

ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

HI-SIND-01

-									12	2/28/2023
CE BE	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY SURAN	' OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OF	R ALT	ER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to t	the t	terms and conditions of	the policy, ce ich endorsem	rtain p	olicies may			
	DUCER				CONTACT NAME:	. ,				
	International Mid-South				PHONE (A/C, No, Ext): (S	901) 3	12-5300	FAX (A/C, No):		
	International Drive #300				E-MAIL ADDRESS:			(A/C, NO).		
	phis, TN 38120				ADDRESS.	INS				NAIC #
								ice Company		19488
SUF	RED							Insurance Company		23396
ISURED Hi-Speed Industrial Service Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053										22292
					INSURER C : Hanover Insurance Company					
					INSURER D :					1
	minington, 14 50055				INSURER E :					
2	/ERAGES CER	NUMBER:	HOUNEN F.			REVISION NUMBER:		1		
-	IS IS TO CERTIFY THAT THE POLICI									
CE	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFOR	DED BY THE I	POLICI	ES DESCRIB			
	(CLUSIONS AND CONDITIONS OF SUCH									
SR TR	TYPE OF INSURANCE			POLICY NUMBER		Y EFF	PAID CLAIMS. POLICY EXP (MM/DD/YYYY)	LIMI	TS	1 000 00
SR R	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE	rs \$	
SR [R	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE		SUBR WVD		POLICY	Y EFF YYYY)	POLICY EXP			1,000,00
SR [R	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X X XCU		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
SR TR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 10,000 1,000,000
SR TR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU XCU X Contractual Liab Gen'L AGGREGATE LIMIT APPLIES PER:		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$	1,000,000 10,000 1,000,000 2,000,000
SR TR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X X XCU X Contractual Liab		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000
SR TR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X X XCU X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PPOLICY PRO- JECT LOC OTHER: DESCRIPTION DESCRIPTION		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000 2,000,000
SR TR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2	(EFF (YYYY) (024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000 2,000,000
A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X X XCU X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO		SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	(EFF (YYYY) (024	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000 2,000,000
SR TR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X POLICY X PRO- JECT LOC OTHER: OTHER: LOC AUTOMOBILE LIABILITY ANY AUTO SCHEDULED AUTOS ONLY SCHEDULED AUTOS		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2	(EFF (YYYY) (024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000 2,000,000
SR IR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: LOC OTHER: LOC AUTOMOBILE LIABILITY ANY AUTO SCHEDULED AUTOS ONLY AUTOS NLY AUTOS NLY		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2	(EFF (YYYY) (024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 1,000,000 2,000,000 2,000,000
A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X X CCU X COntractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X Dird Hired Phys X		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2	(EFF (YYYY) (024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000
A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X CONTRACTUAL LIAB OCCUR X XCU X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X Incil Hired Phys X UMBRELLA LIAB X OCCUR		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000
SR IR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X OCCUR X Contractual Liab Loc O GEN'L AGGREGATE LIMIT APPLIES PER: LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO SCHEDULED OWNED SCHEDULED AUTOS X HIRED X NON-OWNED X Incl Hired Phys X NON-OWNED X Incl Hired Phys X OCCUR X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000
SR TR A A B	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X Occur X Contractual Liab Loc O GEN'L AGGREGATE LIMIT APPLIES PER: DOLICY X PRO- JECT Loc OTHER: AUTOMOBILE LIABILITY SCHEDULED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X Incl Hired Phys X OCCUR X UMBRELLA LIAB X OCCUR Excess LIAB CLAIMS-MADE O DED X RETENTION \$ O		SUBR WVD	POLICY NUMBER	POLIC: (MM/DD/ 1/1/2 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000
A A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X POLICY X PRO- JECT LOC OTHER: ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED MUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED DMB CLAIMS-MADE X UMBRELLA LIAB X OCCUR Excess LIAB CLAIMS-MADE O WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y (N			POLICY NUMBER CPP20994120801 CA 20994090802 CU 20994110802	POLIC (MM/DD/ 1/1/2 1/1/2 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000 10,000,000
A A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X POLICY X PRO- JECT LOC OTHER: ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED MUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED DMB CLAIMS-MADE X UMBRELLA LIAB X OCCUR Excess LIAB CLAIMS-MADE O WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y (N			POLICY NUMBER	POLIC: (MM/DD/ 1/1/2 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000 10,000,000 1,000,000 1,000,000
A A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT OTHER: LOC OTHER: AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X X Incl Hired Phys NON-OWNED AUTOS ONLY X Incl Hired Phys CLAIMS-MADE DED X RETENTION \$ O WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANP PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N			POLICY NUMBER CPP20994120801 CA 20994090802 CU 20994110802	POLIC (MM/DD/ 1/1/2 1/1/2 1/1/2	024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE X PER OTH- ER	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000 10,000,000 10,000,000 1,000,000 1,000,000
A A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X OCCUR X XCU X OCCUR X Contractual Liab Image: Contractual Liab Image: Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT LOC OTHER: OTHER: Image: Contractual Liability X AUTOS ONLY AUTOS ONLY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X Incl Hird Phys X AUTOS ONLY AUTOS ONLY X Incl Hird Phys X OCCUR X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE O DED X RETENTION \$ O WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below Y/N			POLICY NUMBER CPP20994120801 CA 20994090802 CU 20994110802 WC 20994100801	POLIC: (MM/DD/ 1/1/2 1/1/2 1/1/2 1/1/2	024 024 024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE X PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 1,000,000 10,000 2,000,000 2,000,000 1,000,000 10,000,000 1,000,000 1,000,000 1,000,000
A A A A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X X Contractual Liab Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: DOLICY X POLICY X PRO- JECT LOC OTHER: OTHER: LOC AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X Incl Hired Phys X X Incl Hired Phys X X Incl Hired Phys CLAIMS-MADE X Incl Hired Phys X X Incl Hired Phys Y X Incl Hired Phys X VORKERS COMPENSATION \$ C MON PROPRIETOR/PARTNER/EXECUTIVE			POLICY NUMBER CPP20994120801 CA 20994090802 CU 20994110802	POLIC (MM/DD/ 1/1/2 1/1/2 1/1/2	024 024 024 024	POLICY EXP (MM/DD/YYYY) 1/1/2025 1/1/2025 1/1/2025 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE COMBINED SINGLE LIMIT EACH ACCIDENT E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000 10,000 2,000,000 2,000,000 1,000,000 1,000,000 1,000,000 1,000,000 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 on a primary and noncontributory basis regarding the General Liability, Automobile Liability, and Umbrella Liability policies with respect to the services/work to be performed, only if required by written contract. A Waiver of Subrogation applies in favor of Certificate Holder for the General Liability, Auto Liability, Workers' Compensation, and Umbrella Liability policies only if required by written contract, only as permitted by law. All coverage is subject to policy terms and conditions.

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

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