



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 : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
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| INSURER D : | | | | | | | | | | | | | | | | | | | | | | |
| 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.

| 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 NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| 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 | | 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.

All stated insurance policies, where applicable, will designate Evonik Corporation as an additional insured as their interests may appear. The contractor will cause insurers to waive all rights of subrogation against Evonik Corporation.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Evonik Corporation ATTN: Corporate Purchasing PO Box 868 Theodore, AL 36590 | 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 |