



## THUNDER

**12/26/2024**

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 <b>Hub International Mid-South</b> <b>1661 International Drive</b> <b>Suite #300</b> <b>Memphis, TN 38120</b>	<table border="1"> <tr> <td colspan="2">CONTACT NAME: <b>Ashley Crews</b></td> </tr> <tr> <td>PHONE (A/C, No, Ext): <b>(901) 341-6320</b></td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: <b>ashley.crews@hubinternational.com</b></td> </tr> <tr> <td>INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A : <b>Amerisure Insurance Company</b></td> <td><b>19488</b></td> </tr> <tr> <td>INSURER B : <b>Amerisure Mutual Insurance Company</b></td> <td><b>23396</b></td> </tr> <tr> <td>INSURER C : <b>Hanover Insurance Company</b></td> <td><b>22292</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: <b>Ashley Crews</b>		PHONE (A/C, No, Ext): <b>(901) 341-6320</b>	FAX (A/C, No):	E-MAIL ADDRESS: <b>ashley.crews@hubinternational.com</b>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Amerisure Insurance Company</b>	<b>19488</b>	INSURER B : <b>Amerisure Mutual Insurance Company</b>	<b>23396</b>	INSURER C : <b>Hanover Insurance Company</b>	<b>22292</b>	INSURER D :		INSURER E :		INSURER F :	
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INSURED  <div style="text-align: right;"> <b>Hi-Speed Industrial Service</b>  <b>Mock, Inc. DBA</b>  <b>7030 Ryburn Drive</b>  <b>Millington, TN 38053</b> </div>																					

## COVERAGES

**CERTIFICATE NUMBER:**

**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			
A	X	COMMERCIAL GENERAL LIABILITY					CPP20994120901	1/1/2025	1/1/2026	EACH OCCURRENCE	\$ 1,000,000		
			CLAIMS-MADE	X	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
										MED EXP (Any one person)	\$ 10,000		
										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:									\$		
	B	X	AUTOMOBILE LIABILITY								CA 20994090902	1/1/2025	1/1/2026
			ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per person)	\$						
			HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$						
							PROPERTY DAMAGE (Per accident)	\$					
								\$					
B	X	UMBRELLA LIAB		X	OCCUR		CU 20994110902	1/1/2025	1/1/2026	EACH OCCURRENCE	\$ 10,000,000		
		EXCESS LIAB								CLAIMS-MADE	AGGREGATE	\$ 10,000,000	
			DED		X					RETENTION \$	0		\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC 20994100901	1/1/2025	1/1/2026	X	PER STATUTE	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											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		

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

CERTIFICATE HOLDER AND ANY OTHERS REQUIRED IN WRITTEN CONTRACT ARE ADDITIONAL INSURED ON A PRIMARY AND NONCONTRIBUTORY BASIS FOR GENERAL LIABILITY, AUTOMOBILE 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, AUTO 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

<p><b>H &amp; H Electric</b>  <b>158 Technic Circle</b>  <b>Hot Springs, AR 71902</b></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p><i>Jon Mark [Signature]</i></p>