



DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING CO	NAIC #				
	INSURER A : Amerisure Insurance Co	19488				
INSURED	INSURER B : Amerisure Mutual Insurance Company					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Com	22292				
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E :					
	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVIC	ION NUMBER.				

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				4000	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured only if required by written contract for General Liability, Auto Liability and Umbrella Liability with respect to insured's work. Coverage indicated is primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. A Waiver of Subrogation applies in favor of Additional Insureds for General Liability, Auto Liability, Umbrella Liability and Workers' Compensation where required by contract.

CERTIFICATE HOLDER	CANCELLATION
Advanced Technology Services Inc 8201 N University St Peoria. IL 61615	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 65/10, 12 6/6/10	AUTHORIZED REPRESENTATIVE
	Jon Mark Too



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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COVEDAGES CEPTIFICATE NI IMPED.	DEVISION NUMBED: 2					
	INSURER F:					
Millington, TN 38053	INSURER E :					
7030 Ryburn Drive	INSURER D:					
Hi-Speed Industrial Service Mock, Inc. DBA	INSURER C: Hanover Insurance Company	22292				
NSURED	INSURER B : Amerisure Mutual Insurance Company					
All of the second secon	INSURER A : Amerisure Insurance Company	19488 23396				
	7.7					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC#				
Suite #300	E-MAIL ADDRESS:					
lub International Mid-South 661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):					
PRODUCER	CONTACT NAME:					
ting definitions does not define rights to the definitions holder in head	or out on a croom on (c).					

CERTIFICATE NUMBER:

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		**************************************	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinon	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI / A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
								40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to insured's work as required by contract. General Liability, Auto Liability and Umbrella Liability coverage is primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all rights of subrogation against Certificate Holder as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Air Liquide Inc & Its Subsidiaries 9811 Katy Freeway Ste 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Houston, TX 77024	AUTHORIZED REPRESENTATIVE
	Jon Market To

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):			
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Amerisure Insurance Company	19488			
INSURED	INSURER B: Amerisure Mutual Insurance Company 23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292			
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:				
Millington, TN 38053	INSURER E:				
Y ANY 111 ANY	INSURER F:				
COVERACES CERTIFICATE NUMBER.	DEVICION NU	MDED.			

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INSR		ISIONS AND CONDITIONS OF SUCH				POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY	1		AND A V			EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.000	Manual IIII All III			MED EXP (Any one person)	\$	10,000
				-	and the second	-6		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					la.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	ricidi)		h. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	9000	Section 1		P 100h	400	PROPERTY DAMAGE (Per accident)	\$	
								Alle.	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$					_40005	TO THE PARTY OF TH	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	Down	will		4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	N/A				400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		46	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4		1100	
					100			4000 /		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liablity, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured as required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder. Should any of the above described policies be cancelled before expriration date thereof, 30-day notice will be provided in writing to Certificate Holder as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Albemarle Corporation 451 Florida Street Baton Rouge, LA 70801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Daton Rouge, EA 70001	AUTHORIZED REPRESENTATIVE
	Jon Mal To



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DATE (MM/DD/YYYY) 12/28/2023

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Suite #300		E-MAIL ADDRESS:						
Memphis, TN 38120		INSURER(S) AFFORDING COVERAGE	NAIC #					
	All of the second	INSURER A: Amerisure Insurance Company	19488					
INSURED		INSURER B : Amerisure Mutual Insurance Company	23396					
Hi-Speed Industri	al Service	INSURER C: Hanover Insurance Company	22292					
Mock, Inc. DBA 7030 Ryburn Driv	e	INSURER D:						
Millington, TN 380		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER:						

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		ISIONS AND CONDITIONS OF SUCH	TERUT.		- CONTROL CONT					
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	,,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		400	Manual Cold			MED EXP (Any one person)	\$	10,000
				-	Continue of the continue of th			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII400	P Alla	b.		\$	
Α	AUT	OMOBILE LIABILITY				AND	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	ricki)	THE SAME	b. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1		P TOOL	400	PROPERTY DAMAGE (Per accident)	\$	
		400			A A	1000	1000000	Also.	\$	
В	X	UMBRELLA LIAB X OCCUR					- A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$ 0				4000	_40000	TO STATE OF THE PARTY OF THE PA	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	Stock			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N. CA	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A				4000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		16	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					20007	- Combine		40000	20000	

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CERTIFICATE HOLDER	CANCELLATION
Almatis, Inc. PO Box 286 Bauxite, AR 72011	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Buunto, AR 12011	AUTHORIZED REPRESENTATIVE
	Jon Made To





ACORD<sup>®</sup>

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Suite #300	E-MAIL ADDRESS:				
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	INSURER A : Amerisure Insurance Compa	19488			
INSURED	INSURER B : Amerisure Mutual Insurance	Company	23396		
Hi-Speed Industrial Service	INSURER C : Hanover Insurance Compan	22292			
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:				
Millington, TN 38053	INSURER E :				
	INSURER F:				
COVERAGES OFFICE ATENUMBER.	DEVICION	MUMPED.			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			11157		LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III		AN A Y	(MIND D)   1   1   1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		4	Manual Cold			MED EXP (Any one person)	\$	10,000
				-	Continue of the continue of th			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All by		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			100.	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	ricióó)	THE SAME	b. A		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P TOOL		PROPERTY DAMAGE (Per accident)	\$	
						100		Also,	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				400	_400005	4000	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	State of the last			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		1	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							-			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured only if required by written contract for General Liability and Auto Liability with respect to insured's work. A Waiver of Subrogation applies in favor of Certificate Holder for General Liability, Auto Liability and Workers' Compensation where reuqired by contract.

CERTIFICATE HOLDER	CANCELLATION
Aramark Management Services Limited Partnership 2400 Market St Philadelphia, PA 19103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
i illiadelpilia, i A 19109	AUTHORIZED REPRESENTATIVE
	Jon Made To

ACORD 25 (2016/03)

HI-SIND-01

MALFORD



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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).

and to mind a trace in the common rights to the common in include in include in					
PRODUCER	CONTACT NAME:				
lub International Mid-South 661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Amerisure Insurance Company				
NSURED	INSURER B : Amerisure Mutual Insurance Company				
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.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	ļ
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Arkema Inc, its subsidiaries and affiliates, directors, officers and employees are Additional Insureds for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurance is primary without the right of contribution of ay other insurance carried by or on behalf of Certificate Holder as required by contract. A Waiver of subrogation applies in favor of Additional Insureds for General Liability, Auto Liability, Umbrella Liability and Workers' Compensation where required by contract. Umbrella/Excess Liability follows form.

