

MALFORD

DATE		ווזדוע	0
12	12012	022	

HI-SIND-01

				12	/28/2023
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	, EXTEND OR ALT	FER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of su	f the policy, certain uch endorsement(s)	policies may			
PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):		
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
	INSURER A : Ameris	ure Insurar	ce Company		19488
INSURED	INSURER B : Ameris	ure Mutual	Insurance Company		23396
Hi-Speed Industrial Service	INSURER C :				
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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA RDED BY THE POLIC E BEEN REDUCED BY	CT OR OTHEF	DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A X COMMERCIAL GENERAL LIABILITY	da.		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
X XCU	and the second se		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- DTHER:	A		PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
A AUTOMOBILE LIABILITY	<i>607 _ A</i> 07	10 m	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS	ACCES.		BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED	ANY YES		PROPERTY DAMAGE (Per accident)	\$	
X Incl Hired Phys Dmg		11111.07	din.	\$	
B X UMBRELLA LIAB X OCCUR		A	EACH OCCURRENCE	\$	10,000,000
EXCESS LIAB CLAIMS-MADE CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
DED X RETENTION\$ 0			THE REAL PROPERTY.	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ALL Y	X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		ALC: NO	E.L. DISEASE - EA EMPLOYE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below	la.	and the second	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		W		1000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu Certificate Holder is additional insured on a primary and noncontributory basis policies with respect to the services/work to be performed, only if required by v for the General Liability, Auto Liability, Workers' Compensation, and Umbrella I All coverage is subject to policy terms and conditions.	regarding the Gener written contract. A W	ral Liability, A aiver of Subr	utomobile Liability, and ogation applies in favor	of Certi	ficate Holder

Unified Brands 88 Armory Road Vicksburg, MS 39183

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LL m in



DATE	(MM/DD/YYYY)	
40	10010000	

HI-SIND-01

C B	ERT ELO	CERTIFICATE IS ISSUED AS TFICATE DOES NOT AFFIRM W. THIS CERTIFICATE OF RESENTATIVE OR PRODUCER,	ATIVEL	Y O Anci	R NEGATIVELY AMEND	EXTE	ND OR ALT	TER THE CO	OVERAGE AFFORDED BY	THE POLICIES
lf	SU	RTANT: If the certificate hol BROGATION IS WAIVED, sub ertificate does not confer right	ject to	the	terms and conditions of	the po ich end	licy, certain lorsement(s)	policies may		
PRC	DUCE	ER				CONTA NAME:	ст			
		ernational Mid-South					o, Ext): (901) 3	312-5300	FAX (A/C, No):	
	i int e #3	ernational Drive				E-MAIL ADDRE	ss.		(HO, NO).	
		is, TN 38120 🔬				ADDRL			RDING COVERAGE	NAIC #
			>						nce Company	19488
INCI	RED	and the second se							Insurance Company	23396
11130	KED	Hi-Speed Industrial Servi	e	b.						22292
		Mock, Inc. DBA		Į.				er insuranc	e Company	22292
		7030 Ryburn Drive				INSURE	RD:			
		Millington, TN 38053	488		Alter	INSURE	RE:			
		·				INSURE	RF:			
CO	VER	RAGES C	ERTIFI	CAT	E NUMBER:				REVISION NUMBER:	
IN C E	IDIC/ ERTI XCLL	IS TO CERTIFY THAT THE POL ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR M JSIONS AND CONDITIONS OF SU	REQU AY PER CH POLI	IREM TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO	T TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000
		CLAIMS-MADE X OCCUR	x	x	CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
	X	xcu		0.0	hand the second	100			MED EXP (Any one person) \$	10,000
	X	Contractual Liab	_	1					PERSONAL & ADV INJURY \$	1,000,000
		J N'L AGGREGATE LIMIT APPLIES PER:	_		and the second		dia.			2 000 000
	X	POLICY X PRO- JECT LOC			- Aller -	A				2 000 000
	^		Se l		1.11	100	and the		PRODUCTS - COMP/OP AGG \$	_,,
A		OTHER:				diller -	- <u></u>	in the second se	COMBINED SINGLE LIMIT	1,000,000
	-		F			0.00			(Ea accident) \$	1,000,000
	X		X	X	CA 20994090802	y	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
		OWNED AUTOS ONLY AUTOS			lin.	A	CONTRACTOR OF	1000	BODILY INJURY (Per accident) \$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		a prostant	and the second sec	A190	- 1980a		PROPERTY DAMAGE (Per accident) \$	
	X	Incl Hired Phys Dmg	1		MONT.		1000	and any	\$	
В	Х	UMBRELLA LIAB X OCCUR						AL AL	EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MA	DEX	X	CU 20994110802		1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
		DED X RETENTION \$	0				1000		\$	
Α	WOF	RKERS COMPENSATION	in the second	100	All		1	diam'r ve	X PER OTH- STATUTE ER	
			N		WC 20994100801		1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$	1,000,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE	N/A				1	COLORA .	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below				ja.		ALC: NO.	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
С		uipment Floater		-	IH5 A827509 08	1000	1/1/2024	1/1/2025	Rented/Leased Limit	450,000
•	-4									
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VE	HICLES (ACOR	D 101, Additional Remarks Schedu	lle, may b	e attached if mo	re space is requi	red)	F
Cert	ifica	TION OF OPERATIONS / LOCATIONS / VE te Holder is additional insured o							Automobile Liability, and Un ogation applies in favor of (

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. Unilever United States, Inc. is named as Additional Insured as respects General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only as required by written contract. Waiver of Subrogation applies in favor of Unilever United States, Inc. on the General Liability

Automobile, Workers' Compensation and Excess Liability policies only as requi	· · · · · · · · · · · · · · · · · · ·
CERTIFICATE HOLDER	CANCELLATION
Unilever United States, Inc. and its affiliates 700 Sylvan Avenue Englewood Cliffs, NJ 07632	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



DAI	E	(101101/1111)	
- 4	2	12012022	

HI-SIND-01

					12/28/2023
THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVELY BELOW. THIS CERTIFICATE OF INSURAI REPRESENTATIVE OR PRODUCER, AND TH	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	BY THE POLICIES
IMPORTANT: If the certificate holder is an If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the	the terms and conditions of	the policy, certain p ch endorsement(s)	policies may		
PRODUCER		CONTACT NAME:			
Hub International Mid-South 1661 International Drive Suite #300		PHONE (A/C, No, Ext): (901) 3 E-MAIL ADDRESS:	812-5300	FAX (A/C, No):	
Memphis, TN 38120			URER(S) AFFO	RDING COVERAGE	NAIC #
		INSURER A : Ameris	ure Insurar	nce Company	19488
INSURED		INSURER B : Ameris	ure Mutual	Insurance Company	23396
Hi-Speed Industrial Service		INSURER C : Hanove	r Insuranc	e Company	22292
Mock, Inc. DBA 7030 Ryburn Drive		INSURER D :			
Millington, TN 38053	da.	INSURER E :			
		INSURER F :			
COVERAGES CERTIFIC	ATE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH POLIC	REMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY I	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPENDED HEREIN IS SUBJECT	ECT TO WHICH THIS
INSR TYPE OF INSURANCE ADDLS	SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X	CPP20994120801	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
X XCU		p		MED EXP (Any one person)	\$ 10,000
χ 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			L.	PRODUCTS - COMP/OP AGG	\$ 2,000,000
A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X Incl Hired Phys Drg	CA 20994090802	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
B X UMBRELLA LIAB X OCCUR			All and the second	EACH OCCURRENCE	\$ \$ 10,000,000
EXCESS LIAB CLAIMS-MADE	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$ 10,000,000
A WORKERS COMPENSATION			ALL DE LE	X PER OTH-	\$
AND EMPLOYERS' LIABILITY	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	s 1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE N / A (Mandatory in NH)		1		E.L. DISEASE - EA EMPLOYEE	1 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below		<u>in.</u>		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 (AC Certificate Holder is additional insured on a prima policies with respect to the services/work to be po for the General Liability, Auto Liability, Workers' (All coverage is subject to policy terms and condit Certificate Holder is an Additional Insured for Ger	ary and noncontributory basis i erformed, only if required by w Compensation, and Umbrella L tions.	regarding the Gener ritten contract. A Wa iability policies only	al Liability, A aiver of Subr if required b	Automobile Liability, and ogation applies in favor o by written contract, only a	of Certificate Holder
		CANCELLATION			

United Rentals PO Box 100711 Atlanta, GA 30384-0711

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LL m in

© 1988-2015 ACORD CORPORATION. All rights reserved.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE



DATE	(WIW/DD/YYYY)	
12	128/2023	

HI-SIND-01

CERTIFICATE DOES N BELOW. THIS CERTI	NOT AFFIRMATIVELY O	R OF INFORMATION ONL R NEGATIVELY AMEND, E DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	BY THE POLICIES
IF SUBROGATION IS	WAIVED, subject to the	DITIONAL INSURED, the p terms and conditions of th ificate holder in lieu of suc	ne policy, certain h endorsement(s)	policies may		
PRODUCER			CONTACT NAME:			
Hub International Mid-Sou	uth		PHONE A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):	
1661 International Drive Suite #300			E-MAIL ADDRESS:		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Memphis, TN 38120					RDING COVERAGE	NAIC #
	and the second s		NSURER A : Ameris			19488
INSURED	All A				Insurance Company	23396
	dustrial Service		NSURER C : Hanove			22292
Mock, Inc. D				i insurane	company	
7030 Ryburn Millington, T			NSURER D :			
winnington, i	N 30033	Allin	NSURER E :			
		10002107	NSURER F :			
		2007			REVISION NUMBER:	
INDICATED. NOTWITHS CERTIFICATE MAY BE IS EXCLUSIONS AND COND	TANDING ANY REQUIREM SSUED OR MAY PERTAIN ITIONS OF SUCH POLICIES	SURANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE B	OF ANY CONTRA ED BY THE POLIC EEN REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR TYPE OF INSU	RANCE ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
A X COMMERCIAL GENER					EACH OCCURRENCE	\$
CLAIMS-MADE	X OCCUR	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
X XCU		baddin dill			MED EXP (Any one person)	\$ 10,000
χ Contractual Lia	b				PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT	APPLIES PER:	1000			GENERAL AGGREGATE	\$ 2,000,000
X POLICY X PRO- JECT OTHER:			Λ		PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
				100.	COMBINED SINGLE LIMIT	\$ 1,000,000
X ANY AUTO		CA 20994090802	1/1/2024	1/1/2025	(Ea accident)	ф
OWNED AUTOS ONLY	SCHEDULED	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
		https://	AN THE REAL		BODILY INJURY (Per accident) PROPERTY DAMAGE	
	AUTOS ONLY			bueld the	PROPERTY DAMAGE (Per accident)	\$
X Incl Hired Phys B X IMPREI LALIAR	N HIMM	-	107 ALM 1	SILLEN		\$ • 10,000,000
	X OCCUR	CU 2200 4440002	4/4/0004	4/4/0005	EACH OCCURRENCE	<u>ъ</u> , , ,
EXCESS LIAB	CLAIMS-MADE	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$ 10,000,000
	5000010000		1000			\$
A WORKERS COMPENSATION AND EMPLOYERS' LIABILIT	Y VIN			ALL	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDI (Mandatory in NH)	R/EXECUTIVE N/A	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$
(Mandatory in NH)				ALC: NO.	E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATI	IONS below		Sec.	and the second	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
Certificate Holder is addition policies with respect to the	onal insured on a primary a services/work to be perfo uto Liability, Workers' Con	D 101, Additional Remarks Schedule and noncontributory basis re rmed, only if required by wri apensation, and Umbrella Lia s.	egarding the Gener tten contract. A W	al Liability, A aiver of Subr	Automobile Liability, and L ogation applies in favor o	f Certificate Holder

CERTIFICATE HOLDER	CANCELLATION
United Rentals 7839 Moriarty Road Cordova, TN 38018	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
	Jon Markel The



DATE	(MM/DD/YYYY)	
40	100/0000	

HI-SIND-01

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 holde If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	ct to	the terms and conditions of	the policy, certain uch endorsement(s)	policies may	NAL INSURED provisions or require an endorsement. A	be endorsed. statement on
PRODUCER			CONTACT NAME:			
Hub International Mid-South			PHONE (A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):	
Suite #300			E-MAIL ADDRESS:			-
Memphis, TN 38120			INS	SURER(S) AFFO	RDING COVERAGE	NAIC #
			INSURER A : Ameris	ure Insura	nce Company	19488
INSURED	da.		INSURER B : Ameris	ure Mutual	Insurance Company	23396
Hi-Speed Industrial Service Mock, Inc. DBA		1	INSURER C : Hanove	er Insuranc	e Company	22292
7030 Ryburn Drive			INSURER D :			
Millington, TN 38053		An	INSURER E :			
· · /			INSURER F :			
	1000	CATE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMENT, TERM OR CONDITIC TAIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPECT TO BED HEREIN IS SUBJECT TO ALI	O WHICH THIS
INSR TYPE OF INSURANCE		SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY			6s.		EACH OCCURRENCE \$	1,000,000
CLAIMS-MADE X OCCUR	Х	X CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
X XCU		Noneditor And	pr -		MED EXP (Any one person) \$	10,000
X Contractual Liab		and have			PERSONAL & ADV INJURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			and the second		GENERAL AGGREGATE \$	2,000,000
X POLICY X PRO- JECT LOC		100 M			PRODUCTS - COMP/OP AGG \$	2,000,000
OTHER:				h.	\$ COMBINED SINGLE LIMIT	4 000 000
					(Ea accident) \$	1,000,000
	Х	χ CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY SCHEDULED		Children .		and the second	BODILY INJURY (Per accident) \$	
X HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY	The second		40 Y YA	nue de la competition de la compet	PROPERTY DAMAGE (Per accident) \$	
X Incl Hired Phys				Contraction of the local data	\$	40.000.000
B X UMBRELLA LIAB X OCCUR	v	x CU 20994110802	1/1/2024	1/1/2025	EACH OCCURRENCE \$	10,000,000
EXCESS LIAB CLAIMS-MADE	X	χ CU 20994110802	1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
DED X RETENTION \$ 0				ALC: NO		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		X WC 20994100801	1/1/2024	1/1/2025	STATUTE ER	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	A 110 20334100001	1/1/2024	111/2023	E.L. EACH ACCIDENT \$	1,000,000
					E.L. DISEASE - EA EMPLOYEE \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below C Equipment Floater		IH5 A827509 08	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT \$	450,000
		110 8021308 00	1/1/2024	17172023		-30,000

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.

United States Steel Corporation and its affiliates, including all units, divisions and subsidiaries are included as Additional Insured on a primary and non-contributory basis as respects General Liability, Automobile Liability and Excess Liability only as required by written contract. Waiver of Subrogation is provided in favor of United States Steel Corporation and its affiliates only as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
United States Steel Corporation and its affiliates, including all units, divisions and subsidiaries	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
600 Grant Street, Room 2028 Pittsburgh, PA 15219	AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT FORM A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number CPP20994120602	Agency Number 0345685	Policy Effective Date
Policy Expiration Date 01/01/2024	Date 12/29/2022	Account Number 20065889
Named Insured HI-SPEED INDUSTRIAL SERVICE, MOCK, INC. DBA AND HI-SPEED, INC.		Issuing Company AMERISURE INSURANCE COMPANY

- 1. a. SECTION II -WHO IS AN INSURED is amended to add as an additional insured any person or organization:
 - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
 - (2) Who is named as an additional insured under this policy on a certificate of insurance.
 - b. The written contract, written agreement, or certificate of insurance must:
 - (1) Require additional insured status for a time period during the term of this policy; and
 - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
 - c. If, however:
 - (1) "Your work" began under a letter of intent or work order; and
 - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
 - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.

- 2. The insurance provided under this endorsement is limited as follows:
 - **a.** That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
 - (1) Premises you:
 - **(a)** Own;
 - (b) Rent;
 - (c) Lease; or
 - (d) Occupy;
 - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
- (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
 - (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
 - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

- **b.** If the written contract, written agreement, or certificate of insurance:
 - (1) Requires "arising out of' language; or
 - (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 10 01; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20371001;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of.

- c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:
 - (1) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
 - (2) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
 - (3) Both those endorsements with either of those edition dates; or
 - (4) Either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 without an edition date specified;

then paragraph 2.a. above applies.

- **d.** Premises, as respects paragraph **2.a.(1)** above, include common or public areas about such premises if so required in the written contract or written agreement.
- e. Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f. The limits of insurance that apply to the additional insured are the least of those specified in the:
 - (1) Written contract;
 - (2) Written agreement;
 - (3) Certificate of insurance; or
 - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- **g.** The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - (1) The preparing, approving, or failing to prepare or approve:
 - **(a)** Maps;
 - (b) Drawings;
 - (c) Opinions;
 - (d) Reports;
 - (e) Surveys;
 - (f) Change orders;
 - (g) Design specifications; and
 - (2) Supervisory, inspection, or engineering services.
- h. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
 - 4. Other Insurance.

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- **a.** Primary;
- b. Excess;
- c. Contingent; or
- **d.** On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and noncontributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph 2.h. Other Insurance. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph 2.h. Other Insurance shown above.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

I CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.





MALFORD

DATE		, 11		,
12	120121	าว	2	

HI-SIND-01

						12/2	28/2023
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY OR N SURANCE D	NEGATIVELY AMEND, OES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ct to the ter	rms and conditions of	the policy, certain ch endorsement(s)	oolicies may			
PRODUCER			CONTACT NAME:				
Hub International Mid-South 1661 International Drive Suite #300			PHONE (A/C, No, Ext): (901) 3 E-MAIL ADDRESS:	12-5300	FAX (A/C, No):		
Memphis, TN 38120					RDING COVERAGE		NAIC #
			INSURER A : Ameris				19488
INSURED	da.				Insurance Company		23396
Hi-Speed Industrial Service			INSURER C : Hanove				22292
Mock, Inc. DBA			INSURER D :				
7030 Ryburn Drive Millington, TN 38053			INSURER E :				
		h	INSURER F :				
COVERAGES CEF					REVISION NUMBER:]
THIS IS TO CERTIFY THAT THE POLICI	setter . resolutions		AVE BEEN ISSUED 1				
INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREMENT	T, TERM OR CONDITION HE INSURANCE AFFORE	N OF ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO V	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		PP20994120801	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 1,000,000
XXCU	^					\$	10,000
X Contractual Liab	1468				MED EXP (Any one person)		1,000,000
		stilling.	Alla		PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC			A COMPANY		GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
OTHER:			All As			\$	
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO	X CA	A 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS	CONTRACTOR OF		ASSA.		BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			ANY YES.		PROPERTY DAMAGE (Per accident)	\$	
X Incl Hired Phys Dmg					Alle.	\$	
B X UMBRELLA LIAB X OCCUR				A.	EACH OCCURRENCE	\$	10,000,000
EXCESS LIAB CLAIMS-MADE	CU	J 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
DED X RETENTION \$				Allen	THE OWNER OF	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	The second states and states			ALL Y	X PER OTH- STATUTE ER		
V/N	CONTRACTOR OF A DECK	C 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			Sec.	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below	All		h.		E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C Install incl Riggers	IH	5 A827509 08	1/1/2024	1/1/2025	Installation Limit	Spore.	1,000,000
		- orditation.	2007 - C		1000	11100	
					-		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is additional insured on policies with respect to the services/work to for the General Liability, Auto Liability, Wo All coverage is subject to policy terms and	o be performe rkers' Comper	ed, only if required by w	ritten contract. A Wa	aiver of Subr	ogation applies in favor o	f Certifi	cate Holder
CERTIFICATE HOLDER			CANCELLATION				
			UANUELLATION				

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

11 m

USG Interiors LLC 850 N Broadway Greenville, MS 38701



MALFORD

DATE	(MM/DD/1111)	
12	12012022	

HI-SIND-01

	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to					
	is certificate does not confer rights to the		such endorsement(s)			Statement on
	DUCER International Mid-South		CONTACT NAME: PHONE (001)		FAX	
1661	International Drive		(A/C, No, Ext): (301)	312-5300	(A/C, No):	
	e #300 1phis, TN 38120		E-MAIL ADDRESS:			
						NAIC #
INSU	RED				Insurance Company	23396
	Hi-Speed Industrial Service		INSURER C : Hanove			22292
	Mock, Inc. DBA 7030 Ryburn Drive	INSURER D :			-	
	Millington, TN 38053	Ar.	INSURER E :			
	· // //		INSURER F :			
CO	VERAGES CERTIFIC	CATE NUMBER:			REVISION NUMBER:	
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERI (CLUSIONS AND CONDITIONS OF SUCH PERI	REMENT, TERM OR CONDITI TAIN, THE INSURANCE AFFO CIES. LIMITS SHOWN MAY HAV	ON OF ANY CONTRA RDED BY THE POLIC 'E BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECT	FO WHICH THIS
NSR LTR		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	4 000 00
Α			da		EACH OCCURRENCE \$	1,000,00
	CLAIMS-MADE X OCCUR	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	10,00
	X XCU X Contractual Liab		<i>p</i>		MED EXP (Any one person) \$	1,000,00
		- Aller	, alla,		PERSONAL & ADV INJURY \$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2,000,00
	OTHER:		All An	L.	\$	
	10 NOOP				COMBINED SINGLE LIMIT	4 000 00
Α	AUTOMOBILE LIABILITY			ille.	(Ea accident) \$	1,000,00
Α	X ANY AUTO	CA 20994090802	1/1/2024	1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,00
Α	X ANY AUTO OWNED AUTOS ONLY AUTOS	CA 20994090802	1/1/2024	1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	1,000,00
Α	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	CA 20994090802	1/1/2024	1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,00
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X Incel Hired Phys X Incel Hired Phys	CA 20994090802	1/1/2024	1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$	
A B	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED HIRED Incl Hired Phys X UMBRELLA LIAB X OCCUR			9	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ (Per accident) \$ EACH OCCURRENCE \$	10,000,00
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS ONLY X HIRED AUTOS ONLY X Incl Hired Phys X UMBRELLA LIAB X CLAIMS-MADE	CA 20994090802 CU 20994110802	1/1/2024	1/1/2025 1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$	10,000,00
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS X HRED AUTOS ONLY X MICH Hired Phys X X UMBRELLA LIAB X CLAIMS-MADE DED X RETENTION \$			9	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$	10,000,00
в	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X Incl Hired Phys X Imbreella Liab X UMBRELLA LIAB Excess Liab CLAIMS-MADE DeD X RETENTION \$ 0			9	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ X PER STATUTE	1,000,00 10,000,00 10,000,00 1,000,00
в	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS ONLY X HIRED AUTOS ONLY X Incl Hired Phys X UMBRELLA LIAB X UMBRELLA LIAB X CLAIMS-MADE DED X RETENTION \$ O	CU 20994110802	1/1/2024	1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$	10,000,00 10,000,00
в	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X Incl Hired Phys X Imbreella Liab X UMBRELLA LIAB X OCCUR Excess Liab CLAIMS-MADE DeD X WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	CU 20994110802 WC 20994100801	1/1/2024	1/1/2025 1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ X PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	10,000,00 10,000,00 1,000,00 1,000,00 1,000,00
B A C	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS X HRED AUTOS ONLY X NON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X MUTOS ONLY X MON-OWNED AUTOS ONLY X MOR-OWNED X Deb X RETENTION \$ O WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N NY A NY A If ves, describe under DESCRIPTION OF OPERATIONS below Equipment Floater VI	CU 20994110802 WC 20994100801 IH5 A827509 08	1/1/2024 1/1/2024 1/1/2024	1/1/2025 1/1/2025 1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ X PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Rented/Leased Limit \$	10,000,00 10,000,00 1,000,00 1,000,00 1,000,00 450,00
B A C	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS X HRED AUTOS ONLY X Mired Phys AUTOS ONLY X MON-OWNED AUTOS ONLY X Mired Phys AUTOS ONLY X MBRELLA LIAB X OCCUR CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A	CU 20994110802 WC 20994100801	1/1/2024	1/1/2025 1/1/2025 1/1/2025	(Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ X PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	10,000,00 10,000,00 1,000,00 1,000,00 1,000,00

CERTIFICATE HOLDER	CANCELLATION
V&S Memphis Galvanizing, LLC 3348 Fite Road Millington, TN 38053	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
	Jon Med in

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE	(MM/DD/YYYY)	
40	100/0000	

HI-SIND-01

										12/20/2025
C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y O	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED BY	THE POLICIES
lf	SU	TANT: If the certificate holder BROGATION IS WAIVED, subject Prtificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may		
PRO	DUCE	8				CONTA NAME:	ст			
		rnational Mid-South					o, Ext): (901) 3	12 5200	FAX	
166	l Inte	ernational Drive				E-MAIL	o, Ext): (901) 3	512-5500	(A/C, No):	
Suit		5, TN 38120				E-MAIL ADDRE	SS:			
		.,							RDING COVERAGE	NAIC #
						INSURE	R A : Ameris	ure Insurar	nce Company	19488
INSU	RED		da.			INSURE	R B : Ameris	ure Mutual	Insurance Company	23396
		Hi-Speed Industrial Service): -		INSURE	R C : Hanove	r Insuranc	e Company	22292
		Mock, Inc. DBA 7030 Ryburn Drive		F		INSURE	RD:			
		Millington, TN 38053			4	INSURE				
		initing cont, the coooc			Alle.	INSURE				
		1050 050	TICL			INSURE	кг.			
		3057 3155	0801		E NUMBER:				REVISION NUMBER:	
IN CI	DIC/ ERTI	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	PER	IREM TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY	INOD			6.	(1111/00/1111)		EACH OCCURRENCE \$	1,000,000
		CLAIMS-MADE X OCCUR	x	x	CPP20994120801	Sec.	1/1/2024	1/1/2025	DAMAGE TO RENTED	1,000,000
	x	XCU	^	^	011 20334120001	and a second	1/1/2024	1/1/2023		10,000
		Contractual Liab		1	Constant And				MED EXP (Any one person) \$	1,000,000
	X				All and a second second		de.		PERSONAL & ADV INJURY \$	
		LAGGREGATE LIMIT APPLIES PER:					and the second s		GENERAL AGGREGATE \$	2,000,000
	Х	POLICY X PRO- JECT LOC				M			PRODUCTS - COMP/OP AGG \$	2,000,000
		OTHER:				100	/ Alb	h.	\$	
Α	AUT	OMOBILE LIABILITY				Contraction of the local data	A10000	ille.	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
	X	ANY AUTO	x	x	CA 20994090802	(in the second s	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
		OWNED AUTOS ONLY SCHEDULED AUTOS		Citrico.	and the second second second	4				
	x					All			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		HIRED AUTOS ONLY Incl Hired Phys Dmg	200		Station .	400	100	Barris and	A.	
в	X	-00000007			10000	- We	20.000	SIDE DO	\$	10,000,000
P	X	UMBRELLA LIAB X OCCUR					4/4/0004	4 14 10005	EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE		X	CU 20994110802		1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
		DED X RETENTION \$ 0							\$	
A	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	1000				1	ALC: NO	X PER OTH- STATUTE ER	
				X	WC 20994100801		1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$	1,000,000
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes	, describe under				ja.		ALC: NO.	ARTIGUESS CONTRACTOR	1,000,000
С		CRIPTION OF OPERATIONS below all incl Riggers		-	IH5 A827509 08	100	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT \$	1,000,000
							.,	1, 1, 1010		.,000,000
						1 aug				1
						Sec. 1				
DEC	דחוחי	ION OF OPERATIONS / LOCATIONS / VEHIC			D 101 Additional Romarka Sahadu	le mou h	a attached if man		rod) Meditale addition	

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.

Valero Energy Corporation, Its Subsidiaries and Affiliates and their Respective Officers, Directors, Employees, Agents and Representatives are Additional Insureds for General Liability, Auto Liability and Umbrella Liability with respect to insured's work as required by contract. A Waiver of Subrogation applies in favor of Additional Insureds for General Liability, Auto Liability, Umbrella Liability and Workers' Compensation as required by contract.

CERTIFICATE HOLDER	CANCELLATION
Valero Energy Corporation, Its Subsidiaries & Affiliates Contractor Insurance Compliance PO Box 100085-VL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Duluth, GA 30095	AUTHORIZED REPRESENTATIVE
	Jon Markel no



DATE	(MM/DD/YYYY)	
40	10010000	

HI-SIND-01

	7 LI						12/28/2023
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVEL' ISURA	Y OF	R NEGATIVELY AMEND	, EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED BY	THE POLICIES
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ect to	the	terms and conditions of	the policy, certain uch endorsement(s)	policies may		
PRODUCER				CONTACT NAME:		1	
Hub International Mid-South				PHONE (A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):	
Suite #300 Memphis, TN 38120				E-MAIL ADDRESS:			
						RDING COVERAGE	NAIC #
				INSURER A : Ameris			19488
INSURED Hi-Speed Industrial Service	du	i.				Insurance Company	23396
Mock, Inc. dba		1		INSURER C : Hanove	er Insuranc	e Company	22292
7030 Ryburn Drive				INSURER D :			
Millington, TN 38053			Alle	INSURER E :			
	DTIEN	-		INSURER F :			
COVERAGES CEI	CORE _1		ENUMBER:			REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI (PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTRAC	CT OR OTHE	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	x	CPP20994120801	1/1/2024	1/1/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 1,000,000
X XCU	^	-	All All			MED EXP (Any one person) \$	10,000
X Contractual Liab	•	-10				PERSONAL & ADV INJURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				Alla.		GENERAL AGGREGATE \$	2,000,000
X POLICY X PRO- DTHER:						PRODUCTS - COMP/OP AGG \$	2,000,000
			No.		The second	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
X ANY AUTO	X	х	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY SCHEDULED AUTOS	dille in	(iiii)	ite.	ANDER		BODILY INJURY (Per accident) \$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	a source	Control of		10 Y 100		PROPERTY DAMAGE (Per accident) \$	
X Incl Hired Phys Dmg	P		Marsh.			\$	
B X UMBRELLA LIAB X OCCUR					All and a second	EACH OCCURRENCE \$	10,000,000
EXCESS LIAB CLAIMS-MAD		Х	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
	0	di			1999	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	a literat				Summer of	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$	1,000,000
(Mandatory in NH)	1					E.L. DISEASE - EA EMPLOYEE \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below		-4	ULE A007500.00	4/4/0004	4/4/0005	E.L. DISEASE - POLICY LIMIT \$	1,000,000
C Install incl Riggers		4	IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	1,000,000
				1007			1
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is additional insured on policies with respect to the services/work to for the General Liability, Auto Liability, Wo All coverage is subject to policy terms and	to be p rkers'	com	rmed, only if required by v pensation, and Umbrella I	written contract. A Wa	aiver of Subr	ogation applies in favor of Co	ertificate Holder
CERTIFICATE HOLDER				CANCELLATION			

Valero Energy Corporation, its Subsidiaries & Affiliates Attn: Contractor Insurance Compliance 14891 Airline Dr Norco, LA 70079 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

LL m in



DAI	E	(MM/DD/1111)	
4	2	12012022	

HI-SIND-01

			_	12	28/2023
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ID, EXTEND OR AL ⁻ TUTE A CONTRACT	FER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions this certificate does not confer rights to the certificate holder in lieu of	of the policy, certain	policies may			
PRODUCER	CONTACT NAME:				
Hub International Mid-South	PHONE (A/C, No, Ext): (901)	312-5300	FAX (A/C, No):		
1661 International Drive Suite #300	E-MAIL ADDRESS:		(A/C, NO).		
Memphis, TN 38120					NAIC #
	INSURER A : Ameris				19488
INSURED			Insurance Company		23396
Hi-Speed Industrial Service	INSURER C : Hanove				23390
Mock, Inc. dba			Company		LLLJL
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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	ION OF ANY CONTRA DRDED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A 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
			, , ,	\$	10,000
X Contractual Liab	pr -		MED EXP (Any one person)		1,000,000
			PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT LOC	A A		GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE 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 AUTOS ONLY SCHEDULED AUTOS	Allowing	ALC: NO.	BODILY INJURY (Per accident)	\$	
X HIRED X NON-OWNED AUTOS ONLY	A117 100		PROPERTY DAMAGE (Per accident)	\$	
X Incl Hired Phys		and a second second	Alla.	\$	
B X UMBRELLA LIAB X OCCUR		A	EACH OCCURRENCE	\$	10,000,000
EXCESS LIAB CLAIMS-MADE CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
DED X RETENTION \$ 0		AND NO.	AGGINEGATE	- -	
A WORKERS COMPENSATION	100	Autor and	X PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y/N W/C 2000/100801	1/1/2024	1/1/2025	.0		1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. EACH ACCIDENT	\$	1,000,000
If yes, describe under		and the second	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCRIPTION OF OPERATIONS below	4/4/0004	4/4/0005	E.L. DISEASE - POLICY LIMIT	\$	
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 Sche Certificate Holder is additional insured on a primary and noncontributory bas policies with respect to the services/work to be performed, only if required by for the General Liability, Auto Liability, Workers' Compensation, and Umbrella All coverage is subject to policy terms and conditions.	written contract. A W	aiver of Subr	ogation applies in favor o	of Certif	icate Holder

CERTIFICATE HOLDER	CANCELLATION
VALID FOR PROOF OF INSURANCE PURPOSES ONLY NOT FOR DISTRIBUTION	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
	Jon Med The



DATE	(MM/DD/YYYY)	
40	100/0000	

HI-SIND-01

									2/20/2023
C B	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.								
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may		
	DUCER				CONTA NAME:				
	International Mid-South					o, Ext): (901) 3	12-5300	FAX	
	1 International Drive e #300				E-MAIL ADDRE	5, Ext): (301) C	12 0000	(A/C, No):	
	nphis, TN 38120				ADDRE				
									NAIC #
	for the second se							nce Company	19488
INSU	100000000	din.						Insurance Company	23396
	Hi-Speed Industrial Service Mock, Inc. DBA		1		INSURE	R C : Hanove	er Insuranc	e Company	22292
	7030 Ryburn Drive				INSURE	RD:			
	Millington, TN 38053	1011		da.	INSURE	RE:			
	· · · //// 1				INSURE	RF:			
CO	VERAGES CER	TIFIC	CAT	E NUMBER:				REVISION NUMBER: 3	
IN Cl EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	PER POLI	REM TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPECT 1 BED HEREIN IS SUBJECT TO AL	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY				de	, , , , , , , , , , , , , , , , , , , ,	, , ,	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR	x	x	CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
	X XCU		-00		1			MED EXP (Any one person) \$	10,000
	X Contractual Liab								1,000,000
				And		dia.			2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT			and the second s				GENERAL AGGREGATE \$	2,000,000
					100	de la		PRODUCTS - COMP/OP AGG \$	
	OTHER:				dille a		in the second se	COMBINED SINGLE LIMIT	1,000,000
A					11102	100	Contract of the second	(Ea accident) \$	1,000,000
		X	X	CA 20994090802	pr.	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY AUTOS			Mar.	- Al	C. C	10000	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Billion of	Country of			1000		PROPERTY DAMAGE (Per accident) \$	
	X Incl Hired Phys Dmg			ALC: NO DECISION		and the second		\$	
В	X UMBRELLA LIAB X OCCUR						Å	EACH OCCURRENCE \$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802		1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
	DED X RETENTION \$ 0							S	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Sibere	100	NY ASSESSO		1	ALL DE LE	X PER OTH- STATUTE ER	
			X	WC 20994100801		1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				1		E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If ves describe under				á.			AND CONTRACTOR OF CONTRACTOR	1,000,000
С	DESCRIPTION OF OPERATIONS below Equipment Floater		-	IH5 A827509 08	100	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT \$	450,000
-	Install incl Riggers			IH5 A827509 08		1/1/2024	1/1/2025	Installation Limit	1,000,000
	maran mer niggera			11 13 AULI JUJ UO		1/ 1/2024	1/ 1/202J		1,000,000
	l					and the second second			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACOR	D 101. Additional Remarks Schedu	le. may b	e attached if mor	e space is requi	red)	

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.

Valtir, LLC and its affiliated legal entities are included as an additional insured as required by written contract. The General liability policy includes a waiver of subrogation in favor of Valtir, LLC and its affiliated legal entities. The General Liability is primary and noncontributory. The General Liability policy includes contractual liability and contains no exclusions for XCU exposures.Excess/Umbrella follows form.

CERTIFICATE HOLDER	CANCELLATION
Valtir, LLC and its affiliated legal entities 15601 Dallas Parkway, Suite 525 Addison. TX 75001	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
	Jon Mark to

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US {WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART ELECTRONIC DATA LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART RAILROAD PROTECTIVE LIABILITY COVERAGE PART UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION REQUIRED BY WRITTEN CONTRACT OR CERTIFICATE OF INSURANCE

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT FORM A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number	Agency Number	Policy Effective Date
CPF20994120602	0345685	01/01/2024
Policy Expiration Date	Date	Account Number
01/01/2025	12/21/2023	20065889
Named Insured HI-SPEED INDUSTRIAL SERVICE, MOCK, INC. DBA AND HI-SPEED, INC.		Issuing Company AMERISURE INSURANCE COMPANY

- 1. a. SECTION II -WHO IS AN INSURED is amended to add as an additional insured any person or organization:
 - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
 - (2) Who is named as an additional insured under this policy on a certificate of insurance.
 - b. The written contract, written agreement, or certificate of insurance must:
 - (1) Require additional insured status for a time period during the term of this policy; and
 - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
 - c. If, however:
 - (1) "Your work" began under a letter of intent or work order; and
 - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
 - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.

- 2. The insurance provided under this endorsement is limited as follows:
 - **a.** That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
 - (1) Premises you:
 - **(a)** Own;
 - (b) Rent;
 - (c) Lease; or
 - (d) Occupy;
 - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
- (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
 - (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
 - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

- **b.** If the written contract, written agreement, or certificate of insurance:
 - (1) Requires "arising out of' language; or
 - (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 10 01; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20371001;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of.

- c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:
 - (1) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
 - (2) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
 - (3) Both those endorsements with either of those edition dates; or
 - (4) Either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 without an edition date specified;

then paragraph 2.a. above applies.

- **d.** Premises, as respects paragraph **2.a.(1)** above, include common or public areas about such premises if so required in the written contract or written agreement.
- e. Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f. The limits of insurance that apply to the additional insured are the least of those specified in the:
 - (1) Written contract;
 - (2) Written agreement;
 - (3) Certificate of insurance; or
 - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- **g.** The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - (1) The preparing, approving, or failing to prepare or approve:
 - **(a)** Maps;
 - (b) Drawings;
 - (c) Opinions;
 - (d) Reports;
 - (e) Surveys;
 - (f) Change orders;
 - (g) Design specifications; and
 - (2) Supervisory, inspection, or engineering services.
- h. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
 - 4. Other Insurance.

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- **a.** Primary;
- b. Excess;
- c. Contingent; or
- **d.** On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and noncontributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph 2.h. Other Insurance. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph 2.h. Other Insurance shown above.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

I CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT FORM A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number CPP20994120701	Agency Number 0345685	Policy Effective Date 01/01/2024
Policy Expiration Date 01/01/2025	Date 12/19/2023	Account Number 20065889
Named Insured HI-SPEED INDUSTRIAL SERVICE MOCK, INC. DBA AND HI-SPEED INC.	Agency , HUB INTERNATIONAL , MID-SOUTH	Issuing Company AMERISURE INSURANCE COMPANY

- 1. a. SECTION II -WHO IS AN INSURED is amended to add as an additional insured any person or organization:
 - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
 - (2) Who is named as an additional insured under this policy on a certificate of insurance.
 - b. The written contract, written agreement, or certificate of insurance must:
 - (1) Require additional insured status for a time period during the term of this policy; and
 - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
 - c. If, however:
 - (1) "Your work" began under a letter of intent or work order; and
 - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
 - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.

