A	CORD	)		(				AL INSURA					ATI	ON				DATE	(MM/D	D/YYYY)
						APF	LIC	CANT INFORM	1A1	<b>FION</b>	SECTIO	N						02	/22/2	023
AGE	NCY								CA	RRIE	R								NA	C CODE
Pa	ce Insurance																			
P. (	O. Box 457								CO	MPANY	POLICY OR P	ROG	RAM NAI	ME				PR	OGRAI	M CODE
Spi	ringhill							LA 71075	POL	ICY NU	MBER									
CON	ITACT longthon	<u> </u>	rr						LINE	DERWR	TED				LINDE	PWPIT	ER OFFICE			
PHO	ITACT Jonathan							_	0141	LICTURE	I LIX				ONDE		LICOTTIOL			
(A/C	No, Ext): 318 5		.551										OLIOTE			ICCLI	F DOLLOY			-NIEVA/
(A/C	No): 31853929	04							STA	TUS OF			QUOTE			J	E POLICY	L		ENEW
ADE	AIL DRESS: paceins1	0@0	centurytel.ne	et					TRA	NSACT	ION			(Give Date	and/or <i>F</i> DATE	Attach C	∠ору):   <b>ТІМЕ</b>	=		٦
COL					SUBCODE:						-		CHANG	_	,A,L			_	$\vdash$	AM
AGE	ENCY CUSTOMER IE	): S	TREN										CANCE	<u>L</u> .						PM
	IES OF BUSINE																			
IND	CATE LINES OF BU	SINE	SS	PRE	EMIUM	_					PREMIUM							F	PREMI	JM
	BOILER & MACHIN	ERY		\$			CYE	BER AND PRIVACY			\$			YACHT					5	
	BUSINESS AUTO			\$			FID	UCIARY LIABILITY			\$							\$	•	
	BUSINESS OWNER	RS		\$			GAF	RAGE AND DEALERS			\$							1	5	
$\times$	COMMERCIAL GEI	NERA	L LIABILITY	\$			LIQ	UOR LIABILITY			\$							1	6	
	COMMERCIAL INL	AND I	MARINE	\$			МО	TOR CARRIER			\$							\$	5	
	COMMERCIAL PRO	OPER	TY	\$			TRI	UCKERS			\$							\$	5	
	CRIME			\$			UMI	BRELLA			\$							-	5	
ΔΤ	TACHMENTS																			
	ACCOUNTS RECE	IVABI	E / VALUABLE	PAPE	ERS		GLA	ASS AND SIGN SECTION	N					STATEME	NT / SC	HEDUL	E OF VALU	ES		
	ADDITIONAL INTE						-	TEL / MOTEL SUPPLEM									f applicable)			
	ADDITIONAL PREM			J SCH	HEDIJI E		-	TALLATION / BUILDERS		K SECT	ION						PLEMENT			
				• 00.	ILDULL	+	-	ERNATIONAL LIABILITY				т		VEHICLE			, center			
												VLITICEL	SCHEDI	JLL						
	CONDO ASSN BYLAWS (for D&O Coverage only)  INTERNATIONAL PRO  ONLY DATE OF THE PROPERTY OF T					Y E/	APUSUI	RE SUPPLEME	IN I											
	CONTRACTORS SUPPLEMENT LOSS SUMMARY																			
	COVERAGES SCH		.E				-	EN CARGO SECTION												
	DEALERS SECTIO	N					PRE	EMIUM PAYMENT SUPP	LEM	ENT										
	DRIVER INFORMA	TION	SCHEDULE				PRO	OFESSIONAL LIABILITY	SUP	PLEME	TV									
	ELECTRONIC DAT	A PR	OCESSING SEC	CTION	١		RES	STAURANT / TAVERN S	UPPL	EMENT	•									
PO	LICY INFORM	ATI(	NC																	
PRO	POSED EFF DATE	PRO	POSED EXP DA	TE	BILLING	PLAN		PAYMENT PLAN	1	NETHO	OF PAYMEN	т	AUDIT	DEPC	OSIT		MINIMUM PREMIUM		POLIC	Y PREMIUM
	03/05/2023	(	03/05/2024		DIRECT	X AC	SENC	Y Y						\$		\$		\$	\$ 	
AP	PLICANT INFO	DRN	IATION																	
NAN	ME (First Named Ins	ured)	AND MAILING	ADDR	ESS (including Z	ZIP+4)			GL	CODE		SIC			NAICS	3		FEIN	OR S	OC SEC#
Str	ategic Environm	enta	I Response	LLC	2													872	2748	92
Re	sponse Solution	s, Ll	_C						BUS	SINESS	PHONE #: (3	18)	422-62	231						
683	88 Morris Rd								WEI	BSITE A	DDRESS									
Ora	ange							TX 77632	DC	T# 38	23952									
	CORPORATION	T	JOINT VENT	URE				NOT FOR PROFIT ORG	i	S	UBCHAPTER	"S" (	CORPOR	ATION		LL				
	INDIVIDUAL	$\geq$	LLC NO. O	F ME JANA	MBERS GERS:			PARTNERSHIP		Т	RUST									
NAN	IE (Other Named Ins	sured	AND MAILING	ADDI	RESS (including	ZIP+4)			GL	CODE		SIC			NAICS	3		FEIN	OR S	OC SEC#
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	CORPORATION		JOINT VENT					NOT FOR PROFIT ORG	i	s	UBCHAPTER	"S" (	CORPOR	ATION						
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	CORPORATION	L	JOINT VENT					NOT FOR PROFIT ORG	i	S	UBCHAPTER	"S" (	CORPOR	ATION						
	INDIVIDUAL		LLC NO. O	F ME ΛΑΝΑ	MBERS GERS:			PARTNERSHIP		Т	RUST									

