

**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 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 detailed add not defined rights to an definition folder in health characteristics.						
PRODUCER	CONTACT NAME:					
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300 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 Company	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 REDUICED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR   POLICY EFF   POLICY EFF   POLICY EXP										
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
X	COMMERCIAL GENERAL LIABILITY		CPP20994120801			1/1/2025	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		CPP20994120801			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
X							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 X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X	ANY AUTO	Х		CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							\$		
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
X	Incl Hired Phys Dmg							\$		
X	UMBRELLA LIAB X OCCUR			CU 20994110802		1/1/2024	1/1/2025	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		CU 20994110802		CU 20994110802			AGGREGATE	\$	10,000,000
	DED X RETENTION\$							\$		
WOR	EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		NI / A		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
DÉSCRIPTION OF OPERATIONS below								\$	1,000,000	
C Equipment Floater				IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit		450,000	
	X X X GEN X  AUT X  WORAND ANY (Mar if yee) If yee If ye	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 \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNE/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:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X Inch Hired Phys Dmg  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' 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:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY X Incl Hired Phys Dmg  X UMBRELLA LIAB EXCESS LIAB  CLAIMS-MADE  DED X RETENTION \$  OWNERS COMPENSATION AND EMPLOYERS' 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:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY X Inch Hired Phys Dmg  X UMBRELLA LIAB X OCCUR EXCESS LIAB  CLAIMS-MADE  DED X RETENTION \$ 0  WCRES COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  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 INGREDIAL GENERAL LIABILITY  X ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X INGRELIA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  CU 20994110802  1/1/2024  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICE/RWAMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE    X   COMMERCIAL GENERAL LIABILITY	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBB INSD 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:  AUTONOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X BIGHE Phys Bigg WYD  AUTOS ONLY X BIGHE Phys Bigg WYD  CU 20994110802  CU 20994110802  AUTOS ONLY X BIGHE PHYS Bigg WYD  N / A  WC 20994100801  I/1/2024  I/1/2024  I/1/2025  FOLICY EFF (MM/DD/YYYY) POLICY EFF (MM/DD/YYYY)  I/1/2025  EACH OCCURRENCE DAMAGE TO RENTED PAMAGE TO RENTED PRODUCTS - COMPIOP AGG  COMBINED SINGLE LIMIT (Ea accident) ECOMBINED SINGLE LIMIT (Ea accident) PROPERTY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER accide	TYPE OF INSURANCE INSURANC	

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
Gerdau USA Inc, its subsidiaries and affiliates 4221 W Boy Scout Blvd Tampa, FL 33607	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
rampa, i 2 00001	AUTHORIZED REPRESENTATIVE
	Jon Mark Too

ACORD 25 (2016/03)

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