CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/11/2025

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
Arthur J. Gallagher Risk Management Services, LLC
PO Box 649
Mount Vernon NY 10552

CONTACT NAME: Tammy Thoering
PHONE (A/C, No, Ext): 860-418-5336 **FAX (A/C, No):** 860-560-2784
E-MAIL ADDRESS: Tammy_Thoering@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Co of America	25674
INSURER B : Underwriters at Lloyd's London	15792
INSURER C : Travelers Casualty Insurance Co of America	19046
INSURER D : MS Transverse Insurance Company	21075
INSURER E :	
INSURER F :	

INSURED SMITCOO-01
The Reliable Automatic Sprinkler Company, Inc.
1470 Smith Grove Rd.
Liberty, SC 29657-4305

COVERAGES **CERTIFICATE NUMBER:** 948568380 **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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY**			ENVP0000159-25	3/1/2025	3/1/2026	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 25,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	**AUTOMOBILE LIABILITY**			TC2JCAP7K028451TIL25	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X **UMBRELLA LIAB** X OCCUR			ENVP0000159-25	3/1/2025	3/1/2026	EACH OCCURRENCE	$ 15,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 15,000,000
	DED [ ] RETENTION $							$
A C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			UB0T923422-25-51-R	3/1/2025	3/1/2026	X PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)**	N / A		UB-0T924314-25-51-K	3/1/2025	3/1/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	Excess Liability $10M x $15M			TSENXU0000066-01	3/1/2025	3/1/2026	Per Claim/Per Aggreg	$10,000,000

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

Umbrella policy is follow form over underlying.
RE: Date of the event: 10/16/2025 (installation) – 10/18/2025 (dismantle);
Description of the event: AFSA44 Convention, Exhibition & Apprentice Competition
Location of the event: Gaylord National Resort & Convention Center, 201 Waterfront St, Oxon Hill, MD 20745

CERTIFICATE HOLDER

American Fire Sprinkler Association
1410 East Renner Rd., Suite 150
Richardson TX 75082

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

Endorsement Title			
Additional Insured - Vendors Amendatory Endorsement			
Named Insured Fire Flow TopCo Corporation			Endorsement Number 012
Policy Form GAPLESS	Policy Number ENVP0000159-25	Policy Period 03/01/2025 to 03/01/2026	Enviant Endorsement Number GAP 10 06 6/1/2016
Issued by Certain Underwriters at Lloyd's, London			Effective Date of Endorsement 03/01/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – VENDORS AMENDATORY ENDORSEMENT

Solely with respect to **§I. COVERAGES**, Section **1. COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY, Coverage 1A. General Liability,** the Policy is amended as follows:

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)(Vendor)	Your Products
Where required by written **insured contract**	All products

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

1. **§III. 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** or **property damage** caused, in whole or in part, by **your products** shown in the schedule of this Endorsement which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

A. The insurance afforded the vendor does not apply to:

i. **Bodily injury** or **property damage** for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This Exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

ii. Any express warranty unauthorized by you;

iii. Any physical or chemical change in the product made intentionally by the vendor;

iv. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

v. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

vi. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

vii. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

viii. **Bodily injury** or **property damage** arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this Exclusion does not apply to:

a. The exceptions contained in sub-paragraphs iv. or vi.; or

Endorsement Title			
Additional Insured – Owners, Lessees or Contractors – Completed Operations Amendatory Endorsement			
Named Insured Fire Flow TopCo Corporation			Endorsement Number 019
Policy Form GAPLESS	Policy Number ENVP0000159-25	Policy Period 03/01/2025 to 03/01/2026	Enviant Endorsement Number GAP 10 04 6/1/2016
Issued by Certain Underwriters at Lloyd's, London			Effective Date of Endorsement 03/01/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS AMENDATORY ENDORSEMENT

Solely with respect to **§I. COVERAGES**, Section **1. COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY** the Policy is amended as follows:

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)	Location and Description of Completed Operations
Where required by written **insured contract**	All locations

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

1. **§III. 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 **environmental damage** 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 that is included in the **products-completed operations hazard**.

2. Notwithstanding **§VI. CONDITIONS**, Paragraph **I. Other Insurance**, with respect to the insurance afforded to the additional insureds added by this Endorsement, this Policy shall be primary to, and non-contributory with, any other insurance available to that person or organization when required by written **insured contract**.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Endorsement Title			
Additional Insured – Owners, Lessees or Contractors – On-Going Operations Amendatory Endorsement			
Named Insured Fire Flow TopCo Corporation			Endorsement Number 011
Policy Form GAPLESS	Policy Number ENVP0000159-25	Policy Period 03/01/2025 03/01/2026	Enviant Endorsement Number GAP 10 28 6/1/2016
Issued by Certain Underwriters at Lloyd's, London			Effective Date of Endorsement 03/01/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – ON-GOING OPERATIONS AMENDATORY ENDORSEMENT

Solely with respect to **§I. COVERAGES**, Section **1. COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY** the Policy is amended as follows:

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
Where required by written **insured contract**

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

1. **§III. 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 **environmental damage** caused, in whole or in part, by **your work** that is not included in the **products-completed operations hazard**.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Endorsement Title			
Additional Insured Primary and Non-Contributory Amendatory Endorsement			
Named Insured Fire Flow TopCo Corporation			Endorsement Number 013
Policy Form GAPLESS	Policy Number ENVP0000159-25	Policy Period 03/01/2025 to 03/01/2026	Enviant Endorsement Number GAP 10 05 6/1/2016
Issued by Certain Underwriters at Lloyd's, London			Effective Date of Endorsement 03/01/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY AMENDATORY ENDORSEMENT

Solely with respect to **§I. COVERAGES**, Section **1. COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY, Coverage 1A - General Liability** and Section **2**. **OTHER LIABILITY COVERAGES**, **Coverage 2A - Personal and Advertising Injury** the Policy is amended as follows:

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
Where required by written **insured contract**

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

1. The person(s) or organization(s) shown in the Schedule above are insureds under **§III**. **WHO IS AN INSURED** Paragraph **F.** of this Policy subject to all of the terms and condition of such paragraph.

2. Notwithstanding **§VI. CONDITIONS**, Paragraph **I. Other Insurance**, with respect to the insurance afforded to the additional insureds added by this Endorsement, this Policy shall be primary to, and non-contributory with, any other insurance available to that person or organization when required by written **insured contract**.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Endorsement Title			
Blanket Waiver of Subrogation Condition Amendatory Endorsement			
Named Insured Fire Flow TopCo Corporation			Endorsement Number 014
Policy Form GAPLESS	Policy Number ENVP0000159-25	Policy Period 03/01/2025 to 03/01/2026	Enviant Endorsement Number GAP 10 30 6/1/2016
Issued by Certain Underwriters at Lloyd's, London			Effective Date of Endorsement 03/01/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION CONDITION AMENDATORY ENDORSEMENT

It is hereby agreed that **§VI. CONDITIONS** Paragraph **O. Subrogation** is deleted in its entirety and replaced with the following:

O. Subrogation

If the insured has rights to recover all or part of any payment we have made under this Policy, those rights are transferred to us and the insured shall not do anything to impair such rights. At our request, the insured will bring **suit** or transfer those rights to us and help us enforce them. Any amounts so recovered by us shall be allocated first to the expenses incurred in such recovery prorated in accordance with each interested party's share in the total recovery, then to the insured to the extent of any Deductible it actually has paid and any payments it actually has made in excess of the applicable Limits of Liability, and last to us to the extent of our payment under this Policy. However, if the insured has waived rights of recovery against any person or organization in a written contract or agreement prior to a **claim** or **loss**, we also waive such right of recovery we may have under this Policy against such person or organization.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

	EFFECTIVE DATE: 03/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Named Insured

Fire Flow TopCo Corporation

Fire Flow Intermediate Holding Corporation

Fire Flow Intermediate Corporation

ASC Engineered Solutions, LLC

ASC Engineered Solutions, LLC (Canada)

BP SCI, LLC

OEP Pioneer Holding, LLC

OEP Pioneer, LLC

Flo-Rite Products Company, LLC

Flo-Rite Energy Sales, LLC

Anvil Mechanical Products, LLC

Anvil International Holdings, LLC

Automatic Fire Control LLC

Ward Manufacturing LLC

Pine Hill, Inc.

RASCO Acquisition Co. LLC

The Reliable Automatic Sprinkler Co., Inc.

Reliable Fire Sprinkler Limited

Fire Protection Products Company LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

The following is added to Paragraph **c**. in **A.1., Who Is An Insured,** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE** in the **BUSINESS AUTO COVERAGE FORM** and Paragraph **e**. in **A.1., Who Is An Insured,** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE** in the **MOTOR CARRIER COVERAGE FORM**, whichever Coverage Form is part of your policy:

This includes any person or organization who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) –

POLICY NUMBER: UB-0T924314-25-51-K

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 directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

DATE OF ISSUE: 3 – 1 –2025 ST ASSIGN: