

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).

u	ils certificate does not confer rights t	Jule	Cert	ilicate floider ill lied of Su							
PRO	DUCER				CONTA NAME:	CT Ashley C	Crews				
Hub International Mid-South					PHONE (A/C, No, Ext): (901) 341-6320 FAX (A/C, No):						
1661 International Drive Suite #300						E-MAIL (MC, NO). E-MAIL (MC, NO).					
	nphis, TN 38120				ADDRE						
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Amerisure Insurance Company				19488	
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		
					INSURE	RD:					
					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T IN C	HIS IS TO CERTIFY THAT THE POLICIE JOICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS IREME TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR TO RESPICE TO THE RESPIED HEREIN IS SUBJECT	ECT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
Α	X COMMERCIAL GENERAL LIABILITY					,,	, <u>,</u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	х		CPP20994120901		1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		^		0.1.20001120001		1,1,2020	.,.,2020			10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	<u> </u>	
	Y POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
				CA 20994090902		1/1/2025	1/1/2026	(Ea accident)	T T	, ,	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X		CA 20994090902		1/1/2025	1/1/2026	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYER			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	T T		
С	Rented Equipment			IH5 A827509 09		1/1/2025	1/1/2026	Any one item	Ψ	450,000	
										·	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate holder is an additional insured a	LES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requir	red)			
Cert	incate noticer is an additional insured a	10 10	oo pa	lyce as respects rented of	icascu	equipment.					
CE	RTIFICATE HOLDER				CANO	CELLATION					
								ESCRIBED POLICIES BE C			
EquipmentShare.com, Inc.						ORDANCE WI	N DATE TH	IEREOF, NOTICE WILL CY PROVISIONS.	RF I	DELIVERED IN	

ACORD 25 (2016/03)

PO Box 650429 Dallas, TX 75265

AUTHORIZED REPRESENTATIVE