



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/17/2025

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 Aon Risk Services Northeast, Inc. Aon Risk Services Northeast, Inc. NY NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): 866-283-7122 FAX (A/C. No.): 800-363-0105		
	E-MAIL ADDRESS:		
INSURED Bureau Veritas National Elevator Inspection Services, Inc. 11971 Westline Industrial Dr., Suite 108 St. Louis MO 63146 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Allianz Global Risks US Insurance Co.		35300
	INSURER B: Hartford Fire Insurance Co.		19682
	INSURER C: Trumbull Insurance Company		27120
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 570117114724** **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. Limits shown are as requested

INSH 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOG OTHER:			USL00159326 SIR applies per policy terms & conditions	01/01/2026	01/01/2027	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							SIR	\$50,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			10 AB 541202 AOS	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Comprehensive Deduct	\$1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$250,000			USL00163326	01/01/2026	01/01/2027	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$1,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TOWNS41200 See State Policy Addendum	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
A	Architects & Engineers Professional			USF00248126 Claims Made SIR applies per policy terms & conditions	01/01/2026	01/01/2027	Each Claim	\$1,000,000
							Aggregate	\$1,000,000
							SIR	\$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of insurance. The Architects & Engineers policy includes coverage for Professional Liability and Contractors Pollution Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

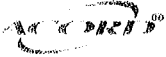
Bureau Veritas National Elevator
Inspection Services, Inc.
11971 Westline Industrial Drive
Suite 108
St. Louis MO 63146 USA

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.

Holder Identifier :

Certificate No : 570117114724



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Bureau Veritas National Elevator	
POLICY NUMBER See Certificate Number: 570117114724			
CARRIER See Certificate Number: 570117114724	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

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

Workers Compensation/Employers Liability

- 10WNS41200 01/01/26-01/01/27 Trumbull Insurance AR,DC,IN,LA,NE,RI,UT
- 10WNS41200 01/01/26-01/01/27 Twin City Fire Insurance Company FL,ND,OH,WA,WY
- 10WNS41200 01/01/26-01/01/27 Hartford Insurance Company of the Midwest AK,ID
- 10WNS41200 01/01/26-01/01/27 Hartford Casualty Insurance Company MO,WV
- 10WNS41200 01/01/26-01/01/27 Nutmeg Insurance Company CT,IL
- 10WNS41200 01/01/26-01/01/27 Hartford Fire Insurance Company NH,OR,PA
- 10WNS41200 01/01/26-01/01/27 Hartford Accident and Indemnity Company AL,GA,KY,MI,MT,NY,TN,VT
- 10WNS41200 01/01/26-01/01/27 Property & Casualty Ins Co of Hartford CA,CO,DE,ME,MN,MS,SC
- 10WNS41200 01/01/26-01/01/27 Hartford Insurance Company of Illinois TX
- 10WNS41200 01/01/26-01/01/27 Hartford Insurance Company of the Southeast KS,MD
- 10WNS41200 01/01/26-01/01/27 Hartford Underwriters Insurance Company AZ,HI,NC,NJ,SD,VA
- 10WNS41200 01/01/26-01/01/27 Sentinel Insurance Company, Limited IA,NM,NV,OK
- 10WBRS41201 01/01/26-01/01/27 Twin City Fire Insurance Company WI
- 10WBRS41201 01/01/26-01/01/27 Sentinel Insurance Company, Limited MA