## **CONTACT INFORMATION**

AGENCY CUSTOMER ID: STREN

CONT	ACT IN ORI															
CONTAC	ONTACT TYPE: Inspection Contact						CONTACT TYPE: Accounting Contact									
CONTAC	T NAME: Dirk (	Garmany					col	NTACT	NAME: Di	irk G	arman					
PRIMAR PHONE #		☐ BUS ☐ CEI	L SECON PHONE	DARY  HOME  B	us [	CELL	PRI PHO	MARY ONE#		ME [	BUS	CELL	SECONDARY PHONE #	НОМЕ	BUS _	CELL
(310) -	722-0201						(0)	10) 422	2-0201							
PRIMAR	Y E-MAIL ADDRES	SS:					PRI	MARY E	-MAIL ADD	RESS:	:					
SECONE	ARY E-MAIL ADD	RESS:					SEC	CONDA	RY E-MAIL A	DDRE	ESS:					
PREM	ISES INFOR	MATION (Att	ach ACOR	D 823 for Addition	nal F	Premises	5)									
LOC#	STREET 6838	B Morris Rd			C	ITY LIMITS	IN	TEREST	г	# F	FULL TI	ME EMPL	ANNUAL REVENUE	S: \$		
1						INSIDE		OWN	IER				OCCUPIED AREA:			SQ FT
BLD#	сіту: Orang	e		STATE: TX		OUTSIDI	ΕĒ	TEN	ANT	# F	PART TII	ME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
1	COUNTY:			zip:77632				1					TOTAL BUILDING A	REA:		SQ FT
DESCRI	PTION OF OPERA	TIONS: Office											ANY AREA LEASED	TO OT	HERS2 Y / N	
LOC#	STREET					ITY LIMITS	IN	TERES1	<u> </u>	# 5	EIII I TII	ME EMPL	ANNUAL REVENUE			
100#	SIREEI					$\neg$	IIN	_		" '	FULL III	VIE EIVIPE		.s. ş		
					_	INSIDE		OWN					OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE:		OUTSIDI	<b>□</b>	TEN	ANT	# F	PART TII	ME EMPL	OPEN TO PUBLIC A	AREA:		SQ FT
	COUNTY:			ZIP:									TOTAL BUILDING A	REA:		SQ FT
DESCRI	PTION OF OPERA	TIONS:											ANY AREA LEASED	то от	HERS? Y / N	
LOC#	STREET				CI	ITY LIMITS	IN	TEREST	г	# F	FULL TII	ME EMPL	ANNUAL REVENUE	S: \$		
						INSIDE		OWN	IER				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE:	$\top$	OUTSIDI	₌├─	TEN	ANT	# F	PART TII	ME EMPL	OPEN TO PUBLIC A	RFA:		SQ FT
555 "	COUNTY:			ZIP:		-	_	+		" '	AIX1 111		TOTAL BUILDING A			SQ FT
		710110		ZIF.												- JQ11
<b>—</b>	PTION OF OPERA	TIONS:								_			ANY AREA LEASED		HERS? Y / N	
LOC#	STREET				C	ITY LIMITS	IN	TERES		# F	FULL TI	ME EMPL	ANNUAL REVENUE	S: \$		
						INSIDE		OWN	IER				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE:		OUTSIDI	E	TEN	ANT	# F	PART TII	ME EMPL	OPEN TO PUBLIC A	AREA:		SQ FT
	COUNTY:			ZIP:									TOTAL BUILDING A	REA:		SQ FT
DESCRI	PTION OF OPERA	TIONS:		•									ANY AREA LEASED	то от	HERS? Y / N	
NATII	RE OF BUSII	VESS														
			-0.0	MANUEL OTUBINO		DEGTALIDA			055) #05					DATE	BUSINESS	
	ARTMENTS	CONTRACT		MANUFACTURING		RESTAURA	AIN I		SERVICE					STAR	TED (MM/DD/YY	YY)
	NDOMINIUMS PTION OF PRIMAR	INSTITUTIO	NAL	OFFICE		RETAIL			WHOLESA	ALE						
RETAIL :	STORES OR SERV	/ICE OPERATIONS	% OF TOTAL		LLATI	ION, SERVIC	E OR		R WORK		O	FF PREMIS	ES INSTALLATION, S	SERVICE %	OR REPAIR WO	DRK
DESCRI	TION OF OPERA	TIONS OF OTHER	NAMED INSUR	REDS												
ADDIT	IONAL INTE	REST (Not all	fields ap	oly to all scenario	s - p	rovide o	nly	the n	ecessary	/ dat	ta) At	tach AC	ORD 45 for mo	re Ad	ditional Inte	erests
INTERES				DRESS RANK:		ENCE:	$\neg$	ERTIFIC		POLIC		SEND BII			EM NUMBER	
ADI	DITIONAL URED	LIENHOLDER	Diankat A -I-	litional Incurs		unirod Issue	4/r:44	on o==	tract				LOCATION:		BUILDING:	
BRI	EACH OF RRANTY	LOSS PAYEE	nariket Add	litional Insured wher	rreq	uned by \	wille	en con	และเ				VEHICLE:		BOAT:	
	OWNER	MORTGAGEE											AIRPORT:		AIRCRAFT:	
ЕМ	PLOYEE	OWNER											ITEM CLASS:		ITEM:	
LE/	LESSOR												CLASS: ITEM DESCRIPTION			
OWNER LENDER'S TRUSTEE DEFERENCE / LOAN #: INTERES				INTEREST END DATE:												
LOSS PAYABLE REFERENCE / LOAN #.																
		L	IEN AMOUNT					•		) -	•		FAX (A/C, No):			
	I FOR INTEREST:					-	B # A II	ADDRE	ee.							

