

MALFORD



ACORD®

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).

and to mind to the total in the transfer of th						
PRODUCER Hub International Mid-South		FAX (A/C, No):				
Suite #300	E-MAIL ADDRESS:					
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B: Amerisure Mutual Insurance Cor	mpany 23396				
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company	22292				
Mock, Inc. dba 7030 Ryburn Drive	INSURER D :					
Millington, TN 38053	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.

				LIMITS SHOWN MAY HAVE BEEN																
	TYPE OF INSURANCE	INSD 1	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s												
X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000											
	CLAIMS-MADE X OCCUR				CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000										
Х	XCU																			MED EXP (Any one person)
Х	Contractual Liab						PERSONAL & ADV INJURY	\$	1,000,000											
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000											
X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000											
	OTHER:							\$												
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000											
X	ANY AUTO			CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$												
	OWNED SCHEDULED AUTOS							\$												
Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$												
X	Incl Hired Phys Dmg							\$												
X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000										
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000											
	DED X RETENTION \$ 0							\$												
WOR	EMPLOYERS' LIABILITY						X PER OTH-													
ANY	PROPRIETOR/PARTNER/EXECUTIVE	NI / A		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000											
	datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000											
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	1,000,000											
Equ	ipment Floater			IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit		450,000											
	X X X GEN X  AUT X  WORAND ANY OFFI (Man If year)	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU  X COntractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCY X PRODUCY I LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ON	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU  X COntractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY X Incl Hired Phys Dmg  X UMBRELLA LIAB X OCCUR EXCESS LIAB  CLAIMS-MADE  DED X RETENTION \$ 0  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU  X Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER:  APOLICY X PRODUCY X PRODUCY LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY DMB AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X Incl Hired Phys DMB  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  I yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU  X Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X Incl Hired Phys Dmg  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  CPP20994120801  CPP20994120801	TYPE OF INSURANCE  ADDL SUBR NOS WYD  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU  X COntractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRODUCE LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY IN INCIDENTIAL AUTOS ONLY INCI	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X COntractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X UMBRELLA LIAB  X UMBRELLA LIAB  X OCCUR  X UMBRELLA LIAB  X OCCUR  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CU 20994110802  1/1/2024  1/1/2025  POLICY EFF  (MM/DD/YYY)  POLICY EFF  (MM/DD/YYY)  1/1/2024  1/1/2025  1/1/2024  1/1/2025  CLA 20994090802  1/1/2024  1/1/2025  CU 20994110802  1/1/2024  1/1/2025  1/1/2024  1/1/2025  1/1/2024  1/1/2025  1/1/2024  1/1/2025  1/1/2024  1/1/2025  1/1/2024  1/1/2025  1/1/2024  1/1/2025	TYPE OF INSURANCE  ADDL SUBB RNSD WVD POLICY NUMBER POLICY EFF, (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU  CONTractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ONNED AUTOS ONLY X Biggier  X UMBRELLA LIAB X OCCUR X UMBRELLA LIAB X OCCUR CCA 20994090802  1/1/2024  1/1/2024  1/1/2025  EACH OCCURRENCE DAMAGE TO RENTED POLICY EFF, (MM/DD/YYYY)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG  O'NED AUTOS ONLY X DUTOS ONLY X Biggier X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0  WORKERS COMPENSATION AND EMPLOYERS LIABILITY  WC 20994100801  1/1/2024  1/1/2024  1/1/2025  EACH OCCURRENCE DAMAGE (Per person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG  COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident)  **AUTOS ONLY** **India Property Damage **India Propert	TYPE OF INSURANCE   ADDL SURR   POLICY NUMBER   POLICY EFF (MM/DD/YYYY)   ROUTE   ROUT											

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
Georg Fischer Harvel LLC 7777 Sloane Drive Little Rock. AR 72206	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Little Rock, AR 12200	AUTHORIZED REPRESENTATIVE
	Jon Mark To