

CERTIFICATE OF LIABILITY INSURANCE

THUNTER

DATE (MM/DD/YYYY) 12/26/2024

HI-SIND-01

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	CONTACT Ashley Crews					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 341-6320	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS: ashley.crews@hubinternational.com					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B : Amerisure Mutual Insurance Co	mpany 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:					

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP POLICY										
LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	Χ	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			CPP20994120901	CPP20994120901	1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
В	AUT	OMOBILE LIABILITY		CA 20994090902				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO			CA 20994090902	CA 20994090902	1/1/2025	1/1/2026	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
В	X	UMBRELLA LIAB X OCCUR			CU 20994110902		1/1/2025	1/1/2026	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE				CU 20994110902			AGGREGATE	\$	10,000,000
		DED X RETENTION\$							\$		
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			1/1/2025	1/1/2025 1/1/2026	E.L. EACH ACCIDENT	\$	1,000,000	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	Inst	allation Floater			IH5 A827509 09	1/1/2025	1/1/2026	Limit incl Riggers		1,000,000	
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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 insureds 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		
PMC Biogenix, Inc. 1231 Pope St Memphis, TN 38108	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
mempins, 114 30100	AUTHORIZED REPRESENTATIVE		
	Jon Made To		