GENERAL INFORMATION

AGENCY CUSTOMER ID: STREN

EXPLAIN ALL "YES" RESPONSES Y									Y/N			
1a.	IS THE APPLIC	ANT A SUB	SIDIARY OF ANOTHER E	NTITY ?					N			
	PARENT COMP	ANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED				
1b.	DOES THE API	PLICANT H	AVE ANY SUBSIDIARIES?						N			
	SUBSIDIARY CO					RELATIONSHIP D	ESCRIPTION	% OWNED				
2.	IS A FORMAL S	SAFETY PR	OGRAM IN OPERATION?			1			Y			
	SAFETY M.	ANUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA							
3.	ANY EXPOSUR	RE TO FLAM	MMABLES, EXPLOSIVES, (	CHEMICALS?					N			
4.	ANY OTHER IN	SURANCE	WITH THIS COMPANY?	(List policy numbers)					N			
	LINE OF BUSINI	ESS	POLICY NUMBER		LINE OF BUSINESS	s	POLICY NUMBER					
	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR NOPERATIONS? (Missouri Applicants - Do not answer this question)											
	NON-PAYN	` _	AGENT NO LONGER REP	• •								
	NON-RENE	-	UNDERWRITING	CONDITION CORRECTED	(Describe):							
6.	ANY PAST LOS	SSES OR CI	LAIMS RELATING TO SEX	UAL ABUSE OR MOLESTA	TION ALLEGATION	S, DISCRIMINATION	ON OR NEGLIGENT HIRING	 ;?	N			
							DEGREE OF THE CRIME O	F FRAUD,	N			
				ED CRIME IN CONNECTION			RTY? on conviction is a misdemear	nor nunishahle	IN I			
			year of imprisonment).	ic for property insurance. Tal	iare to disclose the t	existence of an ars	on conviction is a misacinear	ioi punisnable				
8.	ANY UNCORRE	ECTED FIRI	E AND/OR SAFETY CODE	VIOLATIONS?					N			
	OCCUR DATE	EXPLANAT	ION		F	RESOLUTION		RESOLVE DATE				
9.	HAS APPLICAN	IT HAD A F	ORECLOSURE, REPOSSE	ESSION, BANKRUPTCY OR	FILED FOR BANKE	RUPTCY DURING	THE LAST FIVE (5) YEARS?	?	N			
	OCCUR DATE	EXPLANAT	ION		F	RESOLUTION		RESOLVE DATE				
<u> </u>												
10.		1		RING THE LAST FIVE (5) YE					N			
	OCCUR DATE	EXPLANAT	ION		F	RESOLUTION		RESOLVE DATE				
44	LIAC DI ICINITO	DEEN DL	ACED IN A TRUCTO MANE	OF TRUCT:					N			
			ACED IN A TRUST? NAME		R US PRODUCTS S	SOLD / DISTRIBUT	ED IN FOREIGN COUNTRIE	 =S?	N			
			*	d/or ACORD 816 for Property		0028 / 5101111501	EB IIVI OKEIOIV OOOIVIKIE		1			
13.	DOES APPLICA	ANT HAVE	OTHER BUSINESS VENTU	JRES FOR WHICH COVERA	AGE IS NOT REQUE	ESTED?			N			
14.	DOES APPLICA	ANT OWN /	LEASE / OPERATE ANY D	ORONES? (If "YES", describ	e use)				N			
45	DOE0 ADDI 10	NIT LUDE C		ONEON (ICIN/ENIL II II	`				- NI			
15.	DOES APPLICA	ANT HIKE C	THERS TO OPERATE DR	ONES? (If "YES", describe	use)				N			
<u> </u>	14 DV0 / DD0	OFOOING	INICEDIATIONS (ACC	DD 404 Additional Day			4.16					
KEI	IARKS / PRO	CESSING	INSTRUCTIONS (ACC	ORD 101, Additional Rer	narks Schedule,	may be attache	d if more space is requi	rea)				
PRI	OR CARRIE	R INFORM	MATION		1		T					
YEA			GENERAL LIABILITY	AUTON	MOBILE	PROP	ERTY OTHER:					
	CARRIER											
	POLICY NUM		EPK141207			_						
	PREMIUM	\$	·	\$		\$	\$					
	EFFECTIVE D		09/22/2022									

**AGENCY CUSTOMER ID: STREN** 

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER	01001646090			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	09/22/2021			
	EXPIRATION DATE	09/22/2022			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LUSS HISTOR	OSS HISTORY CHECK II Holle (Attach Loss Summary for Additional Loss Information)											
ENTER ALL CLAIMS FOR THE LAST	TOTAL LOSSES: \$											
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION	OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N				

Charle if your (Attack Loss Common for Additional Loss Information)

## **SIGNATURE**

OOO LUOTODY

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	NATURE PRODUCER'S NAME (Please Print)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

						AGENCY CUS	TOMER ID:	STREN		
Ą	CORI			ADDITION	AL INTE	EREST SCH	IEDUL	E	Г	DATE (MM/DD/YYYY) 02/22/2023
AGE	NCY					CARRIER				NAIC CODE
Pad	ce Insurance									
POL	ICY NUMBER				EFFECTIVE DAT	TE NAMED INSURED(S)				<u> </u>
					03/05/2023	Strategic Environ	mental Res	ponse, LLC	:	
ΑD	DITIONAL I	NTE	REST (Not	all fields apply to all scenari	os - provide	only the necessar	ry data)			
INTE	EREST		,	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED		LOSS PAYEE						LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Blanket Waiver of Subrogation	when require	ed by written contrac	t		VEHICLE:	BOAT:
	CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #:	ITEM:
	LEASEBACK OWNER	L	TRUSTEE						ITEM CLASS:	
	LENDER'S LOS	SS PA	YABLE						ITEM DESCRIPTION	
	LIENHOLDER		action	REFERENCE / LOAN #:		INTEREST END DATE:	\			
$\Delta$	Waiver of S			LIEN AMOUNT:		PHONE (A/C, No, Ext): (	) -			
_	SON FOR INTER	KES1:	:		T	E-MAIL ADDRESS:		1		
INTE	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:
$\triangle$	INSURED BREACH OF		MORTGAGEE	BluSky Restoration Contracto	re I I C				VEHICLE:	BOAT:
	WARRANTY CO-OWNER		OWNER	2750 Signal parkway	3 LLO				AIRPORT:	AIRCRAFT:
	EMPLOYEE		REGISTRANT	2700 Oighai pankway					SCHED #:	ITEM:
	AS LESSOR LEASEBACK		TRUSTEE	Signal Hill		CA 90755			ITEM CLASS:	· · <del>- · · ·</del>
	OWNER LENDER'S LOS	SS PA	J	9					ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:for ongoing	operations	INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext): (	) -			
REA	SON FOR INTER	REST:	:			E-MAIL ADDRESS:	,			
INTE	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	ADDITIONAL INSURED		LOSS PAYEE			,			LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE						VEHICLE:	BOAT:
	CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
			REGISTRANT						SCHED #:	
	EMPLOYEE AS LESSOR		KEOIOTKANT							ITEM:
	AS LESSOR LEASEBACK OWNER		TRUSTEE						ITEM CLASS:	ITEM:
	AS LESSOR LEASEBACK OWNER LENDER'S LOS	SS PA	TRUSTEE							ITEM:
	AS LESSOR LEASEBACK OWNER	SS PA	TRUSTEE	REFERENCE / LOAN #:		INTEREST END DATE:			ITEM CLASS:	ITEM:
	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER		TRUSTEE	REFERENCE / LOAN #: LIEN AMOUNT:		PHONE (A/C, No, Ext):			ITEM CLASS:	ITEM:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER		TRUSTEE	LIEN AMOUNT:					ITEM CLASS:	
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER		TRUSTEE		EVIDENCE:	PHONE (A/C, No, Ext):	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION INTEREST IN	ITEM NUMBER