CERTIFICATE HOLDER	CANCELLATION
Arkema, Inc. c/o Avetta 17671 Cowan Suite 125	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Irvine, CA 92614	AUTHORIZED REPRESENTATIVE
	Jon Mal To

HI-SIND-01

MALFORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/28/2023

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).

this certificate does not confer rights to the certificate holder in lieu of	such endorsement(s).					
PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	<u> </u>	NAIC #			
	INSURER A: Amerisure Insurance Company	/	19488			
INSURED	INSURER B : Amerisure Mutual Insurance C	ompany	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 NU	JMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						

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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS

INSR		ISIONS AND CONDITIONS OF SUCH	ADDL INSD			POLICY EFF	POLICY EXP		•	
LTR	_	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY	1		WILL W			EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	1		CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Manual Cold			MED EXP (Any one person)	\$	10,000
					and the second			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All De		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			TO. 400	P Alla	b.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS	40000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	September 1	mill		P 100h	400	PROPERTY DAMAGE (Per accident)	\$	
		400			400			Alba.	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4			_40000	"COUNTY	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	line.			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	N/A				400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		d			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		16	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	40000	11100	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	OANGELLATION

ASSA ABLOY Americas Group Ceco Door 9159 Telecom Dr Milan, TN 38358 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Marke Tis



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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).

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
* ANY 111 ANY	INSURER F:						
Millington, TN 38053	INSURER E:						
7030 Ryburn Drive	INSURER D:						
Hi-Speed Industrial Service Mock, Inc. DBA	INSURER C: Hanover Insurance Company	22292					
INSURED	INSURER B: Amerisure Mutual Insurance Company	23396					
	INSURER A : Amerisure Insurance Company	19488					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
Suite #300	E-MAIL ADDRESS:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
PRODUCER	CONTACT NAME:						

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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinois	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI /A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
								40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to insured's work if and where required by written contract. Coverage primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all right of subrogation against Certificate Holder if and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Big River Steel PO Box 707 2027 State Hwy	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Osceola, AR 72	AUTHORIZED REPRESENTATIVE
	Jon Made To



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
lub International Mid-South 661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
NSURED	INSURER B: Amerisure Mutual Insurance Company					
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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinon	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI / A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
								40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured on a primary and noncontributory basis for General Liability, Auto Liability, and Umbrella Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insureds for General Liability, Auto Liability, Umbrella Liability and Workers' Compensation as required by contract. Should any of the above described policies be cancelled prior to the expiration date therof, notice will be delivered in accordance with the policy provisions.

CERTIFICATE HOLDER	CANCELLATION
Bridgestone Americas Tire Operations LLC Bridgestone Americas Inc & their Subsidiaries 200 Fourth Ave S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Nashville, TN 37201	AUTHORIZED REPRESENTATIVE
	Jon Marke var

HI-SIND-01

**MALFORD** 



DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Company 23396					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
Y ANY 111 ANY	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVICION NU	MDED.				

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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	STREET, STREET		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alla			MED EXP (Any one person)	\$	10,000
				-	Continue Annual Continue Conti			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	40000	THE REAL PROPERTY.	b		*1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1		P 100h	400	PROPERTY DAMAGE (Per accident)	\$	
		400			A A	1000		Alba,	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GERRAL STATE OF THE STATE OF T	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 1			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	4000		
					88009			- All (1977)	8000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cargill Incorporated or Subsidiary are Additional Insured for General Liability and Auto Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder. Excess/Umbrella follows form.

CERTIFICATE HOLDER	CANCELLATION
Cargill Incorporated or Subsidiaries c/o Avetta PO Box 51387	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Jon Marke you

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:	
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):	
Suite #300	E-MAIL ADDRESS:	
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Amerisure Insurance Company	19488
INSURED	INSURER B: Amerisure Mutual Insurance Company	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.

		JSIONS AND CONDITIONS OF SUCH	1107		SANCE CONTRACTOR CONTR					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD		AN A Y	(MIND 5) 1 1 1 1 1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.000	Through the same of the same o			MED EXP (Any one person)	\$	10,000
				1	and in			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII. 400	P Alla	b.		\$	
Α	AUT	OMOBILE LIABILITY				AllP	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY			h. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	gggss	and the		P 100h	400	PROPERTY DAMAGE (Per accident)	\$	
		400			400	00000	100000000000000000000000000000000000000	Alla.	s	
В	Х	UMBRELLA LIAB X OCCUR					-m-	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0		, di			_4000	The state of the s	\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY	li de contra			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		1	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
								40000		
					889	, contin				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder. Excess/Umbrella Liability follows form for underlying primary liability policies.

CERTIFICATE HOLDER	CANCELLATION
Caterpillar, Inc. 1445 Industrial Rd Dyersburg, TN 38024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dyciobally, 114 00024	AUTHORIZED REPRESENTATIVE
	Jon Mark Too

HI-SIND-01

**MALFORD** 



DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Company 23396					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
Y ANY 111 ANY	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVICION NU	MDED.				

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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CBRE, Inc. and their applicable clients are Additional Insured for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder. Should any of the above described policies be canccelled before expiration date thereof, 30-day notice will be provided to Certificate Holder as required by contract.

CERTIFICATE HOLDER	CANCELLATION
CBRE, Inc. c/o GRMS 4447 N Central Expressway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ste 110-433	AUTHORIZED REPRESENTATIVE
Dallas, TX 75205	Jon Marke Too

CANCELL ATION

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DATE (MM/DD/YYYY) 12/28/2023

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and to an action acts and acts acts and acts and acts and acts acts acts and acts acts acts and acts acts acts acts and acts acts acts acts acts and acts acts acts acts acts acts acts acts							
PRODUCER Hub International Mid-South	CONTACT NAME: PHONE (004) 242 5200 FAX						
1661 International Drive Suite #300	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):  E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B : Amerisure Mutual Insurance Company	23396					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292					
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:						
Millington, TN 38053	INSURER E:						
Y ANY MILE AND	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.

	KCLL	ISIONS AND CONDITIONS OF SUCH	11107		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		400	Manual III			MED EXP (Any one person)	\$	10,000
				-	and a second	-6		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	40000		h		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	i i	and the		7 Year	400	PROPERTY DAMAGE (Per accident)	\$	
		400			407			Alba,	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)		607 Ab.	4000	-40000	"HILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	Stone			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		idatory in NH)	N/A		AND YOU		400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		di	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
			1	1	00000	1,000		700000000000000000000000000000000000000	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CBRE Inc, CBRE Managed Services Inc, and their applicable clients are included as Additional Insureds on the General Liability, provided on the CG2010 0704 and CG2037 0704 or their equivalent endorsements and Automobile Liability with a Waiver of Subrogation under the General Liability, Automobile Liability and Workers Compensation policies. Such policies are primary and non-contributory as respects to any other insurance available to the Additional Insureds.

CERTIFICATE HOLDER	CANCELLATION
CBRE, Inc. c/o GRMS 5271 California Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Suite 290	AUTHORIZED REPRESENTATIVE
Irvine, CA 92617	Jon Made To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERA	GE	NAIC #			
	INSURER A : Amerisure Insurance Compa	19488				
INSURED	INSURER B : Amerisure Mutual Insurance	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:					
COVEDAGES CEDTIFICATE NUMBER	DEVISION	IIIMDED.				

CERTIFICATE 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.

