

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/15/20

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).

Aon	DDUCER Risk Services, Inc of Florida				NAME:					
1001 Brickell Bay Drive, Suite #1100 Miami. FL 33131-4937						PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514				
					EMAIL ADDRESS: ADP.COI.Center@Aon.com					
						INSURER(S) AFFORDING COVERAGE				
INSURED						INSURER A: New Hampshire Ins Co				
ADP TotalSource NH XXVIII, Inc.						INSURER B:				
10200 Sunset Drive Miami, FL 33173					INSURER C:					
L/C/F Battery Solutions, LLC					INSURER D:					
4930 Holtz Drive,					INSURER E :					
Wixom, MI 48393						INSURER F:				
	VERAGES			FICATE NUMBER: 279						
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.										
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE S	3	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	:	
	OE WINE WINE COOCIT							MED EXP (Any one person)		
								PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG		
	OTHER PROJECT EGG							FRODUCTS - COMPTOF AGG		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO							BODILY INJURY (Per person)		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	3	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	,	
	AUTOS ONET							(Per accident)		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
	DEC RETENTION \$							710011207112		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER OTH- STATUTE ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 027116197 AZ	<u>.</u>	7/1/2020	7/1/2021	E.L. EACH ACCIDENT	2,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	2,000,000	
DES	L SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	ICLES	(ACO	RD 101. Additional Remarks Sc	hedule. mav	be attached if m	nore space is req	uired)		
	vorksite employees working for BATTERY SOLUTION									
CERTIFICATE HOLDER						CANCELLATION				
Battery Solutions, LLC 4930 Holtz Dr. Wixom, MI 48393						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 Gervices, Unc of Florida				

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ACORD 25 (2016/03)

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PRODUCER

Aon Risk Services, Inc of Florida

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CONTACT NAME:

Aon Risk Services, Inc of Florida

Miar	Brickell Bay Drive, Suite #1100 ni, FL 33131-4937				(A/C, No, Ext): 800-743-8130					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ADDRE	ss: ADP.CO	I.Center@Aon.	.com		
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	VERAGES			IFICATE NUMBER: 27		LICCUED TO T	TIE INCLIDED	REVISION NUMBER		
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								DAMAGE TO RENTED	•	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
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	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
									\$	
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H	DEC RETENTION \$ WORKERS COMPENSATION							X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		WC 027115070 N	MI)	7/1/2020	7/1/2021	X STATUTE ER			
Α							E.L. EACH ACCIDENT	\$ 2,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All worksite employees working for BATTERY SOLUTIONS, LLC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. BATTERY SOLUTIONS, LLC is an alternate employer under this policy.										
	TIFICATE LIQUES				0.111	FILATION:				
CER	TIFICATE HOLDER			T	CANC	ELLATION				
493	ery Solutions, LLC) Holtz Dr. om, MI 48393				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZ	Aon.		rvices, Inc of Flo	orida	

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