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTEREST ADDITIONAL INSURED BREACH OF		TRUSTEE YABLE LOSS PAYEE	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION:	I ITEM NUMBER BUILDING:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY		TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE:	BUILDING: BOAT:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE		TRUSTEE YABLE LOSS PAYEE	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION:	I ITEM NUMBER BUILDING:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK		TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE  OWNER	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR	REST	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER	REST	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LIEN AMOUNT:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
_	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS	REST	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
INTE	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS	REST:	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	NAME AND ADDRESS RANK:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE:	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER	REST:	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	NAME AND ADDRESS RANK:	EVIDENCE:	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):	POLICY	SEND BILL	ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTEF EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTEF EREST ADDITIONAL INSURED	REST:	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  ASON FOR INTER EREST ADDITIONAL	REST:	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION  INTEREST IN	ITEM NUMBER  BUILDING:  BOAT:  AIRCRAFT:  ITEM:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER	REST:	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE  LOSS PAYEE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM: BUILDING:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER  ASON FOR INTER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  ASON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE ESSOR	REST:	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE  LOSS PAYEE MORTGAGEE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BUILDING: BOAT:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE	REST:	TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE  LOSS PAYEE MORTGAGEE OWNER	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT:	BUILDING: BOAT: AIRCRAFT: ITEM:  ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  ASON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LENDER'S LOS	SS PA	TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE  OWNER  REGISTRANT  TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE  OWNER  REGISTRANT  TRUSTEE  TRUSTEE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #: LIEN AMOUNT:  NAME AND ADDRESS RANK:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE			INTEREST IN LOCATION: VEHICLE: AIRPORT: INTEREST IN LOCATION: VEHICLEST IN LOCATION:	BUILDING: BOAT: AIRCRAFT: ITEM:  ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT:
REA	AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER  SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LESSOR LEASEBACK OWNER LESSOR LEASEBACK OWNER LESSOR LEASEBACK OWNER	SS PA	TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE  OWNER  REGISTRANT  TRUSTEE  YABLE  LOSS PAYEE  MORTGAGEE  OWNER  REGISTRANT  TRUSTEE  TRUSTEE	NAME AND ADDRESS RANK:  REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  CERTIFICATE  INTEREST END DATE: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:			ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION  INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT: ITEM:  ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT:

REASON FOR INTEREST:

E-MAIL ADDRESS:

AGENCY CUSTOMER ID: STREN

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405	101/									02	/22/2023	
AGE	ncy e Insuran	re				CARRIER					NAIC CODE	
	CY NUMBER			EFFECTIV	/E DATE	APPLICANT / FIRST	NAMED IN	SURFD				
				03/05/		Strategic Enviro			LLC			
		T - If CLAIMS MADE is checker		'ERAGE / LIM	ITS sec	tion below, this	is an ap	plication fo	r a claims-mad	le policy.		
<u></u>	VERAGE	:e		LIMITS								
$\boxtimes$		IAL GENERAL LIABILITY		GENERAL AGGI	REGATE			\$ 2,000,00	00	PRF	MIUMS	
	CLAIM	S MADE OCCURRENC	E	LIMIT APPLIES PER: POLICY LOCATION						PREMISES/OPE		
		CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:					
				PRODUCTS & C	OMPLETE	D OPERATIONS AGG	REGATE	\$ 2,000,00		PRODUCTS		
DED	UCTIBLES			PERSONAL & A	DVERTISII	NG INJURY		\$ 1,000,00				
	PROPERTY	DAMAGE \$	PER	EACH OCCURRI	ENCE			\$ 1,000,00	00	OTHER		
	BODILY INJ		CLAIM PER			EMISES (each occurre	ence)	\$ 50,000		TOTAL		
X	Both PD	0 & BI \$5,000	OCCURRENCE	MEDICAL EXPE		one person)		\$ 5,000 \$		TOTAL		
				EMPLOYEE BEN								
отн	ER COVERA	GES, RESTRICTIONS AND/OR ENDORS	SEMENTS (For hire	ed/non-owned auto	o coverage	es attach the applicab	le state Bı	\$ usiness Auto Se	ection. ACORD 137)			
									,			
APP	LICABLE ON	ILY IN WISCONSIN: IF NON-OWNED O	NLY AUTO COVE	RAGE IS TO BE PR	ROVIDED	JNDER THE POLICY:						
1. U	M / UIM COV	ZERAGE IS IS NOT A	VAILABLE.	2. MEDIC	AL PAYMI	ENTS COVERAGE	IS	IS NO	T AVAILABLE.			
SC	HEDULE	OF HAZARDS	1	1				ı				
LOC	HAZ #	CLASSIFICATION	CLASS	PREMIUM BASIS		EXPOSURE	TERR	R.A	TE	PREM	IIUM	
			CODE	BAGIO				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
1	1	Pressure washing - industri	ZZ9Z	S	5,000,	000						
		` ,	AYROLL - PER \$1			(C) TOTAL COST - P			(U) UNIT - PER	UNIT		
(S) G	ROSS SALE	ES - PER \$1,000/SALES (A) A	REA - PER 1,000/	SQ FT		(M) ADMISSIONS - P	ER 1,000/	ADM	(T) OTHER			
		DE (Explain all "Yes" respon	nses)								1 2/10	
		D RETROACTIVE DATE:									Y/N	
		TE INTO UNINTERRUPTED CLAII	MS MADE COV	FRAGE:								
		PRODUCT, WORK, ACCIDENT, O			D. UNIN	SURED OR SELF-	INSUREI	D FROM ANY	PREVIOUS COV	/ERAGE?		
		, , , , , , , , , , , , , , , , , , , ,		· <del>-</del>	,	_ · · ·						
4. V	VAS TAIL	COVERAGE PURCHASED UNDE	R ANY PREVIO	US POLICY?								
		BENEFITS LIABILITY										
		LE PER CLAIM: \$				3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:						
2. NUMBER OF EMPLOYEES:  4. RETROACTIVE DATE:												

EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ations)			Y	/ N				
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	SPECIFICATIONS FOR OTHEI	₹\$?							
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	TILIZE OR STORE EXPLOSIV	E MATERIAL?							
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TO	UNNELING, UNDERGROUND	WORK OR EARTH MOVING?							
4. DO YOUR SUBCONTRACTORS CARRY COVERAC	GES OR LIMITS LESS THAN Y	OURS?							
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	/ITHOUT PROVIDING YOU W	TH A CERTIFICATE OF INSURAN	CE?						
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	RS WITH OR WITHOUT OPER	ATORS?							
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:					

PRODUCTS / COMPLET	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
PRODUCTS	ANNUAL GRUSS SALES	# OF UNITS	MARKET	LIFE	INTENDED USE	PRINCIPAL COMPONENTS	•
EXPLAIN ALL "YES" RESPONSES (	(For all past or present produ	cts or operations) PLEASE	E ATTACH LI	TERATURE, B	ROCHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTAL	LL, SERVICE OR DEMON	ISTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SO	LD, DISTRIBUTED, USE	D AS COMPONENTS?	(If "YES", a	ttach ACOR	D 815)		
3. RESEARCH AND DEVELO	PMENT CONDUCTED O	R NEW PRODUCTS PL	ANNED?		· · · · · · · · · · · · · · · · · · ·		
4. GUARANTEES, WARRANT	TIES HOLD HARMLESS	AGREEMENTS?					
4. 30/11/11/12/19	TIES, TIOED TIM WILLOS	/ CINELWICITO:					
5 DDODUOTO DEL ATED TO	A IDODA ET/ODA OF INDI	IOTDVO					
5. PRODUCTS RELATED TO	AIRCRAFI/SPACE INDI	JSIRY?					
6. PRODUCTS RECALLED, D	DISCONTINUED, CHANG	ED?					
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT I	LABEL?				
8. PRODUCTS UNDER LABE	EL OF OTHERS?						
9. VENDORS COVERAGE RE	EQUIRED?						
10. DOES ANY NAMED INSUF	DED SELL TO OTHER MA	MED INCLIDEDS					
TO. DOES AINT NAIVIED INSUP	VED SELL TO OTHER INF	MINIED IMPOREDS!					

