

## 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 Con	npany 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:					
ACTUAL ACTOR ACTOR ACTUAL ACTOR ACTO						

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		CPP20994120901		1/1/2025	1/1/2026	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			CPP20994120901			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						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X	ANY AUTO		CA 20994090902	CA 20994090902	1/1/2025 1	1/1/2026	BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY	1					PROPERTY DAMAGE (Per accident)	\$			
									\$			
В	X	UMBRELLA LIAB X OCCUR		С	CU 20994110902			EACH OCCURRENCE	\$	10,000,000		
		EXCESS LIAB CLAIMS-MADE				CU 20994110902	1/1/2025	1/1/2026	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	WC 20994100901 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		
1												

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
TBDN Tennesse Company 1410 US Hwy 70 Bypass Jackson, TN 38301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
duokson, ne occor	AUTHORIZED REPRESENTATIVE
	Jon Mark To