



THUNDER

12/26/2024

| | | | |
|---|--|--|----------------|
| PRODUCER | | CONTACT NAME: Ashley Crews | |
| Hub International Mid-South 1661 International Drive Suite #300 Memphis, TN 38120 | | PHONE (A/C, No, Ext): (901) 341-6320 | FAX (A/C, No): |
| | | E-MAIL ADDRESS: ashley.crews@hubinternational.com | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A : Amerisure Insurance Company | 19488 |
| INSURED Hi-Speed Industrial Service Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053 | | INSURER B : Amerisure Mutual Insurance Company | 23396 |
| | | INSURER C : Hanover Insurance Company | 22292 |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

| INSR LTR | TYPE OF INSURANCE | | | | ADDL INSD | SUBR WYD | 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 | AUTOMOBILE LIABILITY | | | | | CA 20994090902 | 1/1/2025 | 1/1/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | |
| | X | 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 | | | | N / A | WC 20994100901 | 1/1/2025 | 1/1/2026 | X | PER STATUTE | | OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | Y / N | 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 | | |