

EXHIBIT C -- INSURANCE COVERAGE REQUIREMENTS

✓ INDICATES WHAT TYPE OF INSURANCE IS REQUIRED				
<u>TYPE OF INSURANCE</u>			<u>LIMITS OF LIABILITY</u>	
			Each Occurrence	Aggregate
GENERAL LIABILITY				
✓	Comprehensive Form	Bodily Injury	\$1,000,000	\$2,000,000
✓	Premises - Operations	Property Damage	\$1,000,000	\$2,000,000
	Explosion & Collapse Hazard			
	Underground Hazard			
<u>OR</u>				
✓	Products/Completed Operations Hazard			
✓	Contractual Insurance	Bodily Injury and Property Damage Combined Single Limit	\$1,000,000	\$2,000,000
✓	Broad Form Property Damage, Incl. Care, Custody Control			
✓	Independent Contractors			
✓	Personal Injury	Personal Injury	\$1,000,000	\$2,000,000
AUTOMOBILE LIABILITY				
✓	Comprehensive Form	Bodily Injury (Each Person)	\$1,000,000	
✓	Owned	Bodily Injury (Each Accident)	\$1,000,000	
✓	Hired	Property Damage OR	\$1,000,000	
✓	Non-Owned	Bodily Injury & Property Damage Combined Single Limit	\$1,000,000	
EXCESS LIABILITY (Over and above automobile and general liability)				
	Umbrella Form	Bodily Injury/Property Damage Combined	\$1,000,000	\$1,000,000
			OR	
✓	Excess Liability Gap Layer		\$1,000,000	\$1,000,000
✓	WORKER'S COMPENSATION and		Statutory	
✓	EMPLOYER LIABILITY		\$1,000,000	
OTHER				
	Builder's All Risk	Amount of Contract Price	\$ _____	

Please indicate: Claims-Made Form: _____, Occurrence Form: X ,
 Extending Reporting Provisions Avail. _____

The Contractor's insurance company must provide a certificate of insurance on acceptable form showing the above required coverage and modified to conform to the following endorsement. The following endorsement must also be signed by the insurer. ACCORD 20 Form 2004 or later



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2024

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 Marsh USA LLC 30 South 17th Street Philadelphia, PA 19103	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
CN102019951--GAWUE-24-25	INSURER(S) AFFORDING COVERAGE	
INSURED American Power Systems, LLC 1851 Central Pl S, Ste 206 Kent, WA 98030	INSURER A: Hartford Fire Insurance Company	NAIC # 19682
	INSURER B: Hartford Underwriters Insurance Company	30104
	INSURER C: Navigators Insurance Company	42307
	INSURER D: Federal Insurance Company	20281
	INSURER E: Hartford Accident and Indemnity Company	22357
	INSURER F: Twin City Fire Insurance Co	29459

COVERAGES **CERTIFICATE NUMBER:** CLE-007273874-01 **REVISION NUMBER:** 1

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			10 CSE C73332	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY			10 CSE C73333 (AOS)	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
B	☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			10 CSE C73334 (HI)	06/01/2024	06/01/2025	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			NY24UMRZ07UY9IV	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			10 WN C73330 (AOS)	06/01/2024	06/01/2025	☒ PER STATUTE ☐ OTH-ER
F	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☒ N	N / A	10 WBR C73335 (WI, MA)	06/01/2024	06/01/2025	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Employment Practices Liability			J06570914	06/01/2024	06/01/2025	Limits: \$ 1,000,000 Self Insured Retention: \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: All projects, including 2024-CFB-028 RADIO COMMUNICATIONS BATTERY BACKUP SYSTEM
Certificate Holder is noted as an Additional Insured on the General Liability and Automobile policies only if required by written contract and to the extent required by written contract, subject to policy terms, conditions, limitations, and exclusions. Should any of the above described policies be cancelled before the expiration date thereof, the issuing Company must deliver or mail not less than 45 days written notice to the above Certificate Holder, per RCW 48.18.290.

CERTIFICATE HOLDER LEWIS COUNTY, WASHINGTON DEPT. OF CENTRAL SERVICES LEWIS COUNTY HISTORICAL COURTHOUSE 351 N. W. NORTH STREET CHEHALIS, WA 98532	CANCELLATION 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 of Marsh USA LLC <i>Marsh USA LLC</i>
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STATE OF WASHINGTON

Department of Labor & Industries

Certificate of Workers' Compensation Coverage

September 6, 2023

WA UBI No.	604 163 057
L&I Account ID	651,067-00
Legal Business Name	AMERICAN POWER SYSTEMS LLC
Doing Business As	AMERICAN POWER SYSTEMS LLC
Workers' Comp Premium Status:	Account is current.
Estimated Workers Reported (See Description Below)	Quarter 2 of Year 2023 "21 to 30 Workers"
Account Representative	Employer Services Help Line, (360) 902-4817
Licensed Contractor?	Yes
License No.	AMERIPS832PC
License Expiration	10/03/2025

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. **Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation** (See [RCW 51.12.050](#) and [51.16.190](#)).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYERS' LIABILITY STOP GAP COVERAGE ENDORSEMENT

Policy Number: 10 WN C73330

Endorsement Number: 7

Effective Date: 06/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: EAST PENN MANUFACTURING CO.
102 DEKA ROAD, P.O. BOX 147
LYON STATION, PA 19536

This endorsement applies only to work in the states shown in the Schedule.

- I. Part One (Workers' Compensation Insurance) does not apply to work in a state shown in the Schedule.
- II. Part Two (Employers' Liability Insurance) applies to work in the states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- III. Part Two, Section C **Exclusions** is changed by adding these exclusions. This insurance does not cover:
 - 5. bodily injury by accident or bodily injury by disease intentionally caused or aggravated

by you, or bodily injury by accident or bodily injury by disease resulting from an act which is determined to have been committed by you if it was reasonable to believe that an injury is substantially certain to occur.

- 13. bodily injury sustained by any member of the flying crew of any aircraft.
- 14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium payment under, or any other failure to comply with the provisions of the workers' compensation law or laws of a state shown in the Schedule.

SCHEDULE

State

ND, OH, WA, WY