

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/04/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>1 Concourse Pkwy NE</b> <b>Suite 700</b> <b>Atlanta, GA 30328</b>	<b>CONTACT NAME:</b> <b>Tracie Medina</b> <b>PHONE (A/C, No, Ext):</b> <b>404 923-3700</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>tracie.medina@usi.com</b>														
<b>INSURED</b> <b>Call2Recycle, Inc.</b> <b>1000 Parkwood Circle, Ste. 200</b> <b>Atlanta, GA 30339</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 485"><b>INSURER A : Aspen Specialty Insurance Company</b></td> <td data-bbox="1433 453 1572 485"><b>10717</b></td> </tr> <tr> <td data-bbox="816 485 1433 516"><b>INSURER B : Westchester Surplus Lines Insurance Co.</b></td> <td data-bbox="1433 485 1572 516"><b>10172</b></td> </tr> <tr> <td data-bbox="816 516 1433 548"><b>INSURER C : ACE Fire Underwriters Insurance Co.</b></td> <td data-bbox="1433 516 1572 548"><b>20702</b></td> </tr> <tr> <td data-bbox="816 548 1433 579"><b>INSURER D : Federal Insurance Company</b></td> <td data-bbox="1433 548 1572 579"><b>20281</b></td> </tr> <tr> <td data-bbox="816 579 1433 611"><b>INSURER E :</b></td> <td data-bbox="1433 579 1572 611"></td> </tr> <tr> <td data-bbox="816 611 1433 634"><b>INSURER F :</b></td> <td data-bbox="1433 611 1572 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Aspen Specialty Insurance Company</b>	<b>10717</b>	<b>INSURER B : Westchester Surplus Lines Insurance Co.</b>	<b>10172</b>	<b>INSURER C : ACE Fire Underwriters Insurance Co.</b>	<b>20702</b>	<b>INSURER D : Federal Insurance Company</b>	<b>20281</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD Ded:1,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	ERAHKFW24	01/04/2024	01/04/2025	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>25,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
D	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			73252697	01/04/2024	01/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>	X	X	EXAHKFX24	01/04/2024	01/04/2025	EACH OCCURRENCE \$ AGGREGATE \$ <b>4,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liab.	X	X	ERAHKFW24	01/04/2024	01/04/2025	\$1,000,000
B	Cyber Liab.			F14687038006	01/04/2024	01/04/2025	\$1,000,000
C	Professional Liab			EONGAF164083722	01/04/2024	01/04/2025	\$1,000,000

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

For informational purposes only

**CERTIFICATE HOLDER****CANCELLATION**

<b>Call2Recycle, Inc.</b> <b>1000 Parkwood Circle</b> <b>Ste. 200</b> <b>Atlanta, GA 30339</b>	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 
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