



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/21/2022

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).

<b>PRODUCER</b> Marsh USA, Inc. Two Alliance Center 3560 Lenox Road, Suite 2400 Atlanta, GA 30326  CN103123243-Hill-ALL-22-23      HSH	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> The Hiller Companies, LLC 3751 Joy Springs Drive Mobile, AL 36693	<b>INSURER A :</b> Zurich American Insurance Company		<b>NAIC #</b> 16535
	<b>INSURER B :</b> American Guarantee & Liability Ins Co		26247
	<b>INSURER C :</b> American Zurich Insurance Company		40142
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005476001-33      **REVISION NUMBER:** 8

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO 4020293-00	09/16/2022	09/16/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPI/OP AGG \$ 4,000,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 4020294-00	09/16/2022	09/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			AUC-7645476-00	09/16/2022	09/16/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			WC 4020292-00 (AOS)	09/16/2022	09/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
	See Second Page For Additional Coverage Information							

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

### CERTIFICATE HOLDER

### CANCELLATION

Herbert S. Hiller 401 Commerce Point Harahan, LA 70123	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  <i>Marsh USA Inc.</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY **Marsh USA, Inc.		NAMED INSURED The Hiller Companies, LLC 3751 Joy Springs Drive Mobile, AL 36693	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

SCHEDULE OF NAMED INSURED:

- The Hiller Companies, LLC - First Named Insured
- LJ Falcon Holdco LP - Additional Named Insured
- HC West, LLC - Additional Named Insured
- American Fire Bahamas Ltd - Additional Named Insured

COMMERCIAL GENERAL LIABILITY

Coverage includes: Blanket Additional Insured/Blanket Waiver of Subrogation (as required by written contract), Broad Form Named Insured, Limited Pollution Buy-Back Endorsement (72 Hours), Cross Liability, Action Over Indemnity Buy-Back, Per Project Aggregate Limit & Non-Owned Watercraft Liability. Explosion, Collapse and Underground (XCU) coverage is included in the General Liability, subject to the policy terms, conditions and exclusions. Contractual Liability is included in the General Liability, subject to the policy terms, conditions and exclusions.

AUTOMOBILE LIABILITY

Coverage includes Blanket Additional Insured/Waiver of Subrogation (as required by written contract).

STATE ACT WORKERS COMPENSATION

Includes Voluntary Compensation, Foreign Voluntary Compensation, Blanket Waiver of Subrogation, Stop Gap Liability. Coverage included for all states except monopolistic states of North Dakota, Ohio, Washington and Wyoming.

Maritime Employer Liability (MEL)

Carrier: Great American Insurance Company  
Policy No. COME895302-00  
Policy Term: 9-16-2022 to 9-16-2023  
Limit of Insurance:

\$1,000,000 any one accident or illness, including indemnity and expenses of investigation and defense

ENDORSEMENTS/EXCLUSIONS INCLUDE BUT NOT LIMITED TO:

Transportation, Wages, Maintenance & Cure, Death on the High Seas, In Rem and Blanket Waiver of Subrogation (as required by written contract)

MEL SCHEDULE OF NAMED INSURED:

- The Hiller Companies, LLC - First Named Insured
- LJ Falcon Holdco LP - Additional Named Insured
- HC West, LLC - Additional Named Insured
- American Fire Bahamas Ltd - Additional Named Insured

United States Longshore and Harbor Workers' Compensation Act (USL&H)

Carrier: American Longshore Mutual Association, Ltd. (ALMA)  
Policy No. ALMA-091422-083032-01  
Policy Term: 9-16-2022 to 9-16-2023

Employer's Liability Limits:

- Bodily Injury by Accident, each accident \$1,000,000
- Bodily Injury by Disease, annual aggregate \$1,000,000
- Bodily Injury by Disease, each employee \$1,000,000

ENDORSEMENTS/EXCLUSIONS INCLUDE BUT NOT LIMITED TO:

In Rem, Outer Continental Shelf Lands Act Endorsement, Blanket Waiver of Subrogation (as required by written contract), Gulf of Mexico Extension, Defense Base Act, Blanket Alternate Employer Endorsement.



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> **Marsh USA, Inc.		<b>NAMED INSURED</b> The Hiller Companies, LLC 3751 Joy Springs Drive Mobile, AL 36693	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

USL&H SCHEDULE OF NAMED INSURED:  
 -The Hiller Companies, LLC - First Named Insured  
 -LJ Falcon Holdco LP - Additional Named Insured  
 -HC West, LLC - Additional Named Insured  
 -American Fire Bahamas Ltd - Additional Named Insured

Marine General Liability:  
 Insurer: Zurich American Ins Co  
 Policy Number: MAR 5846518-00  
 Policy Term: 9/16/2022 to 9/16/2023

\$1,000,000 —Each Occurrence  
 \$1,000,000 —Products and Completed Operations Aggregate  
 \$1,000,000 —Personal and Advertising Injury  
 \$2,000,000 —General Aggregate  
 \$ 100,000 —Fire Legal Liability  
 \$ 5,000 —Premises Medical Payments

Wharfingers' Liability  
 1,000,000 Each Occurrence  
 Stevedores' liability  
 1,000,000 Each Occurrence  
 Terminal operators' liability  
 1,000,000 Each Occurrence  
 Shiprepairers' liability  
 1,000,000 Each Occurrence  
 General Policy Aggregate - 2,000,000  
 Deductible 50,000 any one accident or occurrence

General Liability, Primary Automobile and Umbrella policies are Primary and Non-Contributory as required by written contract but only with respect to work performed by the Named Insured.  
 It is agreed that Certificate Holder is included as Additional Insured regarding General Liability as required by written contract.  
 Waiver of Subrogation applies in favor of Certificate Holder regarding General Liability coverage as required by written contract.