



THUNTER

12/26/2024

PRODUCER Hub International Mid-South 1661 International Drive Suite #300 Memphis, TN 38120	CONTACT NAME: Ashley Crews PHONE (A/C, No, Ext): (901) 341-6320 FAX (A/C, No): E-MAIL ADDRESS: ashley.crews@hubinternational.com														
INSURED Hi-Speed Industrial Service Mock, Inc. DBA 7030 Ryburn Drive Millington, TN 38053	<table border="1"> <thead> <tr> <th data-bbox="797 388 1422 396">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1422 388 1560 396">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="797 396 1422 409">INSURER A : Amerisure Insurance Company</td> <td data-bbox="1422 396 1560 409">19488</td> </tr> <tr> <td data-bbox="797 409 1422 422">INSURER B : Amerisure Mutual Insurance Company</td> <td data-bbox="1422 409 1560 422">23396</td> </tr> <tr> <td data-bbox="797 422 1422 434">INSURER C : Hanover Insurance Company</td> <td data-bbox="1422 422 1560 434">22292</td> </tr> <tr> <td data-bbox="797 434 1422 447">INSURER D :</td> <td data-bbox="1422 434 1560 447"></td> </tr> <tr> <td data-bbox="797 447 1422 459">INSURER E :</td> <td data-bbox="1422 447 1560 459"></td> </tr> <tr> <td data-bbox="797 459 1422 472">INSURER F :</td> <td data-bbox="1422 459 1560 472"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerisure Insurance Company	19488	INSURER B : Amerisure Mutual Insurance Company	23396	INSURER C : Hanover Insurance Company	22292	INSURER D :		INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					CPP20994120901	1/1/2025	1/1/2026	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 1,000,000			
	<input type="checkbox"/>									MED EXP (Any one person)	\$ 10,000		
	<input type="checkbox"/>									PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE					\$ 2,000,000			
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>					LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>	OTHER:									\$		
B	AUTOMOBILE LIABILITY					CA 20994090902	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input checked="" type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per person)	\$			
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/>								PROPERTY DAMAGE (Per accident)	\$			
										\$			
										\$			
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR		CU 20994110902	1/1/2025	1/1/2026	EACH OCCURRENCE	\$ 10,000,000		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$ 10,000,000		
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$	0						\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A	WC 20994100901	1/1/2025	1/1/2026	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								<input checked="" type="checkbox"/>	N	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	
C	Installation Floater					IH5 A827509 09	1/1/2025	1/1/2026	Limit incl Riggers		1,000,000		