

HI-SIND-01

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ACORD [®]			CERTIFICATE OF LIABILITY INSURANCE					
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SURA	LY OR NEGATIVELY AMEND, ANCE DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY T	HE POLICIES
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje nis certificate does not confer rights t	ct to	o the terms and conditions of	the policy, certain	policies may			
lub 66 [.] Suit	DUCER D International Mid-South 1 International Drive te #300 mphis. TN 38120		-	CONTACT NAME: PHONE (A/C, No, Ext): (901) (E-MAIL ADDRESS:	312-5300	FAX (A/C, No):	
nei	npins, na 30120		-					NAIC #
NSI	IRED					Insurance Company	,	19488 23396
NSURED Hi-Speed Industrial Service				INSURER C : Hanove				22292
Mock, Inc. dba 7030 Ryburn Drive			-	INSURER D :				
	Millington, TN 38053		-	INSURER E :				
				INSURER F :				
<u>co</u>	VERAGES CER	TIFIC	CATE NUMBER:			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER PER POLI	IIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORE ICIES. LIMITS SHOWN MAY HAVE I	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY POLICY EFF	CT OR OTHEF	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT	PECT TO TO ALL	O WHICH THIS
A	TYPE OF INSURANCE	INSD		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
~	CLAIMS-MADE X OCCUR		CPP20994120801	1/1/2024	1/1/2025	EACH OCCURRENCE 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: X POLICY X PRO- JECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$ 6 \$	2,000,000
_	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)		
	X HIRED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY					BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	t) \$ \$	
_	X Incl Hired Phys						\$	
В	X UMBRELLA LIAB X OCCUR		011 0000 4440000	4/4/0004	4/4/0005	EACH OCCURRENCE	\$	10,000,000
ŀ	EXCESS LIAB CLAIMS-MADE	_	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
A						V PER OTH-	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 20994100801	1/1/2024	1/1/2025	▲ STATUTE ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ == ¢	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMI		1,000,000
С	Equipment Floater		IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit		450,000
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.

	CERTIFICATE HOLDER	CANCELLATION
	Delta Faucet Co 3441 Ridgecrest Rd Ext Jackson, TN 38305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Jacks		AUTHORIZED REPRESENTATIVE
		Jon Alack 102

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