIC#		
INSURED	INSURER A:	Zurich American Ins Co	16535		
ATI Restoration, LLC & all subsidiaries 3360 E La Palma Ave	INSURER B:	Everest Indemnity Insu	rance Company	10851	
Anaheim CA 92806 USA	INSURER C:				
	INSURER D:				
	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 570103118273 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,

INCD	Limits shown are as requested								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	х	COMMERCIAL GENERAL LIABILITY			EF1ML00149231	08/01/2023	08/01/2024	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						Deductible	\$25,000
Α	AUT	OMOBILE LIABILITY			BAP-4446642-05	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	x	ANYAUTO						BODILY INJURY ( Per person)	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	Х	AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		UNET USE STATE							
В	х	UMBRELLA LIAB X OCCUR			EF1CU00103231	08/01/2023	08/01/2024	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED RETENTION	İ						
Α		RKERS COMPENSATION AND PLOYERS' LIABILITY			WC444664105	08/01/2023	08/01/2024	X PER STATUTE OTH-	
		PROPRIETOR / PARTNER /	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Ma	ndatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
В	Со	ntractors Pollution Liabil			EF1ML00149231	08/01/2023	08/01/2024	Each Occurence	\$1,000,000
								Deductible Per Occ	\$25,000
								Aggregate	\$2,000,000
DESC	DESCRIPTION OF ODERATIONS / LOCATIONS / VEHICLES /ACORD 464 Additional Parrarks Schodule, may be attached if more cases is required.								

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

See Attached Addendum

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

Aon Risk Services Northeast, Inc.

Harnett County PO Box 65 Lillington NC 27546 USA

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AGENCY CUSTOMER ID:

b: 570000094675



## ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED		
Aon Risk Services Northeast, Inc.	ATI Restoration, LLC & all subsidiaries		
POLICY NUMBER			
See Certificate Numbe 570103118273			
CARRIER	NAIC CODE		
See Certificate Numbe 570103118273		EFFECTIVE DATE:	

## ADDITIONAL REMARKS

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THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER:
                     ACORD 25 FORM TITLE: Certificate of Liability Insurance
                                                                       Subsidiaries List
Restoration Buyer Group Holdings L.P. (Delaware)
New American Technologies, Inc. (California)
ATI Holder, LLC (Delaware)
ATI HoldCo, LLC (Delaware)
ATI IntermediateCo, LLC (Delaware)
ATI Restoration, LLC (Delaware)
Carolina Restoration Services of North Carolina, LLC (North Carolina)
J&M Keystone, Inc. (California)
Mark 1 Restoration Service, LLC (Delaware)
ProCare Solutions, LLC (Tennessee)
Quality First Builders, LLC (Florida)
Lang Enterprises Ltd. Co. (Georgia)
Omni Environmental LLC (New Hampshire)
All County Remediation, LLC (Florida)
Isosceles Holdings, LLC (Delaware)
RT1 Restoration Services, LLC (Delaware)
Cary Reconstruction Company, LLC (Delaware) JFS Construction Group LLC (Delaware)
Emergency Reconstruction, LLC (Delaware)
Emergency Restoration Experts, LLC (Delaware)
Midpoint Construction LLC
SOS Builders, LLC (Delaware)
Venturi National Services, LLC (Delaware)
Empire Construction & Technologies, LLC (Delaware)
Poole's Reconstruction and Restoration, LLC (Delaware)
GraEagle Construction & Development, LLC
Jenkins Enterprises, LLC
Roth Operations, LLC
Comprehensive Risk Services, LLC
Professional Restoration Services, LLC
Kress Restoration
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