



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).

PRODUCER Hub International Mid-South 1661 International Drive Suite #300 Memphis, TN 38120	CONTACT NAME: PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED Hi-Speed Industrial Service Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Amerisure Insurance Company</td><td>19488</td></tr><tr><td>INSURER B :</td><td>Amerisure Mutual Insurance Company</td><td>23396</td></tr><tr><td>INSURER C :</td><td>Hanover Insurance Company</td><td>22292</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Amerisure Insurance Company	19488	INSURER B :	Amerisure Mutual Insurance Company	23396	INSURER C :	Hanover Insurance Company	22292	INSURER D :			INSURER E :			INSURER F :		
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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.


INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X	XCU						MED EXP (Any one person)	\$ 10,000
	X	Contractual Liab						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	X	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO OWNED AUTOS ONLY	X	X	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
	X	HIRED AUTOS ONLY Incl Hired Phys Dmg						BODILY INJURY (Per accident)	\$
	X	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X	NON-OWNED AUTOS ONLY							\$
B	X	UMBRELLA LIAB	X	X				EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$ 10,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
A	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C		Install incl Riggers			IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	\$ 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.

Bernhard, LLC, and its subsidiaries is an additional insured on a primary and non-contributory basis on the General Liability, Automobile Liability and Umbrella Liability only as required by written contract. A Waiver of Subrogation in favor of Bernhard, LLC, and its subsidiaries applies on the General SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER Bernhard, LLC, and its subsidiaries 1 Galleria Blvd Ste 825 Metairie, LA 70001	CANCELLATION 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Hub International Mid-South		NAMED INSURED Hi-Speed Industrial Service Mock, Inc. dba 7030 Ryburn Drive Millington, TN 38053
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Liability, Automobile Liability, Umbrella Liability and Workers' Compensation only as required by written contract. Alternate Employer Endorsement applies on the Workers' Compensation. Umbrella follows form.