		JSIONS AND CONDITIONS OF SUCH	1107		SANCE CONTRACTOR CONTR					
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		400	Manual Cold			MED EXP (Any one person)	\$	10,000
					Sandar Anna			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:				All by		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				ANN	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	reidill.	1000	b. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggas			P TOOL		PROPERTY DAMAGE (Per accident)	\$	
						100		Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100		-m-	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	The state of the s	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	li tracio			4	AND Y	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A				400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		X	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4		11100	
					1000	- Complex		*W. A		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder.

CERTIFICATE HOLDER	CANCELLATION
Commercial Metals Company 6565 N MacArthur Blvd Irving, TX 75039	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ii viiig, 17.70000	AUTHORIZED REPRESENTATIVE
	Jon Made To



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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).

and comments account come. Figure to and comments in house in	7 distribution (6):				
PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
And P	INSURER A: Amerisure Insurance Company				
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:				
AND					

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinon	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI /A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ConAgra Brands, Inc. and its subsidiaries are Additional Insureds for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder.

CERTIFICATE HOLDER	CANCELLATION

ConAgra Brands, Inc. and its subsidiaries Attn: Insurance Certificates One ConAgra Drive Omaha, NE 68102 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Market Til



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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).

and comments account come. Figure to and comments in house in	7 distribution (6):				
PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
And P	INSURER A: Amerisure Insurance Company				
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:				
AND					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	gjijat	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Delek US Holdings, Inc., its affiliates, entities, and subsidiaries are are Additional Insureds for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Insurers agree to waive all rights of subrogation against Additional Insured where required by contract. Insurance is primary without the right of contribution of any other insurance carried by or on behalf of Certificate Holder. Should any of the above described policied be cancelled before the expiration date thereof, 30-day notice will be provided in writing to Certificate Holder as required by contract.

CERTIFICATE HOLDER	CANCELLATION

Delek US Holdings, Inc., its affiliates, entities, and subsidiaries 12700 Park Central Drive Ste 1500 Dallas, TX 75251 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Market To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER		CONTACT NAME:						
Hub International Mid-South 1661 International Drive		PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
Suite #300		E-MAIL ADDRESS:						
Memphis, TN 38120		INSURER(S) AFFORDING COVERAGE	NAIC #					
	All of the second	INSURER A: Amerisure Insurance Company	19488					
INSURED	(10) A.	INSURER B : Amerisure Mutual Insurance Company	23396					
Hi-Speed Industri	al Service	INSURER C: Hanover Insurance Company	22292					
Mock, Inc. DBA 7030 Ryburn Driv	e	INSURER D:						
Millington, TN 380		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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to insured's work where required by contract. Coverage primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all rights of subrogation against Certificate Holder.

CERTIFICATE HOLDER	CANCELLATION
Electrolux Home Products, Inc. 10200 David Taylor Dr Charlotte, NC 28262	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ondirotto, NO 20202	AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Amerisure Insurance Company					
INSURED	INSURER B: Amerisure Mutual Insurance Company					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company					
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	gjijat	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Firestone Building Products, LLC and Holcim Participations (US) Inc., and subsidiares are Additional Insureds only if required by written contract for General Liability and Auto Liability with respect to insured's work. Coverage is primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. A Waiver of Subrogation applies in favor of Firestone Building Products, LLC and Holcim Participations (US) Inc., and subsidiaries for General Liability, Auto Liability and Workers' Compensation where required by contract. Umbrella follows form of underlying primary liability.

CERTIFICATE HOLDER	CANCELLATION

Firestone Building Products Company, LLC and Holcim Participiations (US) Inc., and subsidiaries 200 4th Avenue South Nashville, TN 37201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Market To





DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):					
Suite #300	E-MAIL ADDRESS:						
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 NUI	MBER:					

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		NDITIONS OF SUCF		IES. LIMITS SHOWN MAY HAVE BEEN			-		
INSR LTR	TYPE OF	NSURANCE	ADDL S	OUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL G	ENERAL LIABILITY			\(\text{\tinit}\text{\texi{\text{\tinith{\text{\text{\text{\text{\text{\text{\text{\text{\tinit{\text{\tin\tin\tin\tin\tin\tin{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\titil\titit{\tin\tin\tin{\tin\tin\tin{\tin\tin\tii}\tin\tin{\titil\titit{\tin\tin\tin{\tiin\tin\tin{\tiin\tin{\tii\titit{\tit	(	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MAI	DE X OCCUR	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual	Liab		The state of the s			MED EXP (Any one person)	\$	10,000
				and in			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE L	MIT APPLIES PER:			400		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PI	CT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:	7 1995		100.		b.		\$	
Α	AUTOMOBILE LIABILI	Υ				Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS	4100000	Till to a second	400000	1000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY		~ A	P YEAR	4000	PROPERTY DAMAGE (Per accident)	\$	
		400	p.				Ab.	\$	
В	X UMBRELLA LIAB	X OCCUR		1000		All and	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB	CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RET	ENTION \$	)	A007 A00.	400	_400005	THE REAL PROPERTY.	\$	
Α	WORKERS COMPENSA AND EMPLOYERS' LIA	RII ITV	(Stood)		4		X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PAR	TNER/EXECUTIVE -		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXC (Mandatory in NH)	LUDED?	N/A			A100	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPE	RATIONS below				1000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation			IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
					7	-	1000		
	I.			2000000	- 5-config.	I.	7000120000	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability and Auto Liability with respect to insured's work where required by written contract.

CERTIFICATE HOLDER	CANCELLATION

Gerdau USA Inc, its subsidiaries and affiliates 4221 W Boy Scout Blvd Tampa, FL 33607

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 



CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERA	GE	NAIC #			
	INSURER A: Amerisure Insurance Compa	ny	19488			
INSURED	INSURER B: Amerisure Mutual Insurance	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:					
COVER A CEC	DEVICION	IIIMDED.				

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.

		100000000	1507	ES. LIMITS SHOWN MAY HAVE BEEN I			I		
INSR LTR		TYPE OF INSURANCE	ADDL SI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			······	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	16	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab					MED EXP (Any one person)	\$	10,000
				and the second	al.		PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC			W		PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:		VIII. 400	P 400	b.		\$	
Α	AU.	TOMOBILE LIABILITY			Alle	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS		Miles A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Military.		7 Year	4007	PROPERTY DAMAGE (Per accident)	\$	
		400		400	2000		Alla.	s	
В	Х	UMBRELLA LIAB X OCCUR				A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0			400	_4000	"GOODS	\$	
Α	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY	Steering 18		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	ndatory in NH)	Ν, Α			All Day	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below				THE RESERVE	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Tra	nsportation		IH5 A827509 08	1/1/2024	1/1/2025	Cargo	game.	500,000
С	Ins	tallation		IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	11100	1,000,000
					. contra				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured only as required by written contract for General Liability and Auto Liability with respect to insured's work. A Waiver of Subrogation applies in favor of Additional Insured for General Liability, Auto Liability and Workers' Compensation as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Green Bay Packaging, Inc. 338 Hwy 113 South Morrilton, AR 72110	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
mornion, AK 12110	AUTHORIZED REPRESENTATIVE
	Jon Mark To





ACORD<sup>®</sup>

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVI	NAIC #				
	INSURER A : Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVERA OFC	DEVICE	AL AULMOED.				

