

ERTIFICATE OF LIABILITY INSURANCE

THUNTER DATE (MM/DD/YYYY)

HI-SIND-01

CE BE RE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMEND,					
		ND TI			TE A CONTRACT				
	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje s certificate does not confer rights t	ct to	the	terms and conditions of	the policy, certain	policies may			
PROD					CONTACT Ashley C				
	International Mid-South				PHONE (A/C, No, Ext): (901) 3		FAX (A/C, No):		
Suite	International Drive #300			-	E-MAIL ADDRESS: ashley.c	rews@hubi	international.com		
Mem	phis, TN 38120								NAIC #
				-	INSURER A : Ameris	ure Insurar	ice Company		19488
INSURED					INSURER B : Amerisure Mutual Insurance Company				23396
Hi-Speed Industrial Service					INSURER C : Hanover Insurance Company				22292
Mock, Inc. dba 7030 Ryburn Drive					INSURER D :				
	Millington, TN 38053				INSURER E :				
					INSURER F :				
<u>cov</u>	ERAGES CER	TIFIC	CATE	E NUMBER:			REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORE . LIMITS SHOWN MAY HAVE	I OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR			CPP20994120901	1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00
							MED EXP (Any one person)	\$	10,00
							PERSONAL & ADV INJURY	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
_	OTHER:							\$	
- F	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
				CA 20994090902	1/1/2025	1/1/2026	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_								\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,00
	EXCESS LIAB CLAIMS-MADE	_		CU 20994110902	1/1/2025	1/1/2026	AGGREGATE	\$	10,000,00
_	DED X RETENTION\$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WO 0000 4400004	4/4/0005	4/4/0000	X PER OTH- STATUTE ER		4 000 00
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 20994100901	1/1/2025	1/1/2026	E.L. EACH ACCIDENT	\$	1,000,00
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	DESCRIPTION OF OPERATIONS below				4/4/2005	4 14 10 0 0 0	E.L. DISEASE - POLICY LIMIT	\$	1,000,00
	nstallation Floater	1		IH5 A827509 09	1/1/2025	1/1/2026	Limit incl Riggers		1,000,00

Liability, and Umbrella Liability with respect to the services/work to be performed, only if required by written contract. A Waiver of Subrogation applies in favor of Certificate Holder and any others required in written contract for General Liability, Automobile Liability, Workers' Compensation, and Umbrella Liability only if required by written contract, only as permitted by law. All coverage is subject to policy terms and conditions. 30 days' notice of cancellation applies only if required in written contract.

CERTIFICATE HOLDER	CANCELLATION			
Delta Faucet Co 3441 Ridgecrest Rd Ext Jackson, TN 38305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Jackson, 14 36303	AUTHORIZED REPRESENTATIVE			
	Jon Marke Ton			

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