AGENCY CUSTOMER ID: STREN

D 45 attached for additional names

ADDITIONAL INTEREST	/ CERTIFICATE RECIPIENT	ACORL	45 attache	a tor additional n	ames		
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN I	TEM NUMBER
ADDITIONAL INSURED					LOCAT		BUILDING:
EMPLOYEE AS LESSOR	Blanket Additional Insured whe	en required by wi	ritten contract		ITEM CLASS		ITEM:
LENDER'S LOSS PAYABLE					ITEM D	ESCRIPTION	
LIENHOLDER							
LOSS PAYEE							
MORTGAGEE							
	REFERENCE / LOAN #:						
GENERAL INFORMATIO							
	6 (For all past or present operations)						Y
1. ANY MEDICAL FACILITII	ES PROVIDED OR MEDICAL PROFI	ESSIONALS EMP	LOYED OR CO	ONTRACTED?			1
2. ANY EXPOSURE TO RA	DIOACTIVE/NUCLEAR MATERIALS	??					1
	ENT OR DISCONTINUED OPERATION ZARDOUS MATERIAL? (e.g. landfills			EATING, DISCHARO	GING, APPLYING, DIS	SPOSING, OR	1
4. ANY OPERATIONS SOL	D, ACQUIRED, OR DISCONTINUED	) IN LAST FIVE (5)	) YEARS?				1
5. DO YOU RENT OR LOAN	N EQUIPMENT TO OTHERS?						1
EQUIPMENT				TYPE OF E	QUIPMENT	INSTRUCTION O	SIVEN (Y/N)
				SMALL TOOLS	LARGE EQUIPMENT		
				SMALL TOOLS	LARGE EQUIPMENT		
	OCKS, FLOATS OWNED, HIRED OR	LEASED?					!
ANY PARKING FACILITI      S. IS A FEE CHARGED FOR							'
9. RECREATION FACILITIE	S PROVIDED?						1
10. ARE THERE ANY LODG	ING OPERATIONS INCLUDING APA	ARTMENTS? (If "	YES", answer t	he following):			
# APTS TOTAL AP	T AREA DESCRIBE OTHER LODGING	OPERATIONS					]
	Sq. Ft.						
11. IS THERE A SWIMMING	POOL ON PREMISES? (Check all that	at apply)					
APPROVED FENCE	LIMITED ACCESS DIVING B	BOARD SLIDE	E ABOVE	E GROUND IN G	ROUND LIFE G	JARD	
12. ARE SOCIAL EVENTS S	PONSORED?						1
13. ARE ATHLETIC TEAMS S	SPONSORED?						1
TYPE OF SPORT  EXTENT OF SPONSORSHII	CONTACT SPORT (Y/N) AGE GROUP  12 & UNDER	13 - 18 OVER 18	TYPE OF SP	ORT	CONTACT SPORT (Y/N) AGE GRO		13 - 18 OVER 18
	ERATIONS CONTEMPLATED?		LATERT OF	J.1001.01III .			
14. ANI SINUCIURAL ALI	ENATIONS CONTEMPLATED!						'
15. ANY DEMOLITION EXPO	OSURE CONTEMPLATED?						1

# EXPLAIN ALL "YES" RESPONSES (For all past or present operations) 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? N 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? Ν WORKERS WORKERS COMPENSATION COMPENSATION LEASE TO LEASE FROM COVERAGE CARRIED (Y/N) COVERAGE CARRIED (Y/N) 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? Ν 19 ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? N Ν 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? 22 DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? Ν

# REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER	R ID: STREN
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LOC #:

ACORD	ADDITIONAL REMARKS SCHEDULE					
AGENCY		NAMED INSURED				_
Pace Insurance		Strategic Environme	ental Response, LLC			
POLICY NUMBER		1				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:	03/05/2023			
ADDITIONAL REMARKS						

		EFFECTIVE DATE:	03/05/2023				
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 126 FORM TITLE: Commercial General Liability Section							
**************************************	**						
Classification: Pressure washing - industrial; refinerie; shut downs; paper mills							

ACORD 101 (2008/01)