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hexion, its directors, officers, employees and agents are additional insureds on a primary and non-contributory basis on the General Liability, Automobile
Liability and Excess Liability only as required by written contract. A Waiver of Subrogation applies in favor of Hexion, its directors, officers, employees and
agents on the General Liability, Automobile, Umbrella and Workers' Compensation policies only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION
Hexion, Inc. C/O Avetta LLC PO Box 51387 Irvine, CA 92619	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
117110, 07 02010	AUTHORIZED REPRESENTATIVE
	Jon Made To





DATE (MM/DD/YYYY) 12/28/2023

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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COVERAGES CERTIFICATE NUMBER:	PEVISION NUMBER	
* AN 100 AN	INSURER F:	
Millington, TN 38053	INSURER E:	
7030 Ryburn Drive	INSURER D:	
Hi-Speed Industrial Service Mock, Inc. dba	INSURER C: Hanover Insurance Company	22292
INSURED	INSURER B: Amerisure Mutual Insurance Company	23396
	INSURER A: Amerisure Insurance Company	19488
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #
Suite #300	E-MAIL ADDRESS:	
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):	
PRODUCER	CONTACT NAME:	

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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
A	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. Coverage is primary without contribution to any coverage carried by or on behalf of Certificate Holder where required by contract. A Waiver of Subrogation applies in favor of Additional Insured for General Liability, Auto Liability, Workers' Compensation and Umbrella Liability as required by contract.

CERTIFIC	CATE HOLDER	CANCELLATION
	International Flavors & Fragrances Inc 925 Page Mill Rd Palo Alto. CA 94304	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Tulo Alto, OA 04004	AUTHORIZED REPRESENTATIVE
		Jon Made To





DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVI	NAIC #				
	INSURER A : Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVERA OFC	DEVICE	AL AULMOED.				

CERTIFICATE NUMBER: REVISION NUMBER:

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			11157		LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III		AN A Y	(MIND D)   1   1   1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		4	Manual Cold			MED EXP (Any one person)	\$	10,000
				-	Continue of the continue of th			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All by		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			100.	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	ricióó)	100m	b. A		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	9			P TOOL		PROPERTY DAMAGE (Per accident)	\$	
						100		Also,	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				400	_400005	4000	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	State of the last			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		VIII).	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			THE REAL PROPERTY.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		1	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							-			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder, its subsidiaries, affiliates, officers and employees are named as an additional insured on the General liability and Auto Liability policies, with completed operations in regards to the General Liability for a minimum of 2 years. This insurance is primary without the right of contribution of any other insurance carrier by or on behalf of Certificate Holder. Insurers agree to waive all rights of subrogation against Certificate Holder. 30-Day Written Notice of Cancellation applies per policy language.

CERTIFICATE HOLDER	CANCELLATION
JM Smucker Company c/o Purchasing Services Co 830 Fifth Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Kensington, PA 15068	AUTHORIZED REPRESENTATIVE
	Jon Marke m

ACORD 25 (2016/03)





DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Amerisure Insurance Company				
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:				
AND					

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Kinder Morgan, Inc., a Delaware Corporation is an additional insured on the General Liability, Automobile Liability and Umbrella Liability on a primary and non-contributory basis only as required by written contract. A Waiver of Subrogation in favor of Kinder Morgan, Inc., a Delaware Corporation applies on the General Liability, Automobile Liability, Umbrella Liability, and Workers' Compensation only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION
Kinder Morgan, Inc. A Delaware Corporation 2227 Highway 27 S Searcy, AR 27143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ocardy, Art 27 145	AUTHORIZED REPRESENTATIVE
	Jon Mark Too

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

ACORD°

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVI	ERAGE	NAIC #			
	INSURER A : Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVERA OFC	DEVICE	AL AULMOED.				

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.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000			Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	STEEL STEEL	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
L'Oreal USA Inc and subsidiaries are additional insureds on the General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. A Waiver of Subrogation in favor of L'Oreal USA Inc and subsidiaries applies on the General Liability, Automobile Liability, Excess Liability and Workers' Compensation only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION
L'Oréal USA, Inc. and subsidiaries 50 Connell Drive Berkeley Heights, NJ 07922	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Berneley Heights, No 07322	AUTHORIZED REPRESENTATIVE
	Jon Made To

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING CO	NAIC #				
	INSURER A : Amerisure Insurance Co	19488				
INSURED	INSURER B : Amerisure Mutual Insura	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Com	22292				
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E :					
	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVIC	ION NUMBER.				

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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SUBFINSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY		40/4/	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x x	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab	-	Manual Maria			MED EXP (Any one person)	\$	10,000
				The state of the s			PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:			All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			<i>y</i>	ls.		\$	
A	AU.	TOMOBILE LIABILITY			ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS		b		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY	Bank		P 1000	4887	PROPERTY DAMAGE (Per accident)	\$	
							Alla.	\$	
В	X	UMBRELLA LIAB X OCCUR				1	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$			400	.4000	"HOURS	\$	
Α	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY	ine di		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)				No.	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below	d	The state of the s		William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Ins	tallation	4	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
						4			
				1000	- contra		- Aller	2007	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Land O' Lakes, Inc. is Additional Insured for General Liability only if required by written contract for General Liability with respect to insured's work. Coverage is primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. A Waiver of Subrogation applies in favor of Additional Insrueds for General Liability and Workers' Compensation where required by contract.

CERTIFICATE HOLDER	CANCELLATION
Land O' Lakes, Inc. 4001 Lexington Ave N Arden Hills, MN 55126	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Arden rinis, mrv 33120	AUTHORIZED REPRESENTATIVE
	Jon Mark To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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

PRODUCER	CONTACT					
Hub International Mid-South 1661 International Drive Suite #300	NAME: PHONE (A/C, No, Ext): (901) 312-5300  E-MAIL ADDRESS:  FAX (A/C, No):					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:					

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			11157		LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD		AN A Y	(MIND D)   1   1   1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		4	Manual Cold			MED EXP (Any one person)	\$	10,000
				-	Continue of the continue of th			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All by		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			100.	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	ricióó)	THE SAME	b. A		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P TOOL		PROPERTY DAMAGE (Per accident)	\$	
						100		Also,	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				400	_400005	4000	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	State of the last			4	AND Y	X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		VIII).	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		1	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							-			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lanxess, its subsidiaries and affiliates are Addtional Insureds on a primary and noncontributory basis as respects General Liability and Auto Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insureds for General Liability, Auto Liability and Workers' Compensation as required by contract. Umbrella follows form.

CERTIFICATE HOLDER	CANCELLATION
LanXess c/o Avetta LLC PO Box 51387	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Irvine, CA 92619	AUTHORIZED REPRESENTATIVE
	Jon Mark To



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Amerisure Insurance Company				
INSURED	INSURER B : Amerisure Mutual Insurance Company 23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company				
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:				
Millington, TN 38053	INSURER E:				
	INSURER F:				
and and an					

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mitsubishi Chemical America, Inc., its affiliated companies, and their respective directors, officers and employees are Additional Insured with respect to insured's work if and where required by written contract. Coverage primary and nontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all right of subgrogation against Additional Insureds if and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION

Mitsubishi Chemical America, Inc., its affiliated companies & their respective directors, officers & employees c/o GRMS 4447 N Central Expressway, Ste 110-433 Dallas, TX 75205 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Market To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:		
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300		
Suite #300	E-MAIL ADDRESS:		
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Amerisure Insurance Company	19488	
INSURED	INSURER B : Amerisure Mutual Insurance Co	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	DEVISION NII	MDED.	

CERTIFICATE 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.

	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		AN A Y	<u> </u>	<b>VIII. 19</b>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	V.	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab	400	David III			MED EXP (Any one person)	\$	10,000
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		and the second			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			All In		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		WA. 400	P Alla	h.		\$	
Α	AUTOMOBILE LIABILITY			ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS		le. A		*1000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	<b>Blackwell</b>		P TORR.		PROPERTY DAMAGE (Per accident)	\$	
			A. A.	100		A.	\$	
В	X UMBRELLA LIAB X OCCUR				A	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$			4000	_40000	THE REAL PROPERTY.	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Stock (SS)		4		X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A	A 100		A800	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				1000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Transportation	-41	IH5 A827509 08	1/1/2024	1/1/2025	Cargo	1	500,000
С	Installation		IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	11100	1,000,000
			100					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Molex, LLC and/or Phillips-Medisize, LLC 3449 Sky Park Blvd Eau Claire, WI 54701

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 





DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
lub International Mid-South 661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
NSURED	INSURER B: Amerisure Mutual Insurance Company 233					
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:					
COVEDAGES CERTIFICATE NUMBER:	DEVISION NUMBED.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nestle Purina PetCare Company is an additional insured on the General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. Waiver of Subrogation applies in favor of Nestle Purina PetCare Company on the General Liability, Automobile, Umbrella and Workers' Compensation policies only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION			
Nestle Purina PetCare Company 1 Checkerboard Square St Louis. MO 63164	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
ot Eduis, ind do to t	AUTHORIZED REPRESENTATIVE			
	Jon Made To			

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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 NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B : Amerisure Mutual Insurance Company	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:						

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to insured's work if and where required by written contract. Coverage primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all rights of subrogation against Certificate Holder if and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
NRG Energy Inc 910 Louisiana St Houston, TX 77002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tiouston, TX 17002	AUTHORIZED REPRESENTATIVE
	Jon Mal To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
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:					
* ANY 111 ANY	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVICION NUM	ADED. 1				

CERTIFICATE NUMBER: REVISION NUMBER: 1

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antif		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nucor Steel Arkansas is named as additional insured on a primary and noncontributory basis for General Liability, Automobile Liability and Umbrella Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insured for General Liability, Automobile, Umbrella and Workers' Compensation policies as required by contract. Excess policy is follow form.

CERTIFICATE HOLDER	CANCELLATION
Nucor Steel Arkansas PO Box 30 Armorel. AR 72310	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attiviting Att 12010	AUTHORIZED REPRESENTATIVE
	Jon Made To

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:						
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Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	<b>INSURER B: Amerisure Mutual Insurance Company</b>	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.	DEVISION NUMBER						

CERTIFICATE NUMBER:

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		ISIONS AND CONDITIONS OF SUCH	CERRO		- CONTROL CO.					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		400	Manual III			MED EXP (Any one person)	\$	10,000
				1	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			TO AND	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	4000	1000	b		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR			1000		A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADI	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)		607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	None			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A				-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	1		
					20000			**************************************	80007	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Nucor Steel Jackson, Inc. is named as additional insured as respects General Liability, Automobile Liability and Umbrella Liability on a primary and non-contributory basis, only as required by written contract. Waiver of Subrogation applies on the General Liability, Automobile, Umbrella and Workers' Compensation policies only as required by written contract. Excess policy is follow form.

CERTIFICATE HOLDER	CANCELLATION
Nucor Steel Jackson, Inc. 3630 Fourth Street Flowood. MS 39232-2000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
110110004, 1110 00202 2000	AUTHORIZED REPRESENTATIVE
	Jon Marke Too



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING C	NAIC #					
	INSURER A: Amerisure Insurance Co	19488					
INSURED	INSURER B : Amerisure Mutual Insur	23396					
Hi-Speed Industrial Service Mock, Inc. DBA	INSURER C:						
7030 Ryburn Drive	INSURER D:						
Millington, TN 38053	INSURER E :						
	INSURER F:						
COVERACES CERTIFICATE NUMBER.	DEVIC	NON NUMBER.					

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.

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	Contractual Liab		400	Manual Cold			MED EXP (Any one person)	\$	10,000
				1	Continue of the continue of th			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All by		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					h.		\$	
Α	AUT	OMOBILE LIABILITY				ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	reist)	1000	b. A		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P TOOL		PROPERTY DAMAGE (Per accident)	\$	
		400				1000		Alba,	\$	
В	Χ	UMBRELLA LIAB X OCCUR					1	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4005	A COLUMN TO A COLU	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	None 1			4	AND Y	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	N/A		AND YOU		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			400	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
				4						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nucor-Yamato Steel Company and Nucor Castrip Arkansas LLC are named as additional insured on a primary and noncontributory basis for General Liability,
Automobile Liability and Umbrella Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional
Insureds for General Liability, Automobile, Umbrella and Workers' Compensation policies as required by contract. Excess policy is follow form.

CERTIFICATE HOLDER CANCELLATION

Nucor-Yamato Steel Company and Nucor Castrip Arkansas, LLC 5929 E State Hwy 18, 6061 E State Hwy 18 or 5937 E State Hwy 18 Blytheville, AR 72315 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Market To





DATE (MM/DD/YYYY) 12/28/2023

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INSURER C: Hallovel Illourance Combany	ZZZJZ						
INSURER C: Hanover Insurance Company	22292						
INSURER B: Amerisure Mutual Insurance Company	23396						
INSURER A: Amerisure Insurance Company	19488						
ADDRESS:  INSURER(S) AFFORDING COVERAGE	NAIC #						
PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):							
CONTACT NAME:							
	NAME: PHONE (A/C, No, Ext): (901) 312-5300  E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE  INSURER A : Amerisure Insurance Company  INSURER B : Amerisure Mutual Insurance Company						

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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	-		AN A Y	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	Contractual Liab		700	Street All III			MED EXP (Any one person)	\$	10,000
				7		4		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	V'L AGGREGATE LIMIT APPLIES PER:				Alle.		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P _Abs			\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	х	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	esitili.	1000 to	in.		**************************************	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
		7,0,000,00	p.		A			A.	\$	
В	Х	UMBRELLA LIAB X OCCUR			****		A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0	)				_4005	46000	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	No.			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A		486. YB		400	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	_	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	4000	1100	
					100	. conto				
					70001380			781110000	100°	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured on a primary and noncontributory basis for General Liability and Auto Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insured for General Liability, Auto Liability and Workers' Compensation as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Owens Corning and its Subsidiaries 1 Owens Corning Parkway Toledo, OH 43659	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
101640, 011 43033	AUTHORIZED REPRESENTATIVE
	Jon Mal To



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300						
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING CO	VERAGE	NAIC #				
	INSURER A : Amerisure Insurance Co	19488					
INSURED	INSURER B : Amerisure Mutual Insura	nce Company	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Com	22292					
Mock, Inc. dba 7030 Ryburn Drive	INSURER D :						
Millington, TN 38053	INSURER E :						
	INSURER F:						
	DE1/101						

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SI	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			<del>,</del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	100	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab					MED EXP (Any one person)	\$	10,000
				and in	als.		PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:		VIII	P Allo	h.		\$	
Α	AU.	TOMOBILE LIABILITY			Alle	Da.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS		The A		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Service of the least of the lea		P TOOL	4007	PROPERTY DAMAGE (Per accident)	\$	
		400		400	200000	000000000000000000000000000000000000000	Alla.	s	
В	Х	UMBRELLA LIAB X OCCUR				-m-	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				_4000	"GOODS	\$	
Α	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY	literal li		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH)	., ,			No.	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below				THE REAL PROPERTY.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Equ	uipment Floater		IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Equip	game.	450,000
С	Ins	tallation		IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	11100	1,000,000
					. contra				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Packaging Corporation of America, Its Subsidiaries, affiliates, directors, officers and employees

1 North Field Court
Lake Forest, IL 60045

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Marke Too





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:	
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):	
Suite #300	E-MAIL ADDRESS:	
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Amerisure Insurance Company	19488
INSURED	INSURER B : Amerisure Mutual Insurance Company	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:	

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		AN A Y	<u> </u>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	V	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab	.400	Manual III All I			MED EXP (Any one person)	\$	10,000
		1	and the second			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			allba.		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		TEL 400	P Alla	h.		\$	
Α	AUTOMOBILE LIABILITY		<b>**</b>	AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY		to. A		1000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			P THIS.		PROPERTY DAMAGE (Per accident)	\$	
	400		A. A.	100		Also,	\$	
В	X UMBRELLA LIAB X OCCUR				All	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0			400	_400005	4000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ine di		4	AND Y	X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A	AND YOU		VIII).	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	4			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation	-4	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
					-			
			2000000	- 5-confe-	L	700012005	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability and Auto Liability with respect to insured's work where required by contract. A Waiver of Subrogation applies in favor of Additional Insured for General Liability, Auto Liability, and Workers' Compensation where required by contract.

CERTIFICATE HOLDER	CANCELLATION
Pilgrim's Pride Corporation 1770 Promontory Circle Greeley, CO 80634	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Greeney, 00 00004	AUTHORIZED REPRESENTATIVE
1	Jon Mark Too

CANCELL ATION

CEDTIEICATE HOLDED





DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:	
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):	
Suite #300	E-MAIL ADDRESS:	
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Amerisure Insurance Company	19488
INSURED	INSURER B : Amerisure Mutual Insurance Company	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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				488	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to insured's work where required by contract. Insurers agree to waive all rights of subrogation against Certificate Holder. Coverage primary and noncontributory to any coverage carried by or on behalf of Additional Insured. Umbrella/Excess Liability follows

CERTIFICATE HOLDER	CANCELLATION
PPG Industries, Inc. One PPG Place Pittsburgh, PA 15272	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 moodigit, 1 A 19272	AUTHORIZED REPRESENTATIVE
	Jon Marke Too





ACORD<sup>®</sup>

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVE	NAIC #				
	INSURER A: Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E :					
	INSURER F:					
COVER A CEC	DEVICIO	NAUMOED. 4				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY	100		,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x III	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab	1	Manual Manual Annual Company			MED EXP (Any one person)	\$	10,000
				and a second			PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:			400		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			P Alla	b.		\$	
A	AU.	TOMOBILE LIABILITY			4000	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	nii (Militina	No.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			P Yes	400	PROPERTY DAMAGE (Per accident)	\$	
		400					Alla,	\$	
В	X	UMBRELLA LIAB X OCCUR				1	EACH OCCURRENCE	φ	10,000,000
		EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0			4000	_400000	*0000	\$	
A	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY	Stock Of		- 4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	117.6	A 100		4000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below				700	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Ins	tallation		IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
						4			
				2000			**************************************	2000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Installation Floater includes \$250,000 Stored Materials coverage.

Certificate Holder is an Additional Insured on a primary and noncontributory basis for General Liability with respect to insured's work as required by contract. Thirty (30) day written notification to be provided to Additional Insured for any cancellation or termination of insurance policies indicated herein as required by contract.

	CERTIFICATE HOLDER	CANCELLATION
	Resolute Forest Products, Inc. 5020 Highway 11 South Calhoun, TN 37309	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cambun, 114 3	ounioun, in oroso	AUTHORIZED REPRESENTATIVE
		Jon Made To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME: PHONE (A/C, No, Ext): (901) 312-5300  FAX (A/C, No):						
Hub International Mid-South 1661 International Drive							
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B : Amerisure Mutual Insurance Company	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:						
COVEDAGES CEDTIFICATE NUMBED.	DEVISION NUMBED: 1						

CERTIFICATE 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.

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III I		AN A Y	(MIND D)   1   1   1	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		400	Manual Cold			MED EXP (Any one person)	\$	10,000
				-	Senting to the sent of the sen			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:				allba.		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			70. 40	P Alla	b.		\$	
Α	AUT	OMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	10000	1000	b. A		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Miles.			P THE		PROPERTY DAMAGE (Per accident)	\$	
						100		Also,	\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				400	40000	4000	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	None 1			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		d	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							-			
					00000	- S. C.		1000100000. 4500	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Reynolds American Inc. and Subsidiaries is included as an Additional Insured on the General Liability, Automobile Liability, and Excess/Umbrella Liability policies only if required by written contract. A Waiver of Subrogation in favor of Reynolds American Inc. and Subsidiaries is provided on the General Liability, Automobile Liability, and Excess/Umbrella Liability. The General Liability policy is made Primary and Non-Contributory where required by contract.

