



## CERTIFICATE OF LIABILITY INSURANCE

KDAVIDSON

DATE (MM/DD/YYYY) 07/31/2018

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).

CONTACT NAME:					
PHONE (A/C, No, Ext): (214) 979-6200	FAX (A/C, No):(214) 979-6215				
E-MAIL ADDRESS: dallascerts@hubinternational.com					
INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURER A: Great Northern Insurance Comp	any 20303				
INSURER B: Federal Insurance Company	20281				
INSURER C : Service Lloyds Insurance Compa	any 43389				
INSURER D: Allied World Assurance Co Inc					
INSURER E : ACE American Insurance Compa	any 22667				
INSURER F:					
	NAME: PHONE (A/C, No, Ext): (214) 979-6200  E-MAIL ADDRESS: dallascerts@hubinternational.com INSURER(S) AFFORDING COVERAGE INSURER A: Great Northern Insurance Comp INSURER B: Federal Insurance Company INSURER C: Service Lloyds Insurance Comp INSURER D: Allied World Assurance Co Inc INSURER E: ACE American Insurance Comp				

## COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUB	3R	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	IIIOD III		(MINIOD) 1111)	(MINICO)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		36025440	06/01/2018	06/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		73584338	06/01/2018	06/01/2019	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 4,000,000
	EXCESS LIAB CLAIMS-MADE		79888725	06/01/2018	06/01/2019	AGGREGATE	\$ 4,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X PER OTH- STATUTE ER	
			WC0030082-2018A	06/01/2018	06/01/2019	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	POLLUTION LIABILITY		03104927	12/20/2017		EACH OCCURRANCE	10,000,000
E	Prof Tech E & O Liab		G46605779 002	02/22/2018	02/22/2019	Each Occurrence	10,000,000

CERTIFICATE HOLDER	CANCELLATION		
Call2Recycle, Inc. 1000 Parkwood Circle, Suite 200 Atlanta, GA 30339	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Atlanta, GA 30339	AUTHORIZED REPRESENTATIVE		

LOC #: 1



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY License # 4682 NAMED INSURED							
Dallas, TX-Hub International Insurance Services		Wistron GreenTech Texas Corporation					
POLICY NUMBER		2101 Couch Dr. McKinney, TX 75069					
SEE PAGE 1		•					
CARRIER	NAIC CODE	-					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					
ADDITIONAL REMARKS	1	OLL I AOL I					
	ORD FORM						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles:							
(through ACE American Insurance Co.) Effective 2/22/		9 written with \$10 Million Occurrence/Claim Limit and \$15 Million					
Aggregate Limit. ************ Professional Liability/Tecl	hnology Erro	ors & Omissions Liability (Excess Liability) Policy # IT811669					
Aggregate Limit. ********** Professional Liability/Techn	ology Frrors	ten with \$10 Million Occurrence/Claim Limit and \$10 Million & & Omissions Liability Policy # W23B29180101 (EXCESS Policy					
over Primary Professional Liab. Policy # G46605779-00	02 through A	ACE American & Excess Liability Professional Liab Poilcy #					
IT811669 through Evanston Ins. Co.) - Effective 7/1/18	to 2/22/19 - 3	\$5 Million Occurrence/Claim and \$5 Million Aggregate Limit					
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