CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/8/2026

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).

PRODUCER	CONTACT NAME:	
Commercial Insurance Associates, LLC 103 Powell Court, Ste 200 Brentwood TN 37027	PHONE (A/C, No, Ext): 615-515-6000	FAX (A/C, No): 615-515-6001
	E-MAIL ADDRESS: administrator@com-ins.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : AmTrust E&S Insurance	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED	UNITLIQ-01
United Liquid Waste Recycling, LLC; United Grease, LLC United Septic & Drain Services, LLC; United Logistics, LLC, ULWR RE, LLC 715 Morgan Street Clyman WI 53016-0247	

COVERAGES **CERTIFICATE NUMBER:** 646571995 **REVISION NUMBER:**

THISISTO CERTIFY THAT THE POLICIES OFINSURANCELISTED BELOWHAVE 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- X LOC OTHER:			EVA1272514 00	3/20/2026	3/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 25,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	UMBRELLALIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EEA1272517 00	3/20/2026	3/20/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERSCOMPENSATION AND EMPLOYERS'LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A A A	Contractors Pollution Transportation Pollution Products Pollution			EVA1272514 00 EVA1272514 00 EVA1272514 00	3/20/2026 3/20/2026 3/20/2026	3/20/2027 3/20/2027 3/20/2027	Each Occurrence Each Occurrence Each Occurrence	1,000,000 1,000,000 1,000,000

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

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/8/2026

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PRODUCER	CONTACT NAME:	
Commercial Insurance Associates, LLC 103 Powell Court, Ste 200 Brentwood TN 37027	PHONE (A/C, No, Ext): 615-515-6000	FAX
	E-MAIL ADDRESS: administrator@com-ins.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : WestBendMutualInsuranceCompany	15350
INSURER B : AlliedWorldSurplusLinesInsuranceCompany	24319
INSURER C : NationalFire&MarineInsCo	20079
INSURER D : XLSpecialtyInsuranceCompany	37885
INSURER E :	
INSURER F :	

INSURED LJPWAST-01

United Liquid Waste Recycling, LLC; United Grease, LLC
United Septic & Drain Services, LLC;
United Logistics, LLC
715 Morgan Street
Clyman WI 53016-0247

COVERAGES **CERTIFICATE NUMBER:** 534717174 **REVISION NUMBER:**

THISISTO CERTIFY THAT THE POLICIES OFINSURANCELISTED BELOWHAVE 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
D	AUTOMOBILE LIABILITY			AEC0072067	4/11/2026	4/11/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
D	UMBRELLALIAB [X] OCCUR			UEC0072069	4/11/2026	4/11/2027	EACH OCCURRENCE	$ 5,000,000
	[X] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED [X] RETENTION $ 10,000							
A	WORKERSCOMPENSATION AND EMPLOYERS'LIABILITY Y / N	N / A		B033787 04	4/11/2026	4/11/2027	[X] PER [ ] OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Auto Physical Damage			0314-6571	4/11/2026	4/11/2027	Comp/Coll Deductible	See Below
C	Contractor's Leased/Rented Equip			42-MAR-102157-01	4/11/2026	4/11/2027	Limit	180,000
							Deductible	See Below

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

Auto Physical Damage Deductibles:
$25,000 per vehicle with a value of $100,000 or less; and $50,000 per vehicle with a value greater than $100,000

Contractors' Equipment Valuation:
Actual Cash Value for any equipment older than 5 years and any equipment that does not have a model year on the schedule on file.
Replacement Cost for any equipment 5 years old or newer

See Attached...

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

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

ADDITIONAL REMARKS SCHEDULE

AGENCY Commercial Insurance Associates, LLC	**NAMED INSURED** United Liquid Waste Recycling, LLC; United Grease, LLC United Septic & Drain Services, LLC; United Logistics, LLC 715 Morgan Street Clyman WI 53016-0247
POLICY NUMBER	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATEOFLIABILITYINSURANCE

Contractors Equipment Deductible: $10,000

Policy #UEC0072069 is follow form to the Automobile Liability and Workers Compensation Policies.

UWLR is an additional named insured on the Automobile Liability and Worker's Comp policies.