



## THUNDER

**12/26/2024**

PRODUCER		CONTACT NAME: <b>Ashley Crews</b>	
<b>Hub International Mid-South</b> <b>1661 International Drive</b> <b>Suite #300</b> <b>Memphis, TN 38120</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>	
<b>INSURED</b>  <b>Hi-Speed Industrial Service</b> <b>Mock, Inc. DBA</b> <b>7030 Ryburn Drive</b> <b>Millington, TN 38053</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 :	

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	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		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	