CERTIFICATE HOLDER		CANCELLATION			
Reynolds American Inc ar 401 North Main St Winston-Salem, NC 27102		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Winston Galein, No 27 102	•	AUTHORIZED REPRESENTATIVE			
		Jon Marke Too			





DATE (MM/DD/YYYY) 12/28/2023

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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 NAME:							
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):							
Suite #300	E-MAIL ADDRESS:							
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Amerisure Insurance Company	19488						
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:							

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		AN A Y	<u> </u>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	V	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab	.400	Manual III All I			MED EXP (Any one person)	\$	10,000
		1	and the second			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			allba.		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		TEL 400	P Alla	h.		\$	
Α	AUTOMOBILE LIABILITY		<b>**</b>	AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY		to. A		1000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			P THIS.		PROPERTY DAMAGE (Per accident)	\$	
	400		A. A.	100		Also,	\$	
В	X UMBRELLA LIAB X OCCUR				All	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0			400	_400005	4000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ine di		4	AND Y	X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A	AND YOU		VIII).	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	4			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation	-4	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
					-			
			2000000	- 5-confe-	L	700012005	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured if and where required by contract as provided by attached endorsement. Coverage primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all right of subrogation against Certificate Holder if and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Roehm America LLC 299 Jefferson Rd Parsippany, NJ 07054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
i disippany, no orost	AUTHORIZED REPRESENTATIVE
	Jon Made To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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 Hub International Mid-South	CONTACT NAME: PHONE (A/C, No, Ext): (901) 312-5300  FAX (A/C, No):						
1661 International Drive Suite #300	(A/C, No, Ext): (901) 312-5300   (A/C, No): E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B: Amerisure Mutual Insurance Company	23396					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292					
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:						
Millington, TN 38053	INSURER E:						
* ANY 101 AND	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						

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	KCLL	ISIONS AND CONDITIONS OF SUCH	T. S. S. S.		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III		AN A Y	(MINUSSITE OF THE TENT	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	Contractual Liab		100	Manual Cold			MED EXP (Any one person)	\$	10,000
				,	and in	.6		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	40000	THE REAL PROPERTY.	in.		1000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Miles.		Dis.	P THE		PROPERTY DAMAGE (Per accident)	\$	
		400			All An	1000		Alba.	\$	
В	Х	UMBRELLA LIAB X OCCUR					All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	400	_40000	A COLUMN TO A COLU	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	libook.			4		X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		d			William.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					2000000			300	833307	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured for General Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insured for General Liability as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Roxul USA Inc 8665 Northport Ave Kearneysville, WV 25430	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Realifey Syllie, WV 25450	AUTHORIZED REPRESENTATIVE
	Jon Mark Too

HI-SIND-01

**MALFORD** 



DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Company	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292				
Mock, Inc. dba 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
* ANY 101 ANY	INSURER F:					
COVEDAGES CEDTIFICATE NUMBED.	DEVISION NUMBED.					

CERTIFICATE 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinon	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI / A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured if and where required by contract as provided by attached endorsement. Coverage primary and noncontributory to any coverage carried by or on behalf of Certificate Holder. Insurers agree to waive all right of subrogation against Certificate Holder if and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION

Skyline Steel, LLC 300 Technology Center Way Ste 450 Rock Hill, SC 29730

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 



CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVI	ERAGE	NAIC #			
	INSURER A: Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVERA OFC	DEVICE	AL AULMOED.				

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	1000		A 4	,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	x	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		700	Street All I			MED EXP (Any one person)	\$	10,000
				7				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			All like	All L		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-			100° A			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Alla			\$	
Α	AUT	OMOBILE LIABILITY			400	ANN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	х	Χ	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	esisti	Title:	in.		7000	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				P William		PROPERTY DAMAGE (Per accident)	\$	
					A A			Also.	\$	
В	Х	UMBRELLA LIAB X OCCUR			100	2000	All	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0				488	_4000	- Allinon	\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	Street, or other party of the last of the	will		4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	NI / A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A				A000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4	40000	1100	
						- Sanda				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Southwire Company is named as Additional Insured as respects General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. Waiver of Subrogation applies in favor of Southwire Company on the General Liability, Automobile, Umbrella and Workers' Compensation policies only as required by written contract. Umbrella/Excess Liability follows form.

CERTIFICATE HOLDER	CANCELLATION
Southwire Company LLC 1 Southwire Drive Carrollton. GA 30119	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Carrollon, GA 30113	AUTHORIZED REPRESENTATIVE
	Jon Market To

ACORD 25 (2016/03)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Co	ompany 23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
Y ANY 111 ANY	INSURER F:					
COVERACES CERTIFICATE NUMBER.	DEVICION NU	MDED.				

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.

	XCLUSIONS AND CONDITIONS OF SUC							
INSR LTR		ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD III		(MINITED TOTAL)	(MINIS D) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x x	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab	1	Manual Mills All Market			MED EXP (Any one person)	\$	10,000
			Sending Control			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			حالك		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-			W .		PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		100. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY	8	-	AND	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS		No.	STORY OF THE PARTY	7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			P THE	4007	PROPERTY DAMAGE (Per accident)	\$	
		9				Also.	\$	
В	X UMBRELLA LIAB X OCCUR			200	A	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MAI	E	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$	0	ANY AN	4007	_40000	THE REAL PROPERTY.	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	None of		4		X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A			460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				400	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation	4	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
	I .		.0000000	- 1-contin-	1	1000120000. 1000	000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
STEEL DYNAMICS, INC AND ITS SUBSIDIARIES ARE INCLUDED AS ADDITIONAL INSURED AS RESPECTS THE GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT. GENERAL LIABILITY COVERAGE INCLUDES CONTRACTUAL LIABILITY AS BROAD AS ISO FORM CG0001. GENERAL LIABILITY IS PRIMARY AND NON-CONTRIBUTORY TO ANY COVERAGE CARRIED BY STEEL DYNAMICS, INC. AS REQUIRED BY WRITTEN CONTRACT. A WAIVER OF SUBROGATION IN FAVOR OF STEEL DYNAMICS, INC AND ITS SUBSIDIARIES REGARDING GENERAL LIABILITY AND WORKERS' COMPENSATION AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
Steel Dynamics, Inc. & its subsidiaries 7575 W. Jefferson Blvd. Ft. Wayne, IN 46804	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ta trayino, in 40004	AUTHORIZED REPRESENTATIVE
	Jon Made To



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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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).

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
* ANY 111 ANY	INSURER F:							
Millington, TN 38053	INSURER E:							
7030 Ryburn Drive	INSURER D:							
Hi-Speed Industrial Service Mock, Inc. DBA	INSURER C: Hanover Insurance Company	22292						
INSURED	INSURER B: Amerisure Mutual Insurance Company	23396						
	INSURER A : Amerisure Insurance Company	19488						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #						
Suite #300	E-MAIL ADDRESS:							
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):							
PRODUCER	CONTACT NAME:							

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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		All A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TETRA Technologies, Inc. is an Additional Insureds with respect to General Liability, Automobile Liability and Excess Liability as required by contract. Coverage is primary without the right of contribution of any other insurance carried by or on behalf of Additional Insureds. A Waiver of Subrogation applies in favor of Additional Insureds for General Liability, Automobile, Workers' Compensation and Excess Liability policies as required by contract.