	AGENCY CUSTOMER ID: STREN											
Ą	CORI	) ®		ADDITIONA	L INTI	ER	EST SCH	EDUL	E		•	MM/DD/YYYY)
AGE	NCY						CARRIER				02/2	22/2023 NAIC CODE
	e Insurance						OAKKIEK					NAIG GODE
	ICY NUMBER			1	EFFECTIVE DA	ATE	NAMED INSURED(S)					
					03/05/2023	- 1.	Strategic Environ	mental Res	ponse. LLC	>		
ΔD	DITIONAL I	NTF	REST (Not :	all fields apply to all scenario		_			, ,			
	REST		INLOT (NOC	NAME AND ADDRESS RANK:	EVIDENCE:	1	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	JMBER
	ADDITIONAL		LOSS PAYEE			ш	CERTIFICATE	FOLICI	3LND BILL	LOCATION:	BUILD	
	INSURED BREACH OF WARRANTY		MORTGAGEE	Blanket Waiver of Subrogation	when requir	ired b	by written contrac	t		VEHICLE:	BOAT:	:
	CO-OWNER		OWNER	_						AIRPORT:	AIRCR	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:		
	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:		INTE	EREST END DATE:					
$\times$	Waiver of S	ubro	gation	LIEN AMOUNT:		PHC	ONE (A/C, No, Ext):					
REA	SON FOR INTER	REST				E-M	IAIL ADDRESS:					
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	JMBER
X	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	ING:
	BREACH OF WARRANTY		MORTGAGEE	BluSky Restoration Contractors	s LLC					VEHICLE:	BOAT:	:
	CO-OWNER		OWNER	2750 Signal parkway						AIRPORT:	AIRCR	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE	Signal Hill			CA 90755			ITEM CLASS:		
	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION		
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	CO-OWNER		OWNER							AIRPORT:	AIRCR	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
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	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:		_	EREST END DATE:					
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	INSURED BREACH OF		LOSS PAYEE							LOCATION:	BUILD	
	WARRANTY		MORTGAGEE							VEHICLE:	BOAT:	
	CO-OWNER EMPLOYEE		OWNER							AIRPORT:	AIRCR	RAFT:
	AS LESSOR LEASEBACK		REGISTRANT							SCHED#:	ITEM:	
	OWNER		TRUSTEE							ITEM CLASS:		
	LENDER'S LOSS PAYABLE ITEM DESCRIPTION											
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INIE	REST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILD	
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	WARRANTY CO-OWNER		OWNER							AIRPORT:	AIRCR	
	<b>EMPLOYEE</b>		REGISTRANT							SCHED #:	ITEM:	
	AS LESSOR LEASEBACK		TRUSTEE							ITEM CLASS:		
	OWNER LENDER'S LOS	S PA	J							ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:		INTE	EREST END DATE:					

REASON FOR INTEREST:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

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Corporation	FORM	NUMBE	R: <u>126</u>	FO	RM TITLE: C	ommercial General Liability				
Cov Code   ST   Haz #   Class Code   Cov Code   Description   Emergency Environmental   Form No.   Edition Date   Rate   Option Codes   Cov Code   Description   Cov Code   Description   Form No.   Edition Date   Rate   Option Codes   Cov Code   Description   Deductible Type 1   Ded 2   Deductible Type 2   Premium   Cov Code   Description   Deductible Type 1   Ded 2   Deductible Type 2   Premium   Deductible Type 3   Deductible Type 2   Premium   Deductible Type 3   Deductible Type 4   Deductible Type 2   Deductible Type 2   Premium   Deductible Type 4   Deductible Type 2   Deductible Type 3   Deductible Type 4   Deductible Type 4   Deductible Type 4   Deductible Type 4   Deductible Type 5   Deductible Type 2   Premium   Deductible Type 4   Deductible Type 5   Deductible Type 6   Deductible Type 6   Deductible Type 8   Deductible Type 9   Premium   Deductible Type 1   Ded 2 Deductible Type 9   Premium   Deductible Type 1   Ded 2 Deductible Type 9   Premium   Deductible Type 1   Ded 2 Deductible Type 2   Premium   Deductible Type 1   Ded 2 Deductible Type 2   Premium   Deductible Type 2   Deductible Type 2   Premium   Deductible Type 2   Deductible Type 2   Premium   Deductible Type 2   Deductible Type 2   Deductible Type 2   Premium   Deductible Type 2   Deductible T	_oc # S <sup>-</sup>	T   Haz i	Class Cod	е		Description Contractors Pollution - \$1		Edition Date	Rate	Option Codes
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AGENCY CUSTOMER ID:	STREN
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ACORD	ADDITIONAL REM	Page of	
AGENCY		NAMED INSURED	
Pace Insurance		Strategic Environmental Response, I	LLC
POLICY NUMBER			
CARRIER	NAIC CODE		
		<b>EFFECTIVE DATE:</b> 03/05/2023	

CARRIER	NAIC CODE							
		EFFECTIVE DATE:	03/05/2023					
ADDITIONAL REMARKS	I.							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: OFBAADC' FORM TITLE: Additional Coverage	ges							
**************************************								
Cov Desc: Contractors Pollution - \$1,000,000, \$5,000 deductible e	each pollution	condition						
Cov Desc: Emergency Environmental Response Costs	Cov Desc: Emergency Environmental Response Costs							
Con December 2 months of the control								

ACORD 101 (2008/01)