



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/31/2017
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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).

PRODUCER Chadler Solutions, Inc. 100 Passaic Ave, Suite 120 Fairfield, NJ 07004-3508	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">CONTACT NAME:</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">FAX (A/C, No): (973) 227-4026</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PHONE (A/C, No, Ext):</td> <td colspan="2" style="border-bottom: 1px solid black;">(973) 227-0025</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER A : Hartford Fire Insurance Company</td> <td style="border-bottom: 1px solid black;">19682</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">INSURER B :</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">INSURER C :</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">INSURER D :</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">INSURER E :</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">INSURER F :</td> </tr> </table>	CONTACT NAME:		FAX (A/C, No): (973) 227-4026	PHONE (A/C, No, Ext):	(973) 227-0025		E-MAIL ADDRESS:			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Hartford Fire Insurance Company		19682	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURED EMSL Analytical, Inc. 200 Route 130 North Cinnaminson, NJ 08077																															

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			13UUNJV4477	04/02/2017	04/02/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			13UUNJV4477	04/02/2017	04/02/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			13RHUJY3961	04/02/2017	04/02/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N N / A		N / A	13WEBQ6138	04/02/2017	04/02/2018	<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	

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

CERTIFICATE HOLDER <p style="text-align: center;">For Information Only</p>	CANCELLATION <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE
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