

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Nov. 17, 1989

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

ALEXANDER & ALEXANDER  
2121 PINE STREET, SUITE 2140  
ALBANY, OHIO 44601

## COMPANIES AFFORDING COVERAGE

NATIONAL FIRE & MARINE INSURANCE CO.

CODE

SUB-CODE

INSURED

Brand Industrial Services, Inc.  
5926 Mayfair Rd., N.W.  
North Canton, Ohio 44720

COMPANY LETTER A

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E



## COVERAGES

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.

| CO LTR | TYPE OF INSURANCE            | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS             |
|--------|------------------------------|---------------|----------------------------------|-----------------------------------|-------------------------------------|
|        | GENERAL LIABILITY            |               |                                  |                                   | GENERAL AGGREGATE \$                |
|        | COMMERCIAL GENERAL LIABILITY |               |                                  |                                   | PRODUCTS-COMP/OPS AGGREGATE \$      |
|        | CLAIMS MADE OCCUR            |               |                                  |                                   | PERSONAL & ADVERTISING INJURY \$    |
|        | OWNER'S & CONTRACTOR'S PROT. |               |                                  |                                   | EACH OCCURRENCE \$                  |
|        |                              |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$       |
|        |                              |               |                                  |                                   | MEDICAL EXPENSE (Any one person) \$ |
|        | AUTOMOBILE LIABILITY         |               |                                  |                                   | COMBINED SINGLE LIMIT \$            |
|        | ANY AUTO                     |               |                                  |                                   | BODILY INJURY (Per person) \$       |
|        | ALL OWNED AUTOS              |               |                                  |                                   | BODILY INJURY (Per accident) \$     |
|        | SCHEDULED AUTOS              |               |                                  |                                   | PROPERTY DAMAGE \$                  |
|        | HIRE AUTOS                   |               |                                  |                                   |                                     |
|        | NON-OWNED AUTOS              |               |                                  |                                   |                                     |
|        | GARAGE LIABILITY             |               |                                  |                                   |                                     |
|        | EXCESS LIABILITY             |               |                                  |                                   | EACH OCCURRENCE \$                  |
|        | OTHER THAN UMBRELLA FORM     |               |                                  |                                   | AGGREGATE \$                        |
|        | WORKER'S COMPENSATION        |               |                                  |                                   | STATUTORY \$                        |
|        | AND                          |               |                                  |                                   | \$ (EACH ACCIDENT)                  |
|        | EMPLOYERS' LIABILITY         |               |                                  |                                   | \$ (DISEASE-POLICY LIMIT)           |
|        |                              |               |                                  |                                   | \$ (DISEASE-EACH EMPLOYEE)          |
| OTHER  | A ASBESTOS LIABILITY         | SGL820009     | 4/14/89                          | UNTIL                             | CANCELLED 5,000 PER/OCC/AGG**       |

\*\*ALLOCATED LOSS EXPENSE INCLUDED IN POLICY LIMIT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Asbestos Removal for Armco Eastern Steel Division, Middletown, Ohio, Contract No. 1492-19845.

## CERTIFICATE HOLDER

McGraw Construction Company, Inc.  
31 South Canal Street  
Middletown, Ohio 45044

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

**ADDITIONAL INSURED**

McGraw Construction Co., Inc. and Armco Eastern Steel Division, Middletown, Ohio are additional insured, as their interest may appear, under Policy No. SGL820009 solely with respect to work performed by Brand Industrial Services, Inc., further known as Contract 1492-19845.

PRODUCER

Near North Insurance Agency, Inc.  
875 North Michigan Ave.  
Chicago, IL 60611

Contact: Judy Salas (312) 280-3535  
Fax (312) 280-5602

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## COMPANIES AFFORDING COVERAGE

Continental Casualty Co.

**B** Transportation Insurance Co.

Q

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**E**

11.5.2020

Brand Industrial Services, Inc.  
5926 Mayfair Rd., N.W.  
North Canton, Ohio 44720

## COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE OF LIFE, ACCIDENT AND SICKNESS 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.

| TYPE OF INSURANCE           |                                                | EFFECTIVE DATE                   |        | EXPIRATION DATE |  | AMOUNTS IN THOUSANDS |           |
|-----------------------------|------------------------------------------------|----------------------------------|--------|-----------------|--|----------------------|-----------|
| <b>GENERAL LIABILITY</b>    |                                                |                                  |        |                 |  |                      |           |
| A                           | <input checked="" type="checkbox"/> HOMEOWNERS |                                  |        |                 |  |                      | \$ 10,000 |
|                             | <input type="checkbox"/> COMMERCIAL            |                                  |        |                 |  |                      | \$ 10,000 |
|                             | <input checked="" type="checkbox"/> AUTO       | GL9001606834                     | 3/1/89 | 3/1/92          |  |                      | \$ 5,000  |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      | \$ 5,000  |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      | \$ 2,000  |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      | \$        |
| <b>AUTOMOBILE LIABILITY</b> |                                                |                                  |        |                 |  |                      |           |
| B                           | <input checked="" type="checkbox"/> AUTO       | BUA4001606828                    | 3/1/89 | 3/1/92          |  |                      | \$ 1,000  |
|                             | <input type="checkbox"/> ALL OTHER AUTOS       | (Texas Only)                     |        |                 |  |                      |           |
|                             | <input type="checkbox"/> SCHOOL BUS            | BUA6001606827                    |        |                 |  |                      |           |
|                             | <input type="checkbox"/> TRUCK                 | (HI, KS, MA, NY, NJ, RI, VT, VA) |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 | BUA8001606826                    |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 | (All Other States)               |        |                 |  |                      |           |
| <b>EXCESS LIABILITY</b>     |                                                |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> HOMEOWNERS            |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> COMMERCIAL            |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> AUTO                  |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      |           |
| <b>EXCESS LIABILITY</b>     |                                                |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> HOMEOWNERS            |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> COMMERCIAL            |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> AUTO                  |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      |           |
|                             | <input type="checkbox"/> OTHER                 |                                  |        |                 |  |                      |           |
| B                           | <input type="checkbox"/> HOMEOWNERS            | WC2001606829                     | 3/1/89 | 3/1/92          |  |                      | 1,000     |
|                             | <input type="checkbox"/> COMMERCIAL            | (All Other States)               |        |                 |  |                      | 5,000     |
|                             | <input type="checkbox"/> AUTO                  | WC0001606825                     |        |                 |  |                      | 1,000     |
|                             | <input type="checkbox"/> OTHER                 | (California Only)                |        |                 |  |                      |           |

McGCon 200732

[illegible]

Asbestos Removal for Armco Eastern Steel Division, Middletown, Ohio, Contract No. 1492-19845

**PERSONAL HISTORY**

McGraw Construction Company, Inc.  
31 South Canal Street  
Middletown, Ohio 45044

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Michael Loyal

#### ADDITIONAL INSURED

McGraw Construction Co., Inc. and Armco Eastern Steel Division, Middletown, Ohio, are additional insured, as their interest may appear, under policy No. GL9001606834 solely with respect to work performed by Brand Industrial Services, Inc., further known as Contract 1492-19845.