

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/13/2020

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).

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|--|--------------------------|--|-------|--|--|--|
| PRODUCER | CONTACT NAME: | | | | | |
| Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA | PHONE (A/C. No. Ext): | HONE /C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | | | | |
| | E-MAIL ADDRESS: | E-MAIL | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | |
| INSURED | INSURER A: | Zurich American Ins Co | 16535 | | | |
| American Technologies, Inc. 3360 E. La Palma Avenue | INSURER B: | Everest Indemnity Insu | 10851 | | | |
| Anaheim CA 92806 USA | INSURER C: | Navigators Specialty I | 36056 | | | |
| | INSURER D: | INSURER D: Allied World National Assurance Company | | | | |
| | INSURER E: | | | | | |
| | INSURER F: | | | | | |
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COVERAGES CERTIFICATE NUMBER: 570081065991 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,

| | OLO | ISIONS AND CONDITIONS OF SUCH | | - | | | | Lilling Sil | own are as requested |
|------------|-----|---|------|-------------|---|--------------|----------------------------|--|----------------------------|
| NSR LTR | | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
| В | Χ | COMMERCIAL GENERAL LIABILITY | | | EF1ML00149191 | 08/01/2019 | 08/01/2020 | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | POLICY X PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| A | AUT | OTHER: OMOBILE LIABILITY | | | BAP 4446642-00 | 08/01/2019 | 08/01/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | Х | ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | Х | OWNED X SCHEDULED | | | | | | BODILY INJURY (Per accident) | |
| • | Х | AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | Χ | \$2500 Comp Ded X \$2500 Coll Ded | | | | | | | |
| В | | UMBRELLA LIAB OCCUR | | | EF1CU00103191 | 08/01/2019 | 08/01/2020 | EACH OCCURRENCE | |
| ŀ | Χ | EXCESS LIAB CLAIMS-MADE | | | XS Liab \$10M SIR applies per policy ter | ms & condit | rions | AGGREGATE | \$10,000,000 |
| | | DED RETENTION | | | sik applies per policy cer | uis & condit | .10113 | | |
| Α | | ORKERS COMPENSATION AND PLOYERS' LIABILITY | | | WC444664100 | 08/01/2019 | 08/01/2020 | X PER STATUTE OTH- | |
| | AN | Y PROPRIETOR / PARTNER / EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Ma | FICER/MEMBER EXCLUDED? andatory in NH) | N/A | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | DE: | es, describe under SCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| В | En | v Contr Prof | | | EF1ML00149191 Prof/Poll Claims Made | 08/01/2019 | 08/01/2020 | Aggregate Occurrence | \$1,000,000 \$1,000,000 |
| | | | | | | | | | |

Re: CN001508 RJOCN-006 (for Northern Campuses)
The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents are included as Additional Insured in accordance with the policy provisions of the General Liability & Auto Liability policies. General Liability & Auto Liability evidenced herein is primary & non-contributory to other insurance available to an additional insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of: The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents in accordance with the policy provisions of the General

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|
| | |

CSU Office of the Chancellor Capital Planning Design & Construction 401 Golden Shore Long Beach CA 90802 USA

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

Aon Risk Insurance Services West Inc



LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

| | | NAMED INSURED American Technologies, Inc. |
|---|-----------|---|
| POLICY NUMBER See Certificate Number: 570081065991 | | |
| CARRIER | NAIC CODE | |
| See Certificate Number: 570081065991 | | EFFECTIVE DATE: |

ADDITIONAL REMARKS

| THIS ADDITIONAL | . REMARKS F | ORM IS A SCHE | EDULE TO ACORD FORM, |
|-----------------|-------------|---------------|------------------------------------|
| FORM NUMBER: | ACORD 25 | FORM TITLE: | Certificate of Liability Insurance |

| | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---------|-------------------------------|--------|
| INSURER | | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|-------------|-------------------|--------------|-------------|-----------------------------------|---|--|--------------------|--------------|
| | EXCESS LIABILITY | | | | | | | |
| С | | | | LA19EXCZ02GSFIC \$15M xs \$10M | 08/01/2019 | 08/01/2020 | Aggregate | \$10,000,000 |
| | | | | | | | Each Occurrence | \$10,000,000 |
| D | | | | 03102733 XS Enviro Prof/Poll | 08/01/2019 | 08/01/2020 | Aggregate | \$15,000,000 |
| | | | | | | | Each Occurrence | \$15,000,000 |
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AGENCY CUSTOMER ID: 570000007815

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

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|--|-----------|-----------------------------|--|
| AGENCY | | NAMED INSURED | |
| Aon Risk Insurance Services West, Inc. | | American Technologies, Inc. | |
| POLICY NUMBER See Certificate Number: 570081065991 | | | |
| CARRIER | NAIC CODE | | |
| See Certificate Number: 570081065991 | | EFFECTIVE DATE: | |

| See Certificate Number: 570081065991 | EFFECTIVE DATE: |
|---|--|
| ADDITIONAL REMARKS | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A | |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate Additional Description of Operations / Vehicles: | of Liability Insurance |
| Liability, Auto Liability, & Workers' Compensa cancelled before the expiration date thereof, may be delivered to certificate holders in acc | ation policies. Should any of the above described policies be the policy provisions will govern how notice of cancellation cordance with the policy provisions of each policy. |
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AGENCY CUSTOMER ID: 570000007815

LOC #:



ADDITIONAL REMARKS SCHEDULE Page _ of _

| AGENCY | | NAMED INSURED |
|---|-----------|-----------------------------|
| Aon Risk Insurance Services West, Inc. | | American Technologies, Inc. |
| POLICY NUMBER See Certificate Number: 570081065991 | | |
| CARRIER | NAIC CODE | |
| See Certificate Number: 570081065991 | | EFFECTIVE DATE: |

ADDITIONAL REMARKS

| ADDITIONAL REMARKS |
|---|
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Locations |
| American Technologies Inc 506 N. Grant Street, Suite F&G, Flagstaff, AZ 86004 |
| American Technologies Inc 23175 N. 23rd Ave, Phoenix, AZ 85027 |
| American Technologies Inc 2811 N. Flowing Wells Road, Suite 105, Tucson, AZ 85705 |
| American Technologies Inc 3360 E. La Palma Ave, Anaheim, CA 92806 |
| American Technologies Inc 1205 North McDowell Blvd, Petaluma , CA 94954 |
| American Technologies Inc 848 E. Gish Road, Units 1 and 2, San Jose, CA 95112 |
| American Technologies Inc 25000 Industrial Parkway, Hayward, CA 94544 |
| American Technologies Inc 1175 Hall Ave, Riverside, CA 92509 |
| American Technologies Inc 8444 Miralani Drive, San Diego, CA 92126 |
| American Technologies Inc 2688 Westhills Court, Simi Valley, CA 93065 |
| American Technologies Inc 2965 Ramco Place, West Sacramento, CA 95691 |
| American Technologies Inc 13300 James E. Casey Ave, Suite 400, Englewood, CO 80112 |
| American Technologies Inc 8412-8414 Sunstate Street, Tampa, FL 33634 |
| American Technologies Inc 1150 Shore Road, Naperville, IL 60563 |
| American Technologies Inc 250 Ballardvale Street Suite 2, Wilmington, MA 01887 |
| American Technologies Inc 70 Corporate Park Drive, Henderson, NV 89074 |
| American Technologies Inc 7 Chelsea Parkway, Suite 708, Boothwyn, PA 19061 |
| American Technologies Inc 2073 Golden Mile Highway, Route 286, Pittsburgh, PA 15239 |
| American Technologies Inc 1050 Greens Parkway, Suite 100, Houston, TX 77067 |
| American Technologies Inc 1004 N. Avenue, Suite 150, Plano, TX 75074 |
| American Technologies Inc 835 S. 192nd Street, Suite 500, SeaTac, WA 98148 |
| American Technologies Inc 23 Las Colinas Suite 111, San Jose, CA, 95119 |
| |
| |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

SCHEDULE

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", "environmental damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location And Description Of Completed Operations | | | |
|---|---|--|--|--|
| The State of California, the Trustees of the California State University, the University, and the officers, employees, representatives, volunteers and agents of each of them | California State University, Office of the Chancellor; California State University Office of the Chancellor; California State University Channel Islands; California State University, Dominguez Hills; California State University, Fullerton; California State University, Long Beach; California State University, Los Angeles; California State University, Northridge; California State Polytechnic University, Pomona; California State University, San Bernardino; San Diego State University; California State University, Chico; California State University, East Bay; California State University, Fresno; California State University, Fresno; California State University, Monterey Bay; California State University, Sacramento; San Francisco State University; San José State University; California Polytechnic State University; California State University, Sonoma State University; California State University, San Luis Obispo; Sonoma State University; California State University, Stanislaus | | | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | | | | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or a "pollution incident" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

All other terms and conditions of this Policy remain unchanged.

Coverage Extension Endorsement

| Policy No. | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer No. | Add'l. Prem | Return Prem. |
|----------------|-------------------|-------------------|-------------------|--------------|-------------|--------------|
| BAP 4446642-00 | 08/01/2019 | 08/01/2020 | 08/01/2019 | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Business Auto Coverage Form Motor Carrier Coverage Form

A. Amended Who Is An Insured

1. The following is added to the Who Is An Insured Provision in Section II – Covered Autos Liability Coverage:

The following are also "insureds":

- a. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- **b.** Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- c. Anyone else who furnishes an "auto" referenced in Paragraphs A.1.a. and A.1.b. in this endorsement.
- d. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.
- 2. The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond the terms and conditions of the Coverage Form.

B. Amendment - Supplementary Payments

Paragraphs a.(2) and a.(4) of the Coverage Extensions Provision in Section II – Covered Autos Liability Coverage are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

C. Fellow Employee Coverage

The Fellow Employee Exclusion contained in Section II – Covered Autos Liability Coverage does not apply.

D. Driver Safety Program Liability and Physical Damage Coverage

1. The following is added to the Racing Exclusion in Section II – Covered Autos Liability Coverage:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

2. The following is added to Paragraph 2. in the Exclusions of Section III – Physical Damage Coverage of the Business Auto Coverage Form and Paragraph 2.b. in the Exclusions of Section IV – Physical Damage Coverage of the Motor Carrier Coverage Form:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

E. Lease or Loan Gap Coverage

The following is added to the Coverage Provision of the Physical Damage Coverage Section:

Lease Or Loan Gap Coverage

In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. Any amount paid under the Physical Damage Coverage Section of the Coverage Form; and
- **b.** Any:
 - (1) Overdue lease or loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, credit life insurance, health, accident or disability insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous leases or loans.

F. Towing and Labor

Paragraph A.2. of the Physical Damage Coverage Section is replaced by the following:

We will pay up to \$75 for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

G. Extended Glass Coverage

The following is added to Paragraph **A.3.a.** of the **Physical Damage Coverage** Section:

If glass must be replaced, the deductible shown in the Declarations will apply. However, if glass can be repaired and is actually repaired rather than replaced, the deductible will be waived. You have the option of having the glass repaired rather than replaced.

H. Hired Auto Physical Damage - Increased Loss of Use Expenses

The Coverage Extension for Loss Of Use Expenses in the Physical Damage Coverage Section is replaced by the following:

Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or written rental agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$100 per day, to a maximum of \$3000.

I. Personal Effects Coverage

The following is added to the **Coverage** Provision of the **Physical Damage Coverage** Section:

Personal Effects Coverage

- **a.** We will pay up to \$750 for "loss" to personal effects which are:
 - (1) Personal property owned by an "insured"; and
 - (2) In or on a covered "auto".
- **b.** Subject to Paragraph **a.** above, the amount to be paid for "loss" to personal effects will be based on the lesser of:
 - (1) The reasonable cost to replace; or
 - (2) The actual cash value.
- **c.** The coverage provided in Paragraphs **a.** and **b.** above, only applies in the event of a total theft of a covered "auto". No deductible applies to this coverage. However, we will not pay for "loss" to personal effects of any of the following:
 - (1) Accounts, bills, currency, deeds, evidence of debt, money, notes, securities, or commercial paper or other documents of value.
 - (2) Bullion, gold, silver, platinum, or other precious alloys or metals; furs or fur garments; jewelry, watches, precious or semi-precious stones.
 - (3) Paintings, statuary and other works of art.
 - **(4)** Contraband or property in the course of illegal transportation or trade.
 - (5) Tapes, records, discs or other similar devices used with audio, visual or data electronic equipment.

Any coverage provided by this Provision is excess over any other insurance coverage available for the same "loss".

J. Tapes, Records and Discs Coverage

- 1. The Exclusion in Paragraph B.4.a. of Section III Physical Damage Coverage in the Business Auto Coverage Form and the Exclusion in Paragraph B.2.c. of Section IV Physical Damage Coverage in the Motor Carrier Coverage Form does not apply.
- 2. The following is added to Paragraph 1.a. Comprehensive Coverage under the Coverage Provision of the Physical Damage Coverage Section:

We will pay for "loss" to tapes, records, discs or other similar devices used with audio, visual or data electronic equipment. We will pay only if the tapes, records, discs or other similar audio, visual or data electronic devices:

- (a) Are the property of an "insured"; and
- (b) Are in a covered "auto" at the time of "loss".

The most we will pay for such "loss" to tapes, records, discs or other similar devices is \$500. The **Physical Damage Coverage Deductible** Provision does not apply to such "loss".

K. Airbag Coverage

The Exclusion in Paragraph **B.3.a.** of **Section III – Physical Damage Coverage** in the Business Auto Coverage Form and the Exclusion in Paragraph **B.4.a.** of **Section IV – Physical Damage Coverage** in the Motor Carrier Coverage Form does not apply to the accidental discharge of an airbag.

L. Two or More Deductibles

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

If an accident is covered both by this policy or Coverage Form and by another policy or Coverage Form issued to you by us, the following applies for each covered "auto" on a per vehicle basis:

- 1. If the deductible on this policy or Coverage Form is the smaller (or smallest) deductible, it will be waived; or
- 2. If the deductible on this policy or Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

M. Physical Damage - Comprehensive Coverage - Deductible

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage for all "loss" from any one cause is \$5,000 or the deductible shown in the Declarations, whichever is greater.

N. Temporary Substitute Autos – Physical Damage

1. The following is added to **Section I – Covered Autos**:

Temporary Substitute Autos – Physical Damage

If Physical Damage Coverage is provided by this Coverage Form on your owned covered "autos", the following types of vehicles are also covered "autos" for Physical Damage Coverage:

Any "auto" you do not own when used with the permission of its owner as a temporary substitute for a covered "auto" you do own but is out of service because of its:

- 1. Breakdown;
- 2. Repair;
- 3. Servicing;
- 4. "Loss": or
- 5. Destruction.
- 2. The following is added to the Paragraph A. Coverage Provision of the Physical Damage Coverage Section:

Temporary Substitute Autos – Physical Damage

We will pay the owner for "loss" to the temporary substitute "auto" unless the "loss" results from fraudulent acts or omissions on your part. If we make any payment to the owner, we will obtain the owner's rights against any other party.

The deductible for the temporary substitute "auto" will be the same as the deductible for the covered "auto" it replaces.

O. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph a. of the Duties In The Event Of Accident, Claim, Suit Or Loss Condition is replaced by the following:

a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any

agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

P. Waiver of Transfer Of Rights Of Recovery Against Others To Us

The following is added to the Transfer Of Rights Of Recovery Against Others To Us Condition:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract.

Q. Employee Hired Autos - Physical Damage

Paragraph **b.** of the **Other Insurance** Condition in the Business Auto Coverage Form and Paragraph **f.** of the **Other Insurance – Primary and Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented under a written contract or written agreement entered into by an "employee" or elected or appointed official with your permission while being operated within the course and scope of that "employee's" employment by you or that elected or appointed official's duties as respect their obligations to you.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

R. Unintentional Failure to Disclose Hazards

The following is added to the Concealment, Misrepresentation Or Fraud Condition:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

S. Hired Auto - World Wide Coverage

Paragraph 7a.(5) of the Policy Period, Coverage Territory Condition is replaced by the following:

(5) Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

T. Bodily Injury Redefined

The definition of "bodily injury" in the **Definitions** Section is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

U. Expected Or Intended Injury

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

V. Physical Damage – Additional Temporary Transportation Expense Coverage

Paragraph A.4.a. of Section III – Physical Damage Coverage is replaced by the following:

4. Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

W. Replacement of a Private Passenger Auto with a Hybrid or Alternative Fuel Source Auto

The following is added to Paragraph A. Coverage of the Physical Damage Coverage Section:

In the event of a total "loss" to a covered "auto" of the private passenger type that is replaced with a hybrid "auto" or "auto" powered by an alternative fuel source of the private passenger type, we will pay an additional 10% of the cost of the replacement "auto", excluding tax, title, license, other fees and any aftermarket vehicle upgrades, up to a maximum of \$2500. The covered "auto" must be replaced by a hybrid "auto" or an "auto" powered by an alternative fuel source within 60 calendar days of the payment of the "loss" and evidenced by a bill of sale or new vehicle lease agreement.

To qualify as a hybrid "auto", the "auto" must be powered by a conventional gasoline engine and another source of propulsion power. The other source of propulsion power must be electric, hydrogen, propane, solar or natural gas, either compressed or liquefied. To qualify as an "auto" powered by an alternative fuel source, the "auto" must be powered by a source of propulsion power other than a conventional gasoline engine. An "auto" solely propelled by biofuel, gasoline or diesel fuel or any blend thereof is not an "auto" powered by an alternative fuel source.

X. Return of Stolen Automobile

The following is added to the Coverage Extension Provision of the Physical Damage Coverage Section:

If a covered "auto" is stolen and recovered, we will pay the cost of transport to return the "auto" to you. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage.

All other terms, conditions, provisions and exclusions of this policy remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Endorsement Number |
|--|--------------------|
| Blanket Additional insured per written contract | |
| Information required to complete this Schedule, if not shincluded as additional insured through an endorsement (title. | |

For person(s) or organization(s) listed in the Schedule above that are also included as an additional insured under an endorsement attached to this policy, the following is added to **Paragraph 14. Other Insurance** of **Section IV – Conditions**:

If other valid and collectible insurance is available to an additional insured listed in the Schedule above for a "loss" we cover under this policy, this insurance will apply to such "loss" on a primary basis and we will not seek contribution from the other insurance available to the additional insured provided that you have specifically agreed in a written contract executed prior to the "loss" that this insurance must be primary and noncontributory with such other insurance issued directly to such additional insured.

POLICY NUMBER: EF1ML00149-191

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization that is:

- 1. An owner of real or personal property on which you are performing operations; or
- 2. A contractor on whose behalf you are performing operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph 19. Subrogation of Section IV - Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions of this Policy remain unchanged.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

| This agreement shall not operate direc | tly or indirectly to benefit anyone not r | named in the Schedule. |
|---|---|--|
| | Schedule | |
| ALL PERSONS AND/OR ORGANI AGREEMENT WITH THE INSURED, SUBROGATION BE PROVIDED UN PERSON AND/OR ORGANIZATION. | EXECUTED PRIOR TO THE ACCI | DENT OR LOSS, THAT WAIVER OF |
| | | |
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| | | |
| This endorsement changes the policy to will (The information below is required only | | date issued unless otherwise stated. bsequent to preparation of the policy.) |
| Endorsement | Effective Policy No. WC 4446641-00 | Endorsement No. |

WC124 (4-84) WC 00 03 13

Insurance Company

Insured: American Technologies, Inc.

Premium \$

Countersigned by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION BY US TO THIRD PARTY – BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL CATASTROPHE LIABILITY COVERAGE PART

COMMERCIAL GENERAL LIABILITY COVERAGE PART

CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

EVEREST CONTRACTORS ENVIRONMENTAL PLUS COVERAGE PART

EVEREST ENVIRONMENTAL PLUS COVERAGE PART

EVEREST SITE POLLUTION (ESP™) LIABILITY COVERAGE PART

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

MOTOR VEHICLE POLLUTION LIABILITY COVERAGE PART

PROFESSIONAL LIABILITY COVERAGE PART

SITE SPECIFIC POLLUTION LIABILITY COVERAGE PART

Schedule

_____days before the effective date of cancellation by us we will mail or deliver notice to any third party identified in the list you have provided to us.

The following Condition is added to the policy:

Notice of Cancellation by Us to Third Party

- If we cancel this policy, notice of cancellation of not less than the number of days shown in the Schedule will be mailed or delivered to any third party identified in the list you have provided to us as described below.
- 2. We will mail or deliver our notice to the third party at the address shown in the list you have provided to us.
- 3. If notice is mailed, proof of mailing will be sufficient proof of notice.
- 4. We will not notify the third party if cancellation is at your request.
- 5. We will not notify the third party in the event of non-renewal.
- 6. We will not notify any third party not contained on the list you have provided to us.
- 7. Our failure to notify the third party does not invalidate cancellation as respects you.

You agree that as a condition precedent for us providing such notice, you will:

- a. Provide us with a complete list of each third party, including appropriate designees and complete mailing addresses;
- b. Provide the list to us no less than 7 days from the date we request it; and
- c. Notify us of any changes to the list within 5 business days of such change.

All other terms and conditions of this Policy remain unchanged.

Blanket Notification to Others of Cancellation or Non-Renewal

| Policy No. | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer No. | Add'l. Prem | Return Prem. |
|----------------|-------------------|-------------------|-------------------|--------------|-------------|--------------|
| BAP 4446642-00 | 08/01/2019 | 08/01/2020 | 08/01/2019 | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial Automobile Coverage Part

- **A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
 - 1. Must be provided to us prior to cancellation or non-renewal;
 - 2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
 - 3. Must be in an electronic format that is acceptable to us.
- **B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
 - 1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
 - **2.** At least 30 days prior to the effective date of:
 - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
 - **b.** Non-renewal, but not including conditional notice of renewal.
- **C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
 - 1. Extend the Coverage Part cancellation or non-renewal date:
 - 2. Negate the cancellation or non-renewal; or
 - 3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- **D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

CALIFORNIA CANCELATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the information page.

The cancelation condition in Part Six (Conditions) of the policy is replaced by these conditions:

Cancelation

- 1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
- **2.** We may cancel this policy for one or more of the following reasons:
 - a. Non-payment of premium;
 - **b.** Failure to report payroll;
 - **c.** Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - **e.** Material misrepresentation made by you or your agent;
 - **f.** Failure to cooperate with us in the investigation of a claim:
 - **g.** Failure to comply with Federal or State safety orders:
 - Failure to comply with written recommendations of our designated loss control representatives;

- i. The occurrence of a material change in the ownership of your business;
- j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
- k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
- **L** The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
- 3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancelation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
- **4.** The policy period will end on the day and hour stated in the cancelation notice.

FORM MCS-90 Revised 01/05/2017

| | OMB No.: 2126-0008 | Expiration: 01/31/2020 |
|---------------|--------------------|------------------------|
| USDOT Number: | Date Re | eceived: |

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

| Issued to AMERICAN TECHNOLOGIES, INC. | of 3360 E LA PALMA AVE, ANAHEIM,CA 92806 |
|--|--|
| (Motor Carrier name) | (Motor Carrier state or province) |
| Dated at SCHAUMBURG, IL on this _ | 1ST day of AUGUST , 2019 |
| Amending Policy Number: BAP 4446642-00 Effective Dat | a: <u>08/01/2019</u> |
| Name of Insurance Company: ZURICH AMERICAN INSURANCE CO | MPANY |
| Countersigned I | oy: (authorized company representative) Success Kendylora |
| | (authorized company representative) |
| ☐ This insurance is primary and the company shall not be liable for am ☐ This insurance is excess and the company shall not be liable for amount underlying limit for each | nts in excess of for each accident in excess of the |
| said policy and all its endorsements. The company also agrees, to verify that the policy is in force as of a particular date. The tel Cancellation of this endorsement may be effected by the comp the other party (said 35 days notice to commence from the date and (2) if the insured is subject to the FMCSA's registration requ | stration (FMCSA), the company agrees to furnish the FMCSA a duplicate of upon telephone request by an authorized representative of the FMCSA, ephone number to call is: any or the insured by giving (1) thirty-five (35) days notice in writing to e the notice is mailed, proof of mailing shall be sufficient proof of notice), irements under 49 U.S.C. 13901, by providing thirty (30) days notice to enotice is received by the FMCSA at its office in Washington, DC). |
| | |

(continued on next page)

FORM MCS-90 Revised 01/05/2017 OMB No.: 2126-0008 Expiration: 01/31/2020

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections

29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse

the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

FORM MCS-90 Revised 01/05/2017 **OMB No.: 2126-0008 Expiration: 01/31/2020**

SCHEDULE OF LIMITS — PUBLIC LIABILITY

| Type of carriage | Commodity transported | January 1, 1985 |
|--|--|-----------------|
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds). | Property (nonhazardous) | \$750,000 |
| (2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds). | Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403. | \$5,000,000 |
| (3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds). | Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below. | \$1,000,000 |
| (4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds). | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403. | \$5,000,000 |

^{*}The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.