CERTIFICATE HOLDER	CANCELLATION
TETRA Technologies, Inc. 24955 Interstate 45 North The Woodlands. TX 77380	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The Woodiands, TX 77300	AUTHORIZED REPRESENTATIVE
	Jon Market To



DATE (MM/DD/YYYY) 12/28/2023

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PRODUCER	CONTACT NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No	o):					
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
All of	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B: Amerisure Mutual Insurance Company						
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:						
00//504.050							

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	gjijat	antil		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				4000	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured and Waiver of Subrogation are provided by automatic provision if required by written contract. Coverage is primary and non-contributory per the policy forms. All liability policies provide cross liability coverage. Umbrella policy is follow form of the primary.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

The Hershey Company, its parents, subsidiaries, divisions, affiliates, directors, officers and assigns 19 East Chocolate Avenue Hershey, PA 17033

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Mall For





DATE (MM/DD/YYYY)
12/28/2023

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).

time continuate account come. Figure to the continuate hereof in hea c	or order order comonico).						
PRODUCER	CONTACT NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B : Amerisure Mutual Insurance Company	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.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		All A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Trane U.S. Inc. and [Customer Name] and their officers, directors, employees and agent are Additional Insureds only if required by written contract for General
Liability as indicated by attached endorsement and Auto Liability with respect to insured's work. A Waiver of Subrogation applies in favor of Trane U.S. Inc.
for General Liability, Auto Liability and Workers' Compensation where reuqired by contract. Umbrella follows form. Should any of the above described
policies be cancelled prior to the expiration date thereof, 30-day written notification will be provided to Certificate Holder as required by contract in
accordance with policy provisions where permissible by law.

CERTIFICATE HOLDER	CANCELLATION
Trane U.S. Inc c/o Appruv PO Box 541210	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Omaha, NE 68154	AUTHORIZED REPRESENTATIVE
	Jon Mark To

ACORD 25 (2016/03)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:					
lub International Mid-South 661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING CO	NAIC #				
	INSURER A: Amerisure Insurance Co	19488				
NSURED	INSURER B : Amerisure Mutual Insurance Company 2					
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Com	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D:					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVED A CEC CEPTIFICATE NUMBER.	DEVICE	ON NUMBER.				

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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	O'S S SUP		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.4000	Manufall Alle			MED EXP (Any one person)	\$	10,000
		1000000		-	Continue de la contin			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				All h		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:				P Allh	la.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	40000	THE REAL PROPERTY.	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		Section 1	Dis.	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400	P		All A	1000		Alba,	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION\$	)	- 4	607 Ab.	4000	_40000	"GHILLIAN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	librori 100000			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below		di			William.		\$	1,000,000
С	Inst	allation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					00000	- 1.00do		**************************************	55507	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Unilever United States, Inc. is named as Additional Insured as respects General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. Waiver of Subrogation applies in favor of Unilever United States, Inc. on the General Liability, Automobile, Workers' Compensation and Excess Liability policies only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION
Unilever United States, Inc. and its affiliates 700 Sylvan Avenue Englewood Cliffs, NJ 07632	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Eligicwood Olliis, No 07002	AUTHORIZED REPRESENTATIVE
	Jon Marke Tox

ACORD 25 (2016/03)

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DATE (MM/DD/YYYY) 12/28/2023

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 NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300					
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVI	NAIC #				
	INSURER A: Amerisure Insurance Com	19488				
INSURED	INSURER B : Amerisure Mutual Insuran	ce Company	23396			
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Compa	22292				
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	INSURER E:					
	INSURER F:					
COVERA OFC	DEVICE	AL AULMOED.				

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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antif		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				4000	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
United States Steel Corporation and its affiliates, including all units, divisions and subsidiaries are included as Additional Insured on a primary and non-contributory basis as respects General Liability, Automobile Liability and Excess Liability only as required by written contract. Waiver of Subrogation is provided in favor of United States Steel Corporation and its affiliates only as required by written contract.;

CERTIFICATE HOLDER	CANCELLATION

United States Steel Corporation and its affiliates, including all units, divisions and subsidiaries 600 Grant Street, Room 2028

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Marke Tex

ACORD 25 (2016/03)

Pittsburgh, PA 15219

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DATE (MM/DD/YYYY) 12/28/2023

ACORD

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 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 Hub International Mid-South 1661 International Drive Suite #300	CONTACT NAME: PHONE (A/C, No, Ext): (901) 312-5300  E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE INSURER A : Amerisure Insurance Company	NAIC#					
INSURED Hi-Speed Industrial Service	INSURER B: Amerisare Mutual Insurance Company INSURER C: Hanover Insurance Company						
Mock, Inc. DBA 7030 Ryburn Drive Millington, TN 38053	INSURER D : INSURER E :	-					
COVEDAGES CERTIFICATE NUMBER.	INSURER F:						

CERTIFICATE 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 REDUICED BY PAID CLAIMS.

	KCLL	ISIONS AND CONDITIONS OF SUCH	12307		- CONTROL CONT					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			AN A Y	<b>,</b>	<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Contractual Liab		.000	Manual IIII			MED EXP (Any one person)	\$	10,000
				1	Continue Annual Continue Conti			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				400		GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII	P Alla	h.		\$	
Α	AUT	OMOBILE LIABILITY				Alle		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	10000	THE W	in.		*******	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	9	Section 1	The All	P TOTAL		PROPERTY DAMAGE (Per accident)	\$	
		400				1000		Alba.	\$	
В	X	UMBRELLA LIAB X OCCUR					A	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0			607 Ab.	400	_40000	A COLUMN	\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	No.			4		X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		AND YOU		-489A	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		di			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Inst	allation		X	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
							4			
					88009			400000	80007	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Westlake Chemical Corporation is an additional insured on the General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. A Waiver of Subrogation in favor of Westlake Chemical Corporation applies on the General Liability, Automobile Liability, Excess Liability and Workers' Compensation only as required by written contract. A written notice of cancellation of no less than 30 days will be sent to Westlake Chemical Corporation.;

CERTIFICATE HOLDER	CANCELLATION
Westlake Chemical Corporation Via Electronic Upload	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Jon Mark To

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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 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 NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):						
Suite #300	E-MAIL ADDRESS:						
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Amerisure Insurance Company	19488					
INSURED	INSURER B: Amerisure Mutual Insurance Company	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:						
COVEDAGES CERTIFICATE NUMBER:	DEVISION NUMBED: 1						

CERTIFICATE 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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III.		AN A Y	<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab		1	Drawd Coll			MED EXP (Any one person)	\$	10,000
				And the second	46		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-	١		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			TO. 400	P Alla	b.		\$	
Α	AUTOMOBILE LIABILITY				AND		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	:000		h. A		7000	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ggara.	antif		P THE		PROPERTY DAMAGE (Per accident)	\$	
							Alba.	\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0				4000	4000	100000	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	State of			4		X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A		48 Y		460	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d			4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Installation		A	IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000
				2000000	- 5-marks		*00010000s	200000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Weyerhaeuser Company and its subsidiaries are listed as Additional Insured as respects General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only if required by written contract. A Waiver of Subrogation in favor of Additional Insured applies for General Liability, Automobile Liability, Excess Liability and Workers' Compensation only as required by written contract.

CERTIFICATE HOLDER	CANCELLATION			
Weyerhaeuser Company and its subsidiaries PO Box 192668 Dallas, TX 75219	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Dullud, TX 70210	AUTHORIZED REPRESENTATIVE			
	Jon Mal To			

ACORD 25 (2016/03)

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