FARM BUREAU INSURANCE

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CERTIFICATE OF INSURANCE

☐ FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN
☑ FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN
Lansing, Michigan 48909

☐ **AMENDED**

Name and Address of Certificate Holder:

Named Insured and Address:

CRYSTAL CLEAN & PROFESSIONAL SERVICESS LLC
8430 M-119, SUITE 7
HARBOR SPRINGS, MI 49740

Issue Date: **01/05/2026**

This is to certify that the following policy(ies) of insurance has (have) been or will be issued by the Company to the Named Insured. This certificate is not a guarantee that the policy(ies) will remain in effect until its (their) stated expiration date. In the event of cancellation of any of the insurance policies before the expiration date, the Company will endeavor to mail notice of such cancellation to the Certificate Holder designated above at their last known address, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend, or alter the coverage afforded by the policy(ies) of insurance indicated below. The information conveyed in this Certificate of Insurance is only valid for the indicated policy periods. Certificates of Insurance for subsequent policy periods must be requested by the Certificate Holder.

Type of Insurance	Policy Number	Policy Period	Limits of Liability
Business Auto Liability • Specifically Described Autos (Symbol 7) ☐ *Hired Auto (Symbol 8)* ☐ *Non-Owned Auto (Symbol 9)*	**BAP-3271778**	Eff. **12/21/2025** Exp. **12/21/2026**	Combined Single Limit Each Accident $ **1,000,000**
Worker's Disability Compensation	**WCC-3227517**	Eff. **12/21/2025** Exp. **12/21/2026**	Coverage A - Statutory Coverage B - Bodily Injury by Accident $ **500,000** Each Accident (Employer's Liab.) Bodily Injury by Disease $ **500,000** Each Employee Bodily Injury by Disease $ **500,000** Policy Limit
Comprehensive General Liability or Commercial Package ☑ *Including* ☐ *Excluding Products-Completed Operations* ☐ *Hired Auto* ☐ *Non-Owned Auto* ☑ *CERTIFICATE HOLDER is an Additional Insured on the Comprehensive General Liability Policy.* ☐ *Excluding:*	**BO-11450586**	Eff. **12/21/2025** Exp. **12/21/2026**	Each Occurrence $ **2,000,000** Products Aggregate $ **2,000,000** General Aggregate $ **4,000,000** Medical Payments Limit $ **10,000**
Owners' or Contractors' Protective Liability		Eff. Exp.	Each Occurrence $ General Aggregate $
Products - Completed Operations Liability		Eff. Exp.	Each Occurrence $ Products Aggregate $
Umbrella Liability		Eff. Exp.	Limit $
Farmowners Liability Including Products Business Pursuits ☐ Excluded ☐ Included		Eff. Exp.	Limit $ Type: Describe:
Other		Eff. Exp.	

THE TIMKEN COMPANY IS ADDED AS AN ADDITIOANL INSURED ON A PRIMARY NONCONTRIBUTORY BASIS FOR GENERAL LIABILITY (INCLUDING ONGOING AND COMPLETED OPERATIONS). WAIVER OF SUBROGATION APPLIES IN A FAVOR OF THE TIMKEN COMPANY FOR THE ABOVE POLICY.

X _____ Authorized Signature

4837 Agent No.

(231) 547-9936 Agent Phone Number

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PROVIDE - CERTIFICATE HOLDER AND NAMED INSURED A COPY