

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2023

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to				e polic			require an endorsement		e endorsed. statement on											
PRODUCER					CONTACT NAME:															
MARSH USA INC.					PHONE FAX															
540 W. MADISON CHICAGO, IL 60661					I E-MAIL															
Attn: chicago.CertRequest@marsh.com					ADDRESS:															
CALL							RDING COVERAGE		NAIC#											
CNH .					INSURER A : ACE American Insurance Company				22667											
INSURED CNH Industrial America LLC					INSURER B: Indemnity Insurance Company of North America				43575 N/A											
700 State Street					INSURER C: N/A															
Racine, WI 53404					INSURER D:															
					INSURER E :															
				INSURE	RF:															
COVERAGES CER	TIFIC	ATE	NUMBER:	CHI	-007514474-58		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. INSIN TYPE OF INSURANCE ADDITIONS OF SUCH POLICY SUMPLY POLICY FOR MAY POLICY FOR MAY MAY MAY HAVE BEEN REDUCED BY POLICY FOR POLICY FOR MAY																				
A X COMMERCIAL GENERAL LIABILITY			HDO G47351686		12/31/2022	12/31/2023	EACH OCCURRENCE	\$	2,000,000											
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$												
CEANIO-WADE COOK							MED EXP (Any one person)	\$												
									2,000,000											
							PERSONAL & ADV INJURY	\$	2,000,000											
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000											
							PRODUCTS - COMP/OP AGG	\$	2,000,000											
A AUTOMOBILE LIABILITY			ISA H10760306		12/31/2022	12/31/2023	COMBINED SINGLE LIMIT	\$	2 000 000											
7.0.10.110.1111			15/11/10/00000		12/01/2022	12/31/2023	(Ea accident)		2,000,000											
X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$												
AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$												
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$												
								\$												
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$												
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$												
DED RETENTION \$								\$												
B WORKERS COMPENSATION			WLR C5072718A (AOS)		12/31/2022	12/31/2023	X PER OTH- STATUTE ER													
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	2,000,000											
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		2,000,000											
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000											
A EXCESS WORK COMP			WCU C50727415 (IL,WI)		12/31/2022	12/31/2023	LIMITS	Ψ	2,000,000											
A EXCESS WORK COM			(' '		12/31/2022	12/31/2023	LIMITS		2,000,000											
			SIR: \$1,000,000 (IL, WI)																	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																				
CERTIFICATE HOLDER					CANCELLATION															
CNH GLOBAL N.V. INCLUDING CNH AMERICA LLC fka CASE LLC, CASE CORPORATION AND NEW HOLLAND NORTH AMERICA, INC. 700 STATE STREET RACINE, WI 53404					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															
																	_	Wand US4	10	(c.V. c.m)