AFEDELE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2025

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	CONTACT Amy E. Fedele					
Smith Brothers Insurance, LLC .ocation: 363 South Center St., Windsor Locks, CT 06096	PHONE (A/C, No, Ext): (860) 430-3252 252 FAX (A/C, No):					
Mailing: 68 National Drive, Glastonbury, CT 06033	E-MAIL ADDRESS: afedele@smithbrothersusa.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Great Divide Insurance Company	25224				
NSURED	INSURER B: Key Risk Insurance Company	10885				
NLR Inc., Universal Waste Management Inc.	INSURER C: Nautilus Insurance Co.	17370				
PO Box 680	INSURER D:					
East Windsor, CT 06088	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 SUE	BR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	, , , , , , , , , , , , , , , , , , ,	(MINI/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		GLP2009525	4/30/2025	4/30/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BAP2040242-12	4/30/2025	4/30/2026	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
С	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE		FFX2018018	4/30/2025	4/30/2026	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N N / A					X PER OTH- STATUTE ER	
			WCA2009527 4/30/2025	4/30/2026	E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
-	Pollution liability		SSP2009526	4/30/2025		Per Poll. Condition	1,000,000
С	Pollution liability		SSP2009526	4/30/2025	4/30/2026	Contingent Transport	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 250 Main Street, East Windsor, CT 06088; 256B Main Street, East Windsor, CT 06088 and 8 Craftsman Road, East Windsor, CT 06088

CERTIFICATE HOLDER	CANCELLATION
NLR, Inc. 256 Main Street, Suite B East Windsor, CT 06088	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Last Willuson, OT 00000	AUTHORIZED REPRESENTATIVE