



CERTIFICATE OF LIABILITY INSURANCE

6/30/2020

DATE (MM/DD/YYYY)

6/18/2019

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 Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Fire Insurance Co of Hartford		20478
INSURER B: Sentry Casualty Company		28460
INSURER C: The Continental Insurance Company		35289
INSURER D: Sentry Insurance a Mutual Company		24988
INSURER E:		
INSURER F:		

INSURED
1442754 MW Industries, Inc.
9501 Technology Blvd. #401
Rosemont IL 60018-5234

COVERAGES

CERTIFICATE NUMBER: 15456101

REVISION NUMBER: XXXXXXXX

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	6057057585	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	90-16104-04 (AOS) 90-16104-05 (MA)	6/30/2019 6/30/2019	6/30/2020 6/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	6071873491	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 30,000,000 AGGREGATE \$ 30,000,000 \$ XXXXXXXX
B	<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		N	90-16104-03	6/30/2019	6/30/2020	<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)
See Attached.

CERTIFICATE HOLDER

CANCELLATION See Attachment

15456101
STERIS Instrument Management Services
12229 SW 53rd St., Suite 304
Cooper City FL 33330

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

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MWI Industries, Inc. Named Insureds:

MW Industries, Inc.
MWI Holdings, Inc.
Helix Acquisition Holdings, Inc.
Matthew Warren, Inc.
Hyperco
Automatic Spring Coling Company
Rumco, Inc.
Rumco Entereprises, Inc.
Century Spring Corporation
Accurate Screw Machine Corp.
Peck Spring Corporation
Pebex, Inc.
Engineered Spring Products, Inc.
Chestnut Group, Inc.
Atlantic Spring Company
Maryland Precision Spring Company
Rolex Spring Company
Springmasters
B&S Screw Machine Products
Capital Spring Company
Economy Spring
Pontotoc Spring a Division of Matthew Warren Inc.
Mohawk Spring Corporation
MW DePaolo Holdings, LLC.
R&R Manufacturing Company, Inc.
RAF Electronic Hardware, LLC.
MW Industries/Economy Spring Division
MW Industries DBA Futuristics Components
Hi-Tech Machine
Lifeline Products
MW Industries DBI Hi Performance Fastening Systems
Maudlin & Son Manufacturing dba Matthew Warren, Inc.
Helical Products Company dba Matthew Warren, Inc.
Precision Manufacturing Group LLC dba Servometere and Bellows Tech LLC.
Bellows Tech L.L.C.
U.S.A. Fastener Group, a Division of Matthew Warren Inc.
Tri-Star Industries, Inc.
MW Massirio Holdings, LLC
MW Spring Lane Holdings, LLC
LaVezzi Precision
AmeriFlex, Inc.
Sussex Wire, Inc.
SW Holdings, LLC.
Marox Corporation