- 2. The insurance provided under this endorsement is limited as follows:
 - **a.** That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
 - (1) Premises you:
 - **(a)** Own;
 - (b) Rent;
 - (c) Lease; or
 - (d) Occupy;
 - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
- (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
 - (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
 - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

- **b.** If the written contract, written agreement, or certificate of insurance:
 - (1) Requires "arising out of' language; or
 - (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 10 01; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20371001;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of.

- c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:
 - (1) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
 - (2) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
 - (3) Both those endorsements with either of those edition dates; or
 - (4) Either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 without an edition date specified;

then paragraph 2.a. above applies.

- **d.** Premises, as respects paragraph **2.a.(1)** above, include common or public areas about such premises if so required in the written contract or written agreement.
- e. Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f. The limits of insurance that apply to the additional insured are the least of those specified in the:
 - (1) Written contract;
 - (2) Written agreement;
 - (3) Certificate of insurance; or
 - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- **g.** The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - (1) The preparing, approving, or failing to prepare or approve:
 - **(a)** Maps;
 - (b) Drawings;
 - (c) Opinions;
 - (d) Reports;
 - (e) Surveys;
 - (f) Change orders;
 - (g) Design specifications; and
 - (2) Supervisory, inspection, or engineering services.
- h. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
 - 4. Other Insurance.

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- **a.** Primary;
- b. Excess;
- c. Contingent; or
- **d.** On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and noncontributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph **2.h. Other Insurance**. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph **2.h. Other Insurance** shown above.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

I CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.



POLICY NUMBER: CA 20994090701

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED - PRIMARY NON-CONTRIBUTORY COVERAGE WHEN REQUIRED BY INSURED CONTRACT OR CERTIFICATE

This endorsement modifies insurance provided under the

BUSINESS AUTO COVERAGE FORM

The provisions of the Coverage Form apply unless changed by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insured" under the Who Is An Insured Provision of the Coverage Form.

This endorsement changes the policy on the inception date of the policy, unless another date is shown below.

Endorsement Effective: 1/1/2024	Countersigned By:
Named Insured: HI-SPEED INDUSTRIAL SERVICE, MOCK, INC. DBA AND HI-SPEED, INC.	Jour Mill or
	(Authorized Representative)

(No entry may appear above. If so, information to complete this endorsement is in the Declarations.)

1. Section II - Liability Coverage, A. Coverage, 1. Who Is An Insured is amended to add:

Any person or organization with whom you have an "insured contract" which requires:

- i. that person or organization to be added as an "insured" under this policy or on a certificate of insurance; and
- ii. this policy to be primary and non-contributory to any like insurance available to the person or organization.

Each such person or organization is an "insured" for Liability Coverage. They are an "insured" only if that person or organization is an "insured" under in **SECTION II** of the Coverage Form.

The contract between the Named Insured and the person or organization is an "insured contract".

- 2. Section IV Business Auto Conditions, B. General Conditions, 5. Other Insurance, paragraph d. is deleted and replaced by the following for the purpose of this endorsement only:
 - d. When coverage provided under this Coverage Form is also provided under another Coverage Form or policy, we **will** provide coverage on a primary, non-contributory basis.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

"Any person or organization required by written contract or certificate of insurance."

"This endorsement is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas and Utah."

The endorsement does not apply to policies or exposure in Missouri where the employer is in the construction group of classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights is against public policy and void where one party to the contract is an employer in the construction group of code classifications. For policies or exposure in Missouri, the following must be included in the Schedule:

• Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

 Endorsement Effective 1/1/2024
 Policy No. WC 20994100701
 Endorsement No

 Insured HI-SPEED INDUSTRIAL SERVICE,
 MOCK, INC., DBA HI-SPEED, INC.

Insurance Company AMERISURE INSURANCE COMPANY Countersigned by



DATE (MM/DD/YYYY)	
12/28/2023	

HI-SIND-01

A CLAIMS-MADE X CCUR X X CPP20994120801 1/1/2024 1/1/2025 DAMAGE TO REINTED PREMAGE TO REINTED MED EXP (Any one person) \$ 1,000,000 GENIL AGGREGATE LIMIT APPLIES PER: X POLICY Y PEC LOC 1 1/1/2024 1/1/2024 1/1/2025 DAMAGE TO REINTED PREMAGE TO REINTED MED EXP (Any one person) \$ 1,000,000 GENIL AGGREGATE LIMIT APPLIES PER: X POLICY Y PEC LOC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CI BI	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.								
Hub International Mi-South Total International Drive Suite \$700 Momphis, TN 38120 Free: (Bort) 312-5300 Free: (Bort) State \$500 Momphis, TN 38120 Insured Momphis, TN 38120 Insured Industrial Service Momphis, TN 38120 Insured Industrial Service Mosch Re, dia 7030 Ryburn Drive Millington, TN 38053 Insure I and Insurance Company 19488 Insured Mock, Inc, dia 7030 Ryburn Drive Millington, TN 38053 Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Insurers :: Insurers :: Mourers :: Insurers :: Mourers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Mourers ::	lf	SUBROGATION IS WAIVED, subject	ct to	the	terms and conditions of	the po ch end	licy, certain lorsement(s)	policies may		
Hub International Mi-South Total International Drive Suite \$700 Momphis, TN 38120 Free: (Bort) 312-5300 Free: (Bort) State \$500 Momphis, TN 38120 Insured Momphis, TN 38120 Insured Industrial Service Momphis, TN 38120 Insured Industrial Service Mosch Re, dia 7030 Ryburn Drive Millington, TN 38053 Insure I and Insurance Company 19488 Insured Mock, Inc, dia 7030 Ryburn Drive Millington, TN 38053 Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Insurers :: Mourers :: Mourers :: Insurers :: Insurers :: Mourers :: Insurers :: Mourers :: Mourers :: Mourers :: Insurers :: Insurers :: Insurers :: Mourers ::	PRO	DUCER				CONTA NAME:	СТ			
Suite 3300 Memphis, TN 38120 Konce Insure a: Amerisure Insurance Company 19458 Insurer, a: Amerisure Insurance Company 19458 Insurer, a: Amerisure Insurance Company 23396 Insurer, a: Amerisure Insurance Company 23396 Insurer, a: Amerisure Insurance Company 22396 Insurer, a: Amerisure Insurance Company 22292 Insurer, a: Amerisure Insurance Company 22292 Insurer, a: Insurer, a: Insurer, and an anomality insurance Insu								312-5300	FAX (A/C, No):	
Memphis, TN 38120 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: Ameristrue Insurance Company 19488 INSURED INSURER B: Ameristrue Insurance Company 22392 INSURER C: Hanover Insurance Company 22392 INSURER E: INSURER E: INSURER E: INSURER E: INSURER F: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USEED BELOW HAVE BEEN ISSUED TO THE INSURED RANGE DABOVE FOR THE POLICY PERIOD INSURER F: INSURER F: COVERAGE ONOTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ITHS TYPE OF INSURANCE POLICY NUMBER INSURER A: ADVINUTY AX COMMERCAL GENERAL LIABILITY X CUMMESWARE X A AUTOMOBILE LIABLITY X X X COMERCAL GENERAL LIABILITY X X CU 20994110802 1/1/2024 1/1/2024 INVERS ONLY X CC 20994100801 1/1/2024 INVERS ONLY X CA 20994090802 1/1/2024 <	Suit	e #300				E-MAIL	SS:			
INSURED INSURER B: Amerisure Mutual Insurance Company 23396 INSURER D: Insurance Company 23396 INSURER D: Insurance Company 22292 INSURER D: Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company	Men	nphis, TN 38120						SURER(S) AFFO	RDING COVERAGE	NAIC #
HI-Speed Industrial Service Mock, Inc. Gba 7030 Ryborn Drive Millington, TN 38053 CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ARY 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 HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSIONS AND CONTINUES OF UNDER THE NOLVE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSIONS AND CONTINUES OF SUBJECT OF OLICIES INTERNATIONS OF SUCH POLICIES. INTERNATIONS OF SUCH POLICIES INT						INSURE	R A : Ameris	ure Insurar	nce Company	19488
H-Speed Industrial Service Mock, Inc. dba 7030 Rybdim Drive Millington, TN 38053 CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DADUE POR 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 HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSIONS AND CONTINUONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSIONS AND CONTINUONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSIONS AND CONTINUONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSION AND CONTINUONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSION AND CONTINUONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSION AND CONTINUES OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREINIS SUBJECT TO ALL THE TREMS, EXCLUSION AND ALL HABILITY A X CONTRACTURE AND NUMBER CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR A MITOROBIL LIABILITY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MATTER ONLY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MORE RECENT LUMT APPLIES PER: X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MITOROBIL LIABILITY X MORE RECENT LIABILITY X MITOROBIL LIABILITY X MITOROBI	INSU	RED	da.			INSURE	к в : Ameris	ure Mutual	Insurance Company	23396
7038 Ryburn Drive Millington, TN 38053 INSURER D : INSURER E : INSURER F : COVERAGES COVERAGES CERTIFICATE NUMBER: INDICATED. NOTWITH'STANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCHETTICATE. NOTWITH'STANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCHETTICATE. NOTWITH'STANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCHETTICATE. MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. MINT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICE'S DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. MINT'S SHOWN MAY HAVE BEEN REDUCED BY THE POLICE'S DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, X CONTRACTUAL LIABILITY A CONTRACTUAL LIABILITY CLAIMS-MADE X OCCUR X POLICY NUMBER POLICY NUMBER IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED, IMMODIFYED,				8						22292
INSURER E : INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR NAMEY PERIATION CERTIFICATE NUMBER TYPE OF INSURANCE MONOTON OF SUCH POLICIES OF INSURANCE INFORMACE AFFORDED BY THE POLICIES DESCREPTION ENDINES NEW POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY IMPOLICES DESCREPTION INSURANCE COMMERCIAL GENERAL LIABILITY X X A AUTOOMOBILE LIABILITY X X A AUTOOMOBILE LIABILITY X CU 20994110802 1/1/2024 1/1/2024 X A AUTOOMOBILE LIABILITY X <td></td> <td>- ANTINA ANTINA</td> <td></td> <td>f.</td> <td></td> <td>INSURE</td> <td>RD:</td> <td></td> <td>1 2</td> <td></td>		- ANTINA ANTINA		f.		INSURE	RD:		1 2	
INSURER F: COVERAGES CERTIFICATE 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 SHOWING MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURANCE POLICY NUMBER POLICY NUMBER POLICY TERP OLICY PAID CLAIMS. INS X COMMERCIAL GENERAL LIABILITY X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURENCE \$ 1,000,00 X KCU X CONTRACTUAL LIAB X OCUR X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURENCE \$ 1,000,00 A AUTOMOBILE LIABILITY X X CPP20994120801 1/1/2024 1/1/2024 1/1/2025 EACH OCCURENCE \$ 1,000,00 A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2025 EACH OCCURENCE \$ 1,000,00 X HIRES ONLY X WINDOWNER X X CA 20994090802 1/1/2024 1/1/2025 EACH OCCURENCE					4					
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 TO MAY PERTAIN, THE INSURANCE AFRORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE MADD EXAMINES POLICY NUMBER POLICY PER POLICIES DUCY PER POLICY PER POL			197							
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 TO MAY PERTAIN, THE INSURANCE AFRORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE MADD EXAMINES POLICY NUMBER POLICY PER POLICIES DUCY PER POLICY PER POL	co	VERAGES CER	TIFI	CAT	E NUMBER:				REVISION NUMBER:	
LTR THPE OF INSURANCE INSD W/D POLICY NUMBER (IMM/DD/YYYY) (IMM/DD/YYYY) LIMITS A X COMMERCIAL GENERAL LIABILITY I/I/2024 I/I/2024 I/I/2025 EACH OCCURRENCE \$ 1,000,00 X XCU X Contractual Liab X X CPP20994120801 1/I/2024 1/I/2025 I/I/2025	IN CE E>	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,							O WHICH THIS	
A X COMMERCIAL GENERAL LIABILITY X X CPP20994120801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 1,000,00 X XC0 X Contractual Liab \$ 1,000,00 MED EXP (Any one person) \$ 1,000,00 GENL AGGREGATE LIMIT APPLIES PER: X Y Y 1,000 \$ 1,000,00 Y POLICY Y Y Y 1,000 \$ 1,000,00 GENL AGGREGATE LIMIT APPLIES PER: Y POLICY Y Y 1,000,00 Y POLICY Y Y Y 1,000,00 GENERAL AGGREGATE \$ 2,000,00 Y POLICY Y PRO LOC Y \$ 1,000,00 Y POLICY Y S Y X X CA 20994090802 1/1/2024 1/1/2024 1/1/2025 BOILY INURY (Per person) S A AUTOS ONLY X X CA 20994090802 1/1/2024 1/1/2025 BOILY INURY (Per person) S B X UMBRELLA LIAB X	INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X XCU X X X CCPP20994120801 I/1/2024 I/1/2024 I/1/2024 PREMISES (Ea occurrence) \$ 1/0,00,00 X XCU X Contractual Liab \$ 1,000,00 GeNL AGGREGATE LIMIT APPLIES PER: \$ 1,000,00 X POLICY X PECT LOC Contractual Liab \$ 1,000,00 GENL AGGREGATE LIMIT APPLIES PER: LOC OTHER: COMBINED SINGLE LIMIT \$ 1,000,00 A AUTOMOBILE LIABILITY X X CA 20994090802 1/1/2024 1/1/2025 COMBINED SINGLE LIMIT \$ 1,000,00 X HRED ANY AUTO SCHEDULED X X CA 20994090802 1/1/2024 1/1/2025 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		X COMMERCIAL GENERAL LIABILITY				h		,		1,000,000
X XCU X Contractual Liab GENE AGGREGATE LIMIT APPLIES PER: Loc OTHER: Loc A AUTOMOBILE LIABILITY X NATONOBILE LIABILITY X AUTOMOBILE LIABILITY X NUTOS ONLY X CCU 20994110802		CLAIMS-MADE X OCCUR	х	x	CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
A AGGREGATE LIMIT APPLIES PER: A POLICY X JECT LOC Image: Constraint of the second seco		X XCU		100	Street Mill	<i>p</i>			, , ,	10,000
A Very X PRO Very X		χ Contractual Liab							PERSONAL & ADV INJURY \$	1,000,000
A AUTOMOBILE LIABILITY S S S A AUTOMOBILE LIABILITY S S S S A AUTOMOBILE LIABILITY S S S S A AUTOMOBILE LIABILITY S S S S A AUTOS ONLY SCHEDULED AUTOS ONLY S S BODILY INJURY (Per person) S B X MBRELLA LIAB X OCCUR S S S B X UMBRELLA LIAB X OCCUR S S S Deb X RETENTION \$ 0 CU 20994110802 1/1/2024 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 A WORKERS COMPENSATION AUTOS ONLY N / A X WC 20994100801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 GEREGATE S 10,000,00 S S S S S S MORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE N N N X WC 20994100801 1/1/2024		GEN'L AGGREGATE LIMIT APPLIES PER:					All has		GENERAL AGGREGATE \$	2,000,000
A Automobile Liability X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X		ALCONTACT AND A				A				2,000,000
X ANY AUTO X ANY AUTO X X X X X X X X X Description S BODILY INJURY (Per person) S S BODILY INJURY (Per person) S S S S S S S S S S S S S S S S	Α	A DOWNER WITH A				0.00	10000	ille.	COMBINED SINGLE LIMIT	1,000,000
WWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X X X BODILY INJURY (Per accident) S X HRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY S B X UMBRELLA LIAB X OCCUR S S E X UMBRELLA LIAB X OCCUR S S DED X RETENTION \$ O CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N N/A X WC 20994100801 1/1/2024 1/1/2025 X PER OTH- EL. EACH ACCIDENT \$ 1,000,00 If yes describe under OFFICER/MEMBER EXCLUDED? N N/A X WC 20994100801 1/1/2024 1/1/2025 X PER OTH- EL. DISEASE - EA EMPLOYEE \$ 1,000,00 If yes describe under DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 Installation Limit 1,000,00 E.L. DISEASE - POLICY LIMIT S 1,000,00		Y	x	x	CA 20994090802	ger -	1/1/2024	1/1/2025		
X HIRED AUTOS ONLY ND, HUTOS ONLY DM, HUTOS ONLY DM, HUTOS ONLY MUTOS ONLY			and the	Notes a	li.	A	al automation	and a second		
X Incl Hired Phys s B X UMBRELLA LIAB X OCCUR s EXCESS LIAB CLAIMS-MADE LAIMS-MADE 1/1/2024 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 DED X RETENTION \$ O CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? V/N N/A X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER EACH ACCIDENT \$ 1,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER EACH ACCIDENT \$ 1,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below N/A X MC 20994100801 1/1/2024 1/1/2025 Installation Limit 1,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,00						All				
B X UMBRELLA LIAB X OCCUR s EXCESS LIAB CLAIMS-MADE CU 20994110802 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) N/A X WC 20994100801 1/1/2024 1/1/2025 EACH OCCURRENCE \$ 10,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 Installation Limit 1,000,00 C Install incl Riggers IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,00		X Incl Hired Phys	<i>p</i> -			-	and the		-Au	
EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A X Z MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A X Z Z0994110802 1/1/2024 1/1/2025 X PER STATUTE S 0TH- ER If yes, describe under DESCRIPTION OF OPERATIONS below Y/N DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER If yes, describe under DESCRIPTION OF OPERATIONS below IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,000	В	X HIMMEN						A	COULD BE AND A DECEMBER OF	10,000,000
DED X RETENTION \$ 0 \$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N X Y/N N X Y/N N X PER STATUTE 0TH- ER If yes, describe under DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 X PER E.L. EACH ACCIDENT \$ 1,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,00		200102			CU 20994110802		1/1/2024	1/1/2025	COP VISINIUS.	10,000,000
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER 0 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A X WC 20994100801 1/1/2024 1/1/2025 X PER STATUTE OTH- ER 1,000,00 C Install incl Riggers IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,00		DED X RETENTION \$ 0	1						"USUILLE.	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N X WC 20994100801 1/1/2024 1/1/2025 E.L. EACH ACCIDENT \$ 1,000,00 If yes, describe under DESCRIPTION OF OPERATIONS below IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit \$ 1,000,00	Α	WORKERS COMPENSATION	lines	will.	17 Aller		1	diana and		
If yes, describe under DESCRIPTION OF OPERATIONS below IIII Install incl Riggers IIIII Install incl Riggers 1,000,00 C Install incl Riggers IIIIII Install Incl Riggers 11/1/2024 1/1/2025 Installation Limit 1,000,00				X	WC 20994100801		1/1/2024	1/1/2025	0000000	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below IIII Install incl Riggers IIIII Install incl Riggers 1,000,00 C Install incl Riggers IIIIII Install Incl Riggers 11/1/2024 1/1/2025 Installation Limit 1,000,00		OFFICER/MEMBER EXCLUDED?	N/A					1000	Allow Constitution	1,000,000
C Install incl Riggers IH5 A827509 08 1/1/2024 1/1/2025 Installation Limit 1,000,00		If ves, describe under				in.		and the second	1866000097 "4066000 k.	1,000,000
C Cargo/Transportation IH5 A827509 08 1/1/2024 1/1/2025 Cargo in Transit 500,00	С				IH5 A827509 08		1/1/2024	1/1/2025	Installation Limit	1,000,000
	-				IH5 A827509 08		1/1/2024	1/1/2025	Cargo in Transit	500,000
	_					1000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DEC				D 101 Additional Remarks School	la mouth	a attached if mar		(box	

