

EPAUL

5/21/2024

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 this certificate does not confer rights to the			uch endor	rsement(s).		require an endo	orsemen	t. As	statement on								
PRODUCER IMA, Inc Salt Lake City 95 S State Street Suite 1300 Salt Lake City, UT 84111				CONTACT NAME:													
								FAX (A/C, No):(801) 532-2804									
				E-MAIL ADDRESS:													
				INSURER(S) AFFORDING COVERAGE					NAIC #								
				INSURER A: American Zurich Insurance Company					40142								
INSURED				INSURER B:													
PDQ TOPCO GP, LLC				INSURER C:													
2200 S Main, Suite 200				INSURER D:													
South Salt Lake, UT 84115			INSURER E :														
			INSURER F:														
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:													
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	UIREM RTAIN LICIES	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI B. LIMITS SHOWN MAY HAVE	N OF AN' DED BY 1 BEEN RE	Y CONTRAC THE POLICI DUCED BY F	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WIT	H RESPE JBJECT T	CT TO O ALL	O WHICH THIS								
l • l l	DL SUB SD WVI	POLICY NUMBER	(N	MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		1,000,000								
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		CPO249696600	5/1	5/12/2024	5/12/2025	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	ED rrence)	\$	1,000,000								
						MED EXP (Any one p	erson)	\$	15,000								
						PERSONAL & ADV II	NJURY	\$	1,000,000								
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$	2,000,000								
POLICY PRO- LOC						PRODUCTS - COMP		\$	2,000,000								
OTHER:						COMBINED SINGLE		\$	2,000,000 1,000,000								
A AUTOMOBILE LIABILITY						(Ea accident)	LIIVIIII	\$	1,000,000								
ANY AUTO OWNED SCHEDULED		CPO249696600		5/12/2024	5/12/2025	BODILY INJURY (Pe	•	\$									
OWNED AUTOS ONLY AUTOS AUTOS						BODILY INJURY (Pe PROPERTY DAMAG		\$									
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	_	\$									
A X UMBRELLA LIAB X OCCUR								\$	7,000,000								
			5/12/2024	5/12/2025			\$	1,000,000									
DED RETENTION \$			0.1		AGGREGATE Aggregate		\$	7,000,000									
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH- ER	\$										
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WC249696800	5/12/2024	5/12/2025	E.L. EACH ACCIDEN		\$	1,000,000									
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Α					E.L. DISEASE - EA E		•	1,000,000								
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI		\$	1,000,000								
BESSELL HOLLOW OF ELECTRONIC BOILD						E.E. DIOLNOL TOL	IOT EIWIT	Ψ									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOR	RD 101, Additional Remarks Schedu	ule, may be a	attached if more	e space is requir	red)											
Evidence of Insurance.																	
CERTIFICATE HOLDER	CANCE	LLATION															
Evidence of Insurance				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						