

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

MA	LF	OR	D

HI-SIND-01

Hub International Mid-South 1661 International Drive Suite #300 Memphis, TN 38120 Prove (AC, No.: etc.) (901) 312-5300 FAX (AC, No): EACH ADDESS: INSURER 4: Amerisure Insurance Company 1948 INSURER 0: Mock, Inc. dba Mock, Inc. dba Millington, TN 38053 INSURER 0: INSURER	PROF	is cert	ROGATION I	s١	NAI\	/ED, subje	ct to	the	DITIONAL INSURED, the poli terms and conditions of the ificate holder in lieu of such e	oolicy, certain ndorsement(s)	policies may			
Sulfie #300 Memphils, TN 38120 EAMABES: INSURER (3) AFFORDING COVERAGE INSURER (3) AFFORDING COVERAGE INSURE N INSURER A: Amerisure Insurance Company 1948 INSURE N Misurer A: Amerisure Insurance Company 2339 INSURE N Insurer C: Insurance Company 2229 Millington, TN 38053 Insurer D: Insurance Company 2229 INSURER C: Insurance Company 2229 COVERAGES CERTIFICATE NUMBER: Insurer C: Insurance Company 2229 INSURER C: Insurance Company Insurer C: Insurance Company 2229 INSURER C: Insurance Company Insurer C: Insurance Company 2229 INSURER C: Insurance Company Insurer C: Insurance Company 2229 Insurer C: Insurance Company Insurer C: Insurance Company 2229 Insurer C: Insurance Company Insurer C: Insurance Company 2229 Insurer C: Insurance Company Insurer C: Insurance Company 2229 Insurer C: Insurance Company Insurer C: Insurance Company Insurer C: Insurance Company Insurer C: Insurance Company Coveract Mark B: Suble OR MAY PERTAIN THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER IN UNBER: INSURER C: Insurance Company Insurer C: Insurance Company <td< td=""><td colspan="6"></td><td></td><td></td><td></td><td></td><td>312-5300</td><td>FAX (A/C_N</td><td>0).</td><td></td></td<>											312-5300	FAX (A/C_N	0).	
Insurer of Harborning Coverance Company Insurer A: Amerisure Insurance Company Insurer A: Amerisure Insurance Company Insurer A: Amerisure Mutual Insurance Company Insurer Insurer Insurance Company Insurer Insurer <th< td=""><td colspan="8">Suite #300</td><td></td><td></td></th<>	Suite #300													
INSURED INSURER B: Amerisure Mutual Insurance Company 2339 INSURER D: INSURER D: INSURER C. CHanover Insurance Company 2339 INSURER D: INSURER C. CHANOVER INTERVIEWED INTERVIEWENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE SUED OR TWA PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE INSURANCE AFFORDED BY THE POLICY ENTRE IN ISSUBJECT TO ALL THE THE INSURANCE AFFORDED BY THE POLICY DE LAMINTS A X COMPARIANCE AND POLICY NUMBER POLICY PAID CLAMMS. A X COPIES INSURANCE INTIC INSURANCE INSURANCE INTO THE INSURANCE AFFORDED BY THE POLICY PM INTO THE INSURANCE AFFORDED BY THE POLICY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH INTO THE INSURANCE AFFORDED BY THE POLICY INTO THE INSURANCE INTO T	Memphis, TN 38120													
Hi-Speed Industrial Service Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053 INSURER C: Hanover Insurance Company 2229 INSURER D: INSURER E: INSURER F: INSURER C: INSURER F: INSURER F: INSURER F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE ADAMED ABOVE FOR THE POLICY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. HSR TYPE OF INSURANCE INSURER F: CLAIMS-MADE X CPP20994120801 1/1/2024 MARD EMPLOYED LOC INSURER F: INSURER F: A CONTRENCAL GENERAL LUBILITY CLAIMS-MADE X CPP20994120801 1/1/2024 MED EXP (Any one person) S S MED EXP (Any one person) S PERSONLA SA DV INURY S 1 MID OWNORD ANY AUTO SUPPORTY DAMAGE X CA 20994090802 1/1/2024 1/1/2024 MURD OWNED SHEEDULED AUTOSONLY AUTOSONLY X CA 20994090802 1/1/2024 1/1/2025 EACH OCCURRENCE S BODILY INURY (Per person) S SHEEDULED AUTOSONLY X CA 20994090802 1/1/1/2024 1/1/2024 1/1/1/2025 <td><u> </u></td> <td></td> <td>19488</td>	<u> </u>													19488
Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053 Insurer p: Insurer p: Insu													y	23396
INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LAFORDED BY THE POLICIES DESCIBED TO THE INSURATE CAFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIC CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIC CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIC A commercial General Liabilitry X COP20994120801 1/1//2024 1/1//2025 A AUTONOBILE LIABILITY X COP20994120801 1/1//2024 1/1//2024 1/1//2024 A AUTONOBILE LIABILITY X X CPP20994120801 1/1//2024 1/1//2024 A AUTONOBILE LIABILITY X X CA 20994090802 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>er Insuranc</td><td>e Company</td><td></td><td>22292</td></th<>											er Insuranc	e Company		22292
INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE ABOVE FOR THE POLICY PINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NTR TYPE OF INSURANCE ADDI.SUBR POLICY NUMBER POLICY EXP LIMITS A COMMERCIAL GENERAL LIABILITY X CPP20994120801 1/1/2024 1/1/2024 EACH OCCURRENCE \$ 1. X COMMERCIAL GENERAL LIABILITY X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1. X COMMERCIAL GENERAL LIABILITY X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1. X COMMERCIAL GENERAL LIABILITY X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1. X PREJ Loc X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1. X PREJ Loc X X CPP20994120802 1/1/2024 1/1/1/2024														
COVERAGES REVISION NUMBER: 1 COVERAGES REVISION NUMBER: 1 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DAMED ABOVE FOR THE POLICY FOR ON THE COLUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TREASCALMS. INSULT AX COMMERCIAL GENERAL LIABILITY POLICY UMBER PROLEY FILL POLICY WEFF POLICY CERF LIMITS A Commercial GENERAL LIABILITY AX COMMERCIAL GENERAL LIABILITY Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">COMMERCIAL GENERAL LIABILITY A Contractual Liab X CONTRACT OR ENTED \$ 1 GENIL AGGREGATE LIMIT APPLIES PER: COCUR X X CA 20994090802 1/1/2024 1/1/2024 PRESONAL & ADV INJURY \$ 1 A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1 A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2024 1/1/2025 BODIL'N MURPLY PROVENCES 1 A MUTOMOS ONLY X MONGENTY X <t< td=""><td></td><td></td><td>winnigtor</td><td>1, 1</td><td>IN 30</td><td>0000</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			winnigtor	1, 1	IN 30	0000								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICK CERTIFICATE MAY BE ISSUED OR MAY PERTIAN, THE INSURANCE AFFORDED BY THE POLICYED ESSCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE INSURANCE AFFORDED BY THE POLICY PICY A commercial General LIABILITY X X Contractual Liab X X CPP20994120801 1/1/2024 GENL AGGREGATE LIMIT APPLIES PER: X X CPP20994120801 1/1/2024 A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2025 B X UMBRELIA LIAB X CCUU 20994110802 1/1/2024 1/1/2025 A UTOMOBILE LIABILITY X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ B X UMBRELIA LIAB X OCCUR X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ B X UMBRELIA LIAB X	CO/	/FRAC	GES			CER	TIFIC	<u>С</u> ате	I			REVISION NUMBER	· 1	
ITR IMPE OF INSURANCE INISD W/D POLICY NUMBER (MM/DD/YYYY) LIMITS A X COMMERCIAL GENERAL LIABILITY SCHEDULEY X COP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1 X Contractual Liab X COP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1 GENL AGGREGATE LIMIT APPLIES PER: X PROUCY JECT LOC S PREMISES (Ea acculrence) \$ 1 GENL AGGREGATE LIMIT APPLIES PER: X PROUCY JECT LOC S S PROUCY S PROUCY S S MOMODUYYY MATOMOBILE LIABILITY LOC S	TH INI CE EX	IS IS DICATE	TO CERTIFY ED. NOTWIT CATE MAY B	'HS' E IS	TANE SSUE	THE POLICIE DING ANY R ED OR MAY	ES O EQUI PER POLI	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW HAVE ENT, TERM OR CONDITION OF , THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEE	ANY CONTRA BY THE POLIC N REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FO R DOCUMENT WITH RES BED HEREIN IS SUBJEC	R THE PO SPECT TO	WHICH THIS
X CLAIMS-MADE X CCP20994120801 1/1/2024 1/1/2025 EACH DCCURENCE S X Contractual Liab X X CPP20994120801 1/1/2024 1/1/2025 DAMAGE TO RENTED S 1/1/2025 GENUL AGGREGATE LIMIT APPLIES PER: X X X CPP20994120801 1/1/2024 1/1/2025 MED EXP (Any one person) S A POLICY PEC Loc X X CA 20994090802 1/1/2024 1/1/2025 EACH OUCLINER: S A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2025 COMBINED SINGLE LIMIT S X MIRED ONLY AUTOS ONLY X AUTOS ONLY X CA 20994090802 1/1/2024 1/1/2025 BODILY INJURY (Per person) S B X UMBRELLA LIAB X OCCUR X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 0 B X UMBRELLA LIAB X OCCUR X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURENCE	INSR LTR	INSR TYPE OF INSURANCE				E	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	мітя	
X Contractual Liab MED EXP (Any one person) \$ GENL AGGREGATE LIMIT APPLIES PER: V POLICY PRO LOC X POLICY JECT LOC S OTHER: OTHER: S \$ A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2025 ECOMBINED SINGLE LIMIT \$ X ANY AUTO SCHEDULED AUTOS ONLY X NON-OWNED S S MIRED OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY S BODILY INJURY (Per person) \$ B X UMBRELLA LIAB X OCCUR \$ \$ \$ Excess LIAB CLAIMS-MADE X X CU 20994110802 1/1/2024 1/1/2024 EACH OCCURRENCE \$ 10 MOREMPLOYFERS LIABILITY N/A X WC 20994100801 1/1/2024 1/1/2024 X X EACH OCCURRENCE \$ 10 MOREMPLOYFERS' LIABILITY N/A X WC 20994100801 1/1/1/2024 1/1/12025 EACH OCCURRENCE	A	X co		NEF		ABILITY								1,000,000
A Image: Add on the person is in theperson is in theperson is in the person is				L		OCCUR	X	Х	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
GENL AGGREGATE LIMIT APPLIES PER: V		XC	Contractual I	Lial	2							MED EXP (Any one person)	\$	10,000
Model L AGOREGATE LUMIT AFFLES FER. A X POLICY JECT LOC OTHER: A A AUTOMOBILE LIABILITY \$ X ANY AUTO SCHEDULED OWNED AUTOS ONLY AUTOS ONLY X ANY AUTO SCHEDULED OWNED AUTOS ONLY X AUTOS ONLY X MUTOS ONLY X AUTOS DED X RETENTION \$ CLAIMS-MADE X MORKERS COMPENSATION X AVY OVERT CLAIMS FUNCTION N/A X WC 20994100801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ A WORKERS COMPENSATION ANY POPRIETOR/PARTNER/EXECUTIVE N/A X WC 20994100801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ A WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE N/A X WC 20994100801 1/1/2024 1/1/2025 Z STATUTE E.L. DISEASE - EA EMPLOYEE \$ I												PERSONAL & ADV INJURY	\$	1,000,000
A FOLDET JECT LOC S OTHER: OTHER: S S S A AUTOMOBILE LIABILITY S S S X ANY AUTO OWNED AUTOS ONLY SCHEDULED S BODILY INJURY (Per person) S WORKERS COMPENSATION AUTOS ONLY X CCLAIMS-MADE X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10 B X UMBRELLA LIAB X OCCUR X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10 B X UMBRELLA LIAB X OCCUR X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10 B X UMBRELLA LIAB X OCCUR X X CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10 A WORKERS COMPENSATION X X CU 209941108001 1/1/2024 1/1/2025 X STATUTE \$ 10 ANY PROPRIETOR/PARTNER/EXECUTIVE		14			APPLI	7								2,000,000
AUTOMOBILE LABILITY X AVTAUTO \$<				ĊŤ										
WNED AUTOS ONLY SCHEDULED AUTOS ONLY SCHE	A	AUTOM	MOBILE LIABILIT	Y									\$	1,000,000
X HRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY S B X UMBRELLA LIAB X OCCUR X Each occurrence \$ B X UMBRELLA LIAB X OCCUR X Each occurrence \$ 10 B X UMBRELLA LIAB X OCCUR X Each occurrence \$ 10 B X UMBRELLA LIAB X OCCUR X Each occurrence \$ 10 DED X RETENTION \$ O X X CU 20994110802 1/1/2024 1/1/2025 Each occurrence \$ 10 AND PROPRENCES COMPENSATION AND PROPRENCES COMPENSATION OFFICER/MEMBER EXCLUDED? Y N /A X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER If yes, describe under N /A X WC 20994100801 1/1/2024 1/1/2025 X X PER STATUTE OTH- ER If yes, describe under N /A X WC 20994100801 1/1/2024 1/						Х	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per perso	n) \$			
Image: Second												BODILY INJURY (Per accide	ent) \$	
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		X 11	UTOS ONLY	X		TOS ONLY						(Per accident)	\$	
Image: Construct of the base of the	B	V			v									10,000,000
AGGREGATE S DED X RETENTION \$ 0 A WORKERS COMPENSATION AND EMPLOYERS'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under]			ł			Y	Y	CU 20994110802	1/1/2024	1/1/2025			10,000,000
A WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N/A X WC 20994100801 1/1/2024 1/1/2025 E.L. EACH ACCIDENT \$ 1 E.L. DISEASE - EA EMPLOYEE	1			NT/			-							,,,
AND EMPLOYERS LABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A X WC 20994100801 1/1/2024 1/1/2025 1/1/2025 E.L. EACH ACCIDENT \$ 1. (Mandatory in NH) If yes, describe under	Α													
If yes, describe under							N / A	Х	WC 20994100801	1/1/2024	1/1/2025		\$	1,000,000
If yes, describe under		OFFICEI (Mandat	R/MEMBER EXCI	LUDI	D?	N								1,000,000
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$														1,000,000
	С	Install	lation						IH5 A827509 08	1/1/2024	1/1/2025	Limit incl Riggers		1,000,000

CERTIFICATE HOLDER	CANCELLATION
Reynolds American Inc and Subsidiaries 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-Salem, NG 27 102	AUTHORIZED REPRESENTATIVE
	Jon Michel m

© 1988-2015 ACORD CORPORATION. All rights reserved.