

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/28/2023

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 righ	nts to the certificate holder in lieu of such e	endorsemen	t(s).				
PRODUCER Aon Risk Services Central, 1	nc.	CONTACT NAME:					
Minneapolis MN Office 5600 West 83rd Street 8200 Tower, Suite 1100		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	.05		
		E-MAIL ADDRESS:					
Minneapolis MN 55437 USA			INSURER(S) AFFORDING CO	NAIC#			
INSURED		INSURER A:	Liberty Mutual Fire Ir	is Co	23035		
ENVE Composites, LLC	Ī	INSURER B:	33588				
508 W Stockman Way Ogden UT 84401 USA		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5701028122	16	REVISION	NIIMRER:	· · · · · · · · · · · · · · · · · · ·		

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 TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY FF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS								
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	1
Χ	COMMERCIAL GENERAL LIABILITY			TB2641438849063	05/01/2023	05/01/2024	EACH OCCURRENCE	\$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$10,000
		-					PERSONAL & ADV INJURY	\$5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000,000
Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
	OTHER:							
ΑU	TOMOBILE LIABILITY			AS6-Z91-471181-023	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
X ANYALITO							BODILY INJURY (Per person)	
OWNED SCHEDULED							BODILY INJURY (Per accident)	
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	
	AUTOS ONLY							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	
	DED RETENTION							
	ADLOVEDOLLIADILITY			WC6Z91471181013	12/01/2023	12/01/2024	X PER STATUTE OTH-	
ANY PROPRIETOR / PARTNER / EXECUTIVE		71					E.L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)		_ N / A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000
	TION OF OPERATIONS / LOCATIONS / VEHICLE	1.50./*	0000	Ind. Additional Description Colored 1			.n	
	X GE X AU X EII AIN OFF	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTINER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY ONLY COMPAND AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB DED RETENTION WORKERS COMPENSATION AND EMPLOYERS: LIABILITY WORKERS COMPENSATION AND EMPLOYERS: LIABILITY WORKERS COMPENSATION AND EMPLOYERS: LIABILITY N N / A WC6Z91471181013 12/01/2023	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N N / A WC6Z91471181013 12/01/2023 12/01/2024 WC6Z91471181013 12/01/2023 12/01/2024	TYPE OF INSURANCE ADDI SUBR INSU W/D X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR TB2641438849063 TB264143849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2641438849063 TB2

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

Weber County 444 24th Street Ogden UT 84401-1473 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.