

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2020

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 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).

The state of the s	Juon Ci	ndorsement(s).						
PRODUCER			CONTACT Debra Mirch	CONTACT Debra Mirch				
VTC Insurance Group			PHONE	181 828 - 3741				
Troy Office			(248) 828-3377 FAX (A/C, No): (248) 828-3741 E-MAIL ADDRESS: dmirch@vtcins.com					
1175 W. Long Lake Ste.	200		INSURER(S) AFFORDING COVERAGE					
Trov	MI	40000 4000	MOOKEN(S) AFFORDING COVERAGE	NAIC #				
	MI	48098-4960	INSURER A: Continental Insurance Co.	035289				
INSURED			INSURER B: Valley Forge Insurance Co.	20508				
			INSURER C: Continental Casualty Co	20443				
RTI Laboratories, Inc.			INSURERD: Evanston Insurance Company	35378				
33080 Industrial Rd				33376				
T 1	200-100-00-00		INSURER E :					
Livonia	MI	48150-1827	INSURER F:					
COVERAGES		CERTIFICATE NUMBER	7.20 21 V - 1					

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.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X OCCUR NLAGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC			7011615055	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
N'L AGGREGATE LIMIT APPLIES PER:			7011615055			DAMAGE TO RENTED PREMISES (Fa occurrence)	c	100 000
			7011615055	The service was a service of		The state of the s	D.	100,000
				10/16/2020	10/16/2021	MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
POLICY JECT LOC						GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	s	2,000,000
OTHER:						Employee Benefits	\$	1,000,000
AUTOMOBILE LIABILITY X ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X ALL OWNED AUTOS NON-OWNED AUTOS			6043347650	10/15/2020	10/15/2021	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
						Uninsured motorist BI-single limit	\$	1,000,000
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
CLAINIS-IVIADE						AGGREGATE	\$	
1101010							\$	
AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
OFFICER/MEMBER EXCLUDED?		Α		10/15/2020	10/15/2021	E.L. EACH ACCIDENT	\$	1,000,000
C (Mandatory in NH) If yes, describe under			6043347700			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
CRIPTION OF OPERATIONS below	1						170000000000000000000000000000000000000	Retention
FPCd	DED RETENTION \$ KERS COMPENSATION MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE EARLY IN NH) describe under RIPTION OF OPERATIONS below	DED RETENTION S KERS COMPENSATION IMPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? attory in NH) describe under RIPTION OF OPERATIONS below	DED RETENTION \$ (ERS COMPENSATION MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below	DED RETENTION S (ERS COMPENSATION MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below Figure 1. (P. 1.2) A 1.2 A 1.4 A	DED RETENTION S KERS COMPENSATION IMPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below COSSI ON 1 / Pall Intring	DED RETENTION \$ IERS COMPENSATION IMPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE ROPRIETOR/PARTNER/EXECUTIVE atory in NH) describe under RIPTION OF OPERATIONS below CORSI ON 1 / Pol lint in on	EXCESS LIAB CLAIMS-MADE DED RETENTION S GERS COMPENSATION IMPLOYERS' LIABILITY Y/N ROPPIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below AGGREGATE AGGREGATE DTH- STATUTE ER EL EACH ACCIDENT ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - POLICY LIMIT FESSIONAL/POLINTION	EXCESS LIAB CLAIMS-MADE DED RETENTION \$ SERS COMPENSATION S SERS COMPENSATION

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

CERTIFICATE HOLDER	CANCELLATION
RTI Laboratories, Inc 33080 Industrial Rd Livonia, MI 48150-1827	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
92-4	AUTHORIZED REPRESENTATIVE

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alon P. Charles

Alan Chandler/DMIRCH