ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/27/2024

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

RODUCER on Risk Services Southwest, Inc. allas TX Office		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105					
005 Lyndon B Johnson Freeway uite 1500			E-MAIL ADDRES	S:			
allas TX 75244 USA				INS	URER(S) AFFO	RDING COVERAGE	NAIC #
SURED			INSURER	A: Zurio	ch Americar	Ins Co	16535
lti, Inc.		INSURER	gh 19445				
00 South 122nd East Avenue lsa OK 74146-6007 USA			INSURER	19399			
			INSURER	D:			
			INSURER	E:			
			INSURER	F:			
	-	TE NUMBER: 5701047				EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAII I POLIC	IENT, TERM OR CONDITI N, THE INSURANCE AFFC IES. LIMITS SHOWN MAY I	ION OF ANY (ORDED BY TI HAVE BEEN F	CONTRACT HE POLICIES REDUCED B	OR OTHER E S DESCRIBE Y PAID CLAIM	OCUMENT WITH RESPECT T D HEREIN IS SUBJECT TO AL IS. Limits shown	O WHICH THIS
SR TYPE OF INSURANCE	ADDL S INSD V		ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) 04/01/2025	LIMITS	
X COMMERCIAL GENERAL LIABILITY		GL0325194842	0	04/01/2024	04/01/2025		\$2,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
<u> </u>						PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	,,.
X POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
AUTOMOBILE LIABILITY		AL 7030916		04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
X ANY AUTO		Auto Liability AO AL 7030917		04/01/2024	04/01/2025	BODILY INJURY (Per person)	
X ANY AUTO		Auto Liability MA		04/01/2024	04/01/2025	BODILY INJURY (Per accident)	
AUTOS ONLY HIRED AUTOS NON-OWNED						PROPERTY DAMAGE	
ONLY AUTOS ONLY						(Per accident)	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	
DED RETENTION	-						
C WORKERS COMPENSATION AND		020396026		04/01/2024	04/01/2025	X PER STATUTE OTH- ER	
ANY PROPRIETOR / PARTNER / EXECUTIVE		020396027	04/01/2024 04/01/202 04/01/2024 04/01/202		E.L. EACH ACCIDENT	\$1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	020396028		04/01/2024	04/01/2025	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		DD 101 Additional Demonts C. I	adula marchi d	toobod if			
oncert Real Estate Corporation & Isured as required by Written Con Espects General Liability and Aut	Bental tract	l Kennedy (Canada) LE signed by Hilti, Inc.	P, by its C . and accor	General pa	rtner, Ben	lall G.P Ltd. are added	
ERTIFICATE HOLDER			CANCELLA	ΓΙΟΝ			
			SHOULD AN	NY OF THE A		BED POLICIES BE CANCELLED I ILL BE DELIVERED IN ACCORDANC	
Hilti (Canada) Corporation		4	AUTHORIZED RE	PRESENTATIVI			
8003 Roper Road NW Edmonton AB T6E 6S4 CAN				\sim			-
			Ω	I OP.	14	ices Southwest In	

Aon Risk Services Southwest Inc.

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IMPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject to certificate does not confer rights to th	b the	term	is and conditions of	the policy,	certain polic				
PRODUCER				CONTAC NAME:	• • •				
Aon Risk Services Southwest, Inc.				PHONE					
Dallas TX Office 5005 Lyndon B Johnson Freeway	don B Johnson Freeway								
Suite 1500				ADDRES	SS:				
Dallas TX 75244 USA					INSURER(S) AFFORDING COVERAGE				
NSURED				INSURE	A: Zurio	ch Americar	Ins Co	16535	
ilti, Inc.				INSURE	rgh 19445				
400 South 122nd East Avenue ulsa OK 74146-6007 USA		INSURE	INSURER C: AIU Insurance Company						
		INSURER D:							
	INSURER E:								
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY	of II Quir Pert	NSUR EMEN AIN, 1	IT, TERM OR CONDIT	V HAVE BEEI ION OF ANY ORDED BY T	CONTRACT	OTHE INSURE OR OTHER I S DESCRIBE	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUC				HAVE BEEN			Ennits Show	n are as requested	
	INSD	SUBR WVD	POLICY NUMB	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) 04/01/2025		#2 000 of 5	
A X COMMERCIAL GENERAL LIABILITY	1		GLU323194842		04/01/2024	04/01/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$100,000	
							MED EXP (Any one person)	\$5,000	
	-						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000 \$5,000,000	
								\$3,000,000	
							PRODUCTS - COMP/OP AGG	\$3,000,000	
			AL 7030916		04/01/2024	04/01/2025	COMBINED SINGLE LIMIT	¢5,000,000	
			Auto Liability AG	OS			(Ea accident)	\$5,000,000	
X ANY AUTO			AL 7030917		04/01/2024	04/01/2025			
OWNED AUTOS ONLY			Auto Liability MA	A		BODILY INJURY (Per accident)			
HIRED AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		
DED RETENTION									
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/			020396026 020396027		04/01/2024 04/01/2024	04/01/2025	X PER STATUTE OTH- ER		
ANY PROPRIETOR / PARTNER / EXECUTIVE N	N/A		020396027			04/01/2025	E.L. EACH ACCIDENT	\$1,000,000	
(Mandatory in NH)	4						E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000	
	1								
	1								
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Sch	hedule, may be	attached if more	space is require	d)		
nforma Canada, 100 - 10 Alcorn Av treet West, Toronto, ON M4V 2W6 a ccording to policy terms, conditi	re ac	lded	as Additional Ins	ured as re	equired by	Written Co	ntract signed by Hilti,	n, 255 Front Inc. and BEFORE THE NCE WITH THE	
ERTIFICATE HOLDER					NY OF THE ANY OF THERE		BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDAN	BEFORE THE NCE WITH THE	
					AUTHORIZED REPRESENTATIVE				
2360 Meadowpine Boulevard Mississauga ON L5N 6S2 CAN				.0	lon Pi	fe Serve	ices Southwest I	T nc	

Aon Risk Services Southwest Inc.

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