



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/2/2024

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).

|   |  |  |
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| PRODUCER License # 8041621<br>Rue Insurance<br>3812 Quakerbridge Road<br>Hamilton, NJ 08619   |  | CONTACT<br>NAME:<br>PHONE (A/C, No, Ext): (609) 586-7474<br>FAX (A/C, No): (609) 586-3991<br>E-MAIL ADDRESS: clmail@RUEINSURANCE.com |
|   |  | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Nautilus Insurance Company<br>17370  |
|   |  | NAIC #   |
| INSURED<br>Aerotek Environmental, LLC<br>3111 Route 38, #11, Ste. 291<br>Mt. Laurel, NJ 08054 |  | INSURER B: New Jersey Manufacturers Ins. 12122   |
|   |  | INSURER C: New Jersey Casualty Ins. Co. 10732  |
|   |  | INSURER D:   |
|   |  | INSURER E:   |
|   |  | INSURER F:   |

**COVERS** **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        | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                              |              | ECP2035940-13 | 10/2/2024               | 10/2/2025               | EACH OCCURRENCE                           | \$ 1,000,000 |           |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC   |                              |              |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |           |
|          | OTHER:   |                              |              |               |                         |                         | MED EXP (Any one person)                  | \$ 10,000    |           |
|          |  |                              |              |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |           |
|          |  |                              |              |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |           |
| B        | AUTOMOBILE LIABILITY<br>ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                |                              |              | 1103981098    | 10/2/2024               | 10/2/2025               | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |           |
|          | UMBRELLA LIAB  | <input type="checkbox"/>     | OCCUR        |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |           |
|          | EXCESS LIAB  | <input type="checkbox"/>     | CLAIMS-MADE  |               |                         |                         | BODILY INJURY (Per person)                | \$           |           |
|          | DED  | <input type="checkbox"/>     | RETENTION \$ |               |                         |                         | BODILY INJURY (Per accident)              | \$           |           |
|          |  |                              |              |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |           |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y/N | N / A        | M797118       | 10/2/2024               | 10/2/2025               | X PER STATUTE                             | OTHE-ER      |           |
|          |  |                              |              |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 1,000,000 |           |
|          |  |                              |              |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000 |           |
|          |  |                              |              |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000 |           |
|          |  |                              |              |               |                         |                         |   |              |           |
| A        | Professional Liab.   |                              |              | ECP2035940-13 | 10/2/2024               | 10/2/2025               | each claim                                | 1,000,000    |           |
| A        | Pollution/Environmen   |                              |              |               |                         |                         | ECP2035940-13                             | 10/2/2024    | 10/2/2025 |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                       |  |
|-----------------------|--|
| EVIDENCE OF INSURANCE | 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<br>  |