

1832 Schuetz Road St Louis, MO 63146-3540 Telephone (888) 995-5300 (314) 995-5300 Fax (314) 995-3897

CERTIFICATE OF INSURANCE AND CERTIFICATE OF INSURED MEMBER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW.

A. <u>THE CERTIFICATE HOLDER</u>: Name: Address:

B. CERTIFICATE OF INSURANCE:

This is to certify that the policy of insurance listed below has been issued to the insured association, trust or fund named below and is in force at this time. 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

INSURED ASSOCIATION TRUST ELECTRICAL EMPLOYERS SELF INSURANCE SAFETY PLAN

OR FUND:

POLICY NUMBER: SP 4068068

TYPE OF INSURANCE: Specific Excess Workers' Compensation and Employers' Liability Insurance

LOCATION(S): NEW YORK

POLICY LIABILITY PERIOD: February 11, 2023 through February 11, 2024

POLICY PAYROLL REPORTING

PERIOD: February 11, 2023 through February 11, 2024

Self-Insured Retention Per Occurrence \$ 3,000,000

Maximum Limit of Indemnity Per Occurrence Statutory

Employers' Liability Maximum Limit of Indemnity Per Occurrence \$3,000,000

C. CERTIFICATE OF INSURED MEMBER:

Further, this is to certify that the insured member named below is a member of the insured association, trust or fund and, as such, may derive benefit from the insurance policy listed above to the extent determined by the insured association, trust or fund.

Insured Member: Name:

Address: Effective Date:

SAFETY NATIONAL CASUALTY CORPORATION

By: Gus E. Aivaliotis Chief Underwriting Officer Date: February 02, 2023

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