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.

30-Day Written Notice of Cancellation applies per policy language.

CERTIFICATE HOLDER	CANCELLATION
Veolia ES Technical Solutions, LLC, its subsidiaries, divisions and affiliates c/o Purchasing Services Co.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
830 Fifth Ave	AUTHORIZED REPRESENTATIVE
New Kensington, PA 15068	Jon Mark To



DATE		/****)
12	120120	122

HI-SIND-01

							12	2/28/2023
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVELY C SURANC	OR NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to the	e terms and conditions of	the policy, certain	policies may			
PRO	DUCER			CONTACT NAME:				
	International Mid-South International Drive			PHONE (A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):		
Suit	e #300			E-MAIL ADDRESS:				
Men	nphis, TN 38120			INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
				INSURER A : Ameris	ure Insurar	nce Company		19488
INSU	and the second se	ditte.		INSURER B : Ameris	ure Mutual	Insurance Company		23396
	Hi-Speed Industrial Service Mock, Inc. dba			INSURER C : Hanove	er Insuranco	e Company		22292
	7030 Ryburn Drive			INSURER D :				
	Millington, TN 38053		Alle	INSURER E :				
				INSURER F :				
	70007 0100	1001 .00000.0	E NUMBER:			REVISION NUMBER:		
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIREN	AENT, TERM OR CONDITION N, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ECT TO	OWHICH THIS
	I YPE OF INSURANCE	INSD WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY			la.		EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR		CPP20994120801	1/1/2024	1/1/2025	PREMISES (Ea occurrence)	\$	10,000
		1		· · · · · · · · · · · · · · · · · · ·		MED EXP (Any one person)	\$	1,000,000
			AND A CONTRACTOR	Ab.		PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		1000	ANNE		GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- JECT LOC		1. S. S. S.	All A		PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:			<u> </u>	h.	COMBINED SINGLE LIMIT	\$	1,000,000
	AUTOMOBILE LIABILITY		CA 20994090802	4/4/2024	4/4/2025	(Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		CA 20994090602	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY AUTOS X AUTOS ONLY X AUTOS ONLY X NON-OWNED AUTOS ONLY X Incl Hired Phys					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
В	N BRAND		1000		auguster a		\$	10,000,000
5	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	EACH OCCURRENCE	\$	10,000,000
	DED X RETENTION \$ 0					AGGREGATE	\$	
Α	WORKERS COMPENSATION	No	And		Autority Ville	X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			in.	ALC: NO.	E.L. DISEASE - POLICY LIMIT	ъ с	1,000,000
С	Equipment Floater	4	IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit		450,000
Cert polic for t	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ficate Holder is additional insured on a .es with respect to the services/work to ne General Liability, Auto Liability, Worl overage is subject to policy terms and	primary be perfo kers' Cor	and noncontributory basis ormed, only if required by w npensation, and Umbrella L	regarding the Gener ritten contract. A Wa	al Liability, A aiver of Subr	utomobile Liability, and U ogation applies in favor o	f Certi	ificate Holder
CEI				CANCELLATION				
	Vestlake Pipe & Fittings 414 Morgan St. Brownsville, TN 38012				N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL CY PROVISIONS.		

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE



DATE	(WIW/DD/YYYY)	
12	128/2023	

HI-SIND-01

tł	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to the	terms and conditions	of the po such end	licy, certain lorsement(s)	policies may			
	DUCER International Mid-South			CONTA NAME: PHONE			FAX		
166	International Drive			(A/C, No	o, Ext): (ヨリリン	312-5300	(A/C, No):		
	e #300 nphis. TN 38120			E-MAIL	SS:				
me									NAIC #
	- Aller -						nce Company		19488
INSU	RED	ditte.					Insurance Company		23396
	Hi-Speed Industrial Service Mock, Inc. dba			INSURE	R C : Hanove	er Insuranc	e Company		22292
	7030 Ryburn Drive			INSURE	RD:				
	Millington, TN 38053		Alte	INSURE	RE:				
				INSURE	RF:				
CO	VERAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	ENT, TERM OR CONDIT , THE INSURANCE AFFC LIMITS SHOWN MAY HAV	ON OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPEC	ст то \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		V. W. V	da.				\$	1,000,000
	CLAIMS-MADE X OCCUR		CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X XCU	- 100	Marcallin Alle	1 and the second				\$	10,000
	X Contractual Liab						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		1000		All h		GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- JECT LOC							\$ \$	2,000,000
Α	AUTOMOBILE LIABILITY			diller.	A STOLEN		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED	- and the second	CA 20994090802	and the second	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
			line.	10			PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY Incl Hired Phys Ing X Ing X NON-OWNED AUTOS ONLY	Mar