

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 07/06/2023

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).

| this certificate does not confer rights t   |                                 |                                  |  |                            | require an endorsement                  | . AS | tatement on      |
|---|---------------------------------|----------------------------------|--|----------------------------|---|------|------------------|
| PRODUCER  | CONTACT Marsh   U.S. Operations |                                  |  |                            |   |      |                  |
| MARSH USA LLC.<br>325 John H. McConnell Boulevard. Suite 350  |                                 |                                  | PHONE (A/C, No, Ext): (866) 966-4664 (A/C, No):  |                            |   |      |                  |
| Columbus, OH 43215  |                                 |                                  | E-MAIL ADDRESS: Columbus.CertRequest@marsh.com   |                            |   |      |                  |
|   | INSURER(S) AFFORDING COVERAGE   |                                  |  |                            | NAIC#                                   |      |                  |
|   |                                 |                                  | INSURER A: XL Insurance America, Inc.  |                            |   |      | 24554            |
| INSURED  Mettler-Toledo International Inc. and  |                                 |                                  | INSURER B: Arch Insurance Company  |                            |   |      | 11150            |
| All of its Divisions and Subsidiaries   |                                 |                                  | INSURER C : Arch Indemnity Insurance Company   |                            |   |      | 30830            |
| 1900 Polaris Parkway<br>Columbus, OH 43240  |                                 |                                  | INSURER D:   |                            |   |      |                  |
| Octumbus, on 43240  |                                 |                                  | INSURER E:   |                            |   |      |                  |
|   |                                 |                                  | INSURER F:   |                            |   |      |                  |
| COVERAGES CERTIFICATE NUMBER:   |                                 |                                  | CLE-006455389-1  |                            | REVISION NUMBER: 1                      |      | LIOV DEDICE      |
| 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   POLICY EFF   POLICY EXP |                                 |                                  |  |                            |   |      |                  |
| TYPE OF INSURANCE  A X COMMERCIAL GENERAL LIABILITY   | INSD W                          | VD POLICY NUMBER US00005996L123A | (MM/DD/YYY<br>07/01/2023   | (MM/DD/YYYY)<br>07/01/2024 | LIMIT                                   |      | 1 000 000        |
| / · · · · · · · · · · · · · · · · · · ·   |                                 | U300000990LI23A                  | 07/01/2023   | 07/01/2024                 | DAMAGE TO RENTED                        | \$   | 1,000,000        |
| CLAIMS-MADE X OCCUR  X Contractual Liability  |                                 |                                  |  |                            | PREMISES (Ea occurrence)                | \$   | 100,000<br>5,000 |
| Contractual Liability   |                                 |                                  |  |                            | MED EXP (Any one person)                | \$   | 1,000,000        |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                                 |                                  |  |                            | PERSONAL & ADV INJURY GENERAL AGGREGATE | \$   | 1,000,000        |
| X POLICY PRO- LOC   |                                 |                                  |  |                            | PRODUCTS - COMP/OP AGG                  | \$   | 1,000,000        |
| OTHER:  |                                 |                                  |  |                            | FRODUCTS - COMPTOF AGG                  | \$   | .,,,,,,,,,       |
| B AUTOMOBILE LIABILITY  |                                 | 41CAB1004006 (AOS)               | 07/01/2023   | 07/01/2024                 | COMBINED SINGLE LIMIT<br>(Ea accident)  | \$   | 2,000,000        |
| B X ANY AUTO  |                                 | 41CAB1004106 (MA)                | 07/01/2023   | 07/01/2024                 | BODILY INJURY (Per person)              | \$   |                  |
| OWNED SCHEDULED AUTOS   |                                 | DED: \$400,000                   |  |                            | BODILY INJURY (Per accident)            | \$   |                  |
| X HIRED X AUTOS ONLY X AUTOS ONLY AUTOS ONLY  |                                 |                                  |  |                            | PROPERTY DAMAGE (Per accident)          | \$   |                  |
| ACTOC CIVET   |                                 |                                  |  |                            | (r or acolderity                        | \$   |                  |
| A X UMBRELLA LIAB X OCCUR   |                                 | US00005997L123A                  | 07/01/2023   | 07/01/2024                 | EACH OCCURRENCE                         | \$   | 1,000,000        |
| EXCESS LIAB CLAIMS-MADE   |                                 |                                  |  |                            | AGGREGATE                               | \$   | 1,000,000        |
| DED X RETENTION \$ 10,000   |                                 |                                  |  |                            |   | \$   |                  |
| C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                                 | 44WCI1004506 (AOS)               | 07/01/2023   | 07/01/2024                 | X PER OTH-<br>STATUTE ER                |      |                  |
| B ANYPROPRIETOR/PARTNER/EXECUTIVE N   | N/A                             | 41WCl1004406 (FL)                | 07/01/2023   | 07/01/2024                 | E.L. EACH ACCIDENT                      | \$   | 1,000,000        |
| (Mandatory in NH)   |                                 | SIR: \$400,000                   |  |                            | E.L. DISEASE - EA EMPLOYEE              | \$   | 1,000,000        |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |                                 |                                  |  |                            | E.L. DISEASE - POLICY LIMIT             | \$   | 1,000,000        |
|   |                                 |                                  |  |                            |   |      |                  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  EVIDENCE OF COVERAGE  |                                 |                                  |  |                            |   |      |                  |
|   |                                 |                                  |  |                            |   |      |                  |
|   |                                 |                                  |  |                            |   |      |                  |
|   |                                 |                                  |  |                            |   |      |                  |
|   |                                 |                                  |  |                            |   |      |                  |
|   |                                 |                                  |  |                            |   |      |                  |
| CERTIFICATE HOLDER  | CANCELLATION                    |                                  |  |                            |   |      |                  |
| Mettler-Toledo International Inc. and<br>All of its Divisions and Subsidiaries<br>1900 Polaris Parkway<br>Columbus, OH 43240  |                                 |                                  | 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       |                                  |  |                            |   |      |                  |

March USA LLC