

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/26/2025

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,

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lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject ils certificate does not confer rights t	to th	ne te	rms and conditions of t	he polic uch enc	cy, certain pe lorsement(s)	olicies may				
PRO	DUCER				CONTAC NAME:	CT					
McGriff, a Marsh & McLennan Agency LLC Company 5400 SW Meadows Road, Suite 240						PHONE (A/C, No, Ext): 503-943-6621 (A/C, No): 501-74:				8-3878	
Lake	e Oswego, OR 97035				E-MAIL ADDRE	88.					
					ABBITE		URER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	R A :Greenwich	Insurance Cor	mpany		22322	
INSURED A. Duie Pyle, Inc.						INSURER B :XL Insurance America, Inc.				24554	
PO Box 564						INSURER C: Travelers Property Casualty Company of America					
650 Westtown Road West Chester, PA 19381						INSURER D:					
					INSURE	RE:					
					INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 5RWS3DKN						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, ⁻ CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE: EDUCED BY F	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
Α	X COMMERCIAL GENERAL LIABILITY			RGD3002949		10/01/2025	10/01/2026	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$	1,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			RAD9439231		10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		

NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY **AUTOS ONLY** (Per accident) \$ UMBRELLA LIAB \$ OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ \$ В WORKERS COMPENSATION RWD3002947 10/01/2025 10/01/2026 X PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ Ν N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ $\overline{\mathsf{c}}$ Motor Truck Cargo / Warehouse Legal Liability QT-660-B7301251TIL-25 100,000 10/01/2025 10/01/2026 Per Occurence \$ Trailer Interchange Limit \$ 100,000

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

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

A. Duie Pyle, Inc. Evidence of Coverage PO Box 564 650 Westtown Road West Chester, PA 19381

E WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE