

## 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

certificate does not confer right	is to the certificate holder in fied of such t	endoi semen	ι(s).			
PRODUCER	T	CONTACT NAME:				
Aon Risk Services Northeast, New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-363-010	5	
		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING CO	VERAGE	NAIC#	
INSURED Elster Holdings US Inc. 2221 Industrial Road Nebraska City NE 68410 USA		INSURER A:	XL Specialty Insurance	Со	37885	
		INSURER B:	XL Insurance America I	nc	24554	
		INSURER C:	Greenwich Insurance Co	mpany	22322	
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERACEO	OFFICIOATE NUMBER: 57010404000	70	DEVIOLON	MUMPED.		

CERTIFICATE NUMBER: 570104640879 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.

	CLUSIONS AND CONDITIONS OF SUCH	-				POLICY EXP	Limits sno	own are as requested
insr Ltr	TYPE OF INSURANCE	ADDL S INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMITS	<b>;</b>
С	X COMMERCIAL GENERAL LIABILITY			RGC943763011	04/01/2024	04/01/2025	EACH OCCURRENCE	\$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
							MED EXP (Any one person)	\$50,000
							PERSONAL & ADV INJURY	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	Included
С	OTHER:  AUTOMOBILE LIABILITY			RAC943764211	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT	\$1,000,000
			,	AOS			(Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
С	UMBRELLA LIAB X OCCUR			RAO943764511	04/01/2024	04/01/2025	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE			Excess Auto			AGGREGATE	
	DED RETENTION							
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			RWD943540311 AOS	04/01/2024	04/01/2025	X PER STATUTE OTH-	
Α	ANY PROPRIETOR / PARTNER / EXECUTIVE NOFFICER/MEMBER EXCLUDED?	N/A		RWC943540211	04/01/2024	04/01/2025	E.L. EACH ACCIDENT	\$5,000,000
	(Mandatory in NH)		,	AK, WI	, ,		E.L. DISEASE-EA EMPLOYEE	\$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$5,000,000 \$5,000,000
Α	Excess Workers Compensation			RWE943540411 AZ, OH, WA SIR applies per policy ter	, ,		EL Each Accident EL Disease - Ea Emp EL Annual Aggregate	\$5,000,000 \$5,000,000 \$5,000,000
			ľ	31K applies per policy ter	iis & conun	. 10113	LL Ailliua i Aggregate	\$3,000,000

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

Evidence of Coverage. Blanket Additional Insured where required by written contract endorsement is included on the General Liability and Auto policies. Blanket Contractual Liability is included on the General Liability and Auto policies per the policy coverage forms. A Waiver of Subrogation where required by written contract is included on applicable policies shown above. Honeywell will provide the General Liability ISO endorsement form numbers where required by written contract upon

CERTIFICATE HOLDER	CANCELLATIO
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Elster Holdings US Inc. 2221 Industrial Road

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

Aon Risk Services Northeast, Inc.

Nebraska City NE 68410 USA



LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.	NAMED INSURED Elster Holdings US Inc.	
POLICY NUMBER See Certificate Number: 570104640879		
CARRIER	NAIC CODE	
See Certificate Number: 570104640879		EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL	. REMARKS F	ORM IS A SCHE	EDULE TO ACORD FORM,
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability Insurance

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
	OTHER						
Α			RWE943540511 Excess WC - NM SIR applies per policy te		04/01/2025 ons		
Α	Architects & Engineers Professional		RGO9435408 Claims Made	04/01/2013	04/01/2025	Professional Liab	\$5,000,000
	Excess WC Limits						
	are Statutory in						
	AZ, OH, WA, & NM						

**AGENCY CUSTOMER ID:** 570000054391

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY		NAMED INSURED
Aon Risk Services Northeast, Inc.	Elster Holdings US Inc.	
POLICY NUMBER See Certificate Number: 570104640879		
CARRIER	NAIC CODE	
See Certificate Number: 570104640879		EFFECTIVE DATE:

See Certificate Number: 570104640	)879	EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
	Named I	nsured				
Elster, Elster Perfection Corp., Elster American Meter Company, LL Inc., CEC Combustion Safety LLC a Honeywell International Inc.	Elster Holdings US, I .C, Elster Instromet, and Hauck Manufacturin	nc., Elster Solutions, LLC, Elster AMCO Water, LLC, Inc., Eclipse, Inc., EnergyICT, Inc., Exothermics, g Company, Inc. are wholly owned subsidiaries of				