

STATE OF ILLINOIS

OFFICE OF THE STATE FIRE MARSHAL DIVISION OF FIRE PREVENTION



1035 Stevenson Drive • Springfield, IL 62703-4259

FIRE SPRINKLER CONTRACTING LICENSE

AQUARIUS FLUID PRODUCTS INC d/b/a: NOLAN FIRE PUMP SYSTEM TESTING Responsible Managing Employee - J. Brian Nolan 2585 MILLENNIUM DRIVE UNIT B ELGIN, IL 60124

FSC0240

LICENSE#

Dale Simpson ACTING FIRE MARSHAL 02/28/2025

EXPIRATION DATE

This license may be revoked by the Office of the State Fire Marshal for failure to comply with the lawful rules regulating this program.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2023

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DSP Insurance Services Inc. 1900 E Golf Rd.	ONTACT AME: Brooke Miano HONE JC, No, Ext): (847) 934-6100 FAX (A/C, No):				
Suite 650 Schaumburg IL 60173	E-MAIL ADDRESS: bmiano@dspins.com				
Schaumburg IL 601/3	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Cincinnati Specialty Underwrit	13037			
INSURED	INSURER B: The Cincinnati Insurance Co	10677			
Aquarius Fluid Products, Inc dba Nolan Fire Pump System Testing	INSURER C: Cincinnati Casualty Company	28665			
dba Nolan Fire Pump Systems	INSURER D: Great American E&S Insurance Co	37532			
2585 Millennium Drive, Unit B Elgin IL 60124	INSURER E :				
•	INSURER F:				

COVERAGES CERTIFICATE NUMBER: Cert ID 40744 (19) **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.

INSR	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY FAID CLAIMS. ADDLISURE TYPE OF INSURANCE INSURANCE POLICY NUMBER (MM/DD/VVVV) (MM/DD/VVVV) LIMITS									
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIII	5	
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CSU 0108907	01/13/2024	01/13/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	x	ANY AUTO			ENP 0562416	01/13/2024	01/13/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	x	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
D		UMBRELLA LIAB X OCCUR			XSE927491	01/13/2024	01/13/2025	EACH OCCURRENCE	\$	5,000,000
	x	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY			EWC 0470700	01/13/2024	01/13/2025	X PER OTH- STATUTE ER		
_	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A	/ A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
									\$	
l									\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **SAMPLE**

CERTIFICATE HOLDER CANCELLATION

> Aquarius Fluid Products, Inc. dba Nolan Fire Pump System Testing Attn: Noelle 2585 Millennium Drive, Unit B Elgin IL 60124

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

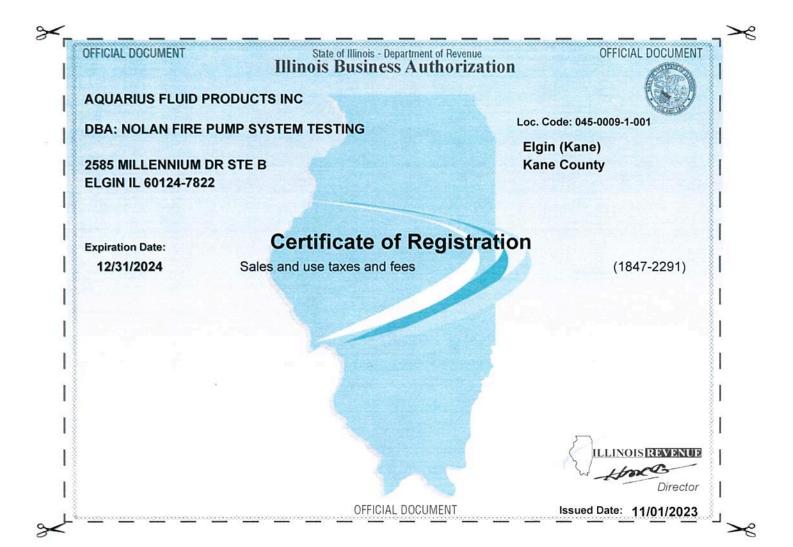
AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.





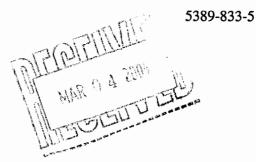
OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MARCH 1, 2004

AQUARIUS FLUID PRODUCTS, INC. 555 PLATE DRIVE, UNIT 4 EAST DUNDEE, IL 60118

RE NOLAN FIRE PUMP SYSTEM TESTING



DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE CORPORATION CREDITED WITH THE REQUIRED FEE.

THE DUPLICATE COPY IS ENCLOSED.

SINCERELY,

Fire Pump System Testing

2585 Millennium Drive, Unit B Elgin, IL 60123 847.289.9191 • F: 847.289.9292 www.aquariusfp.com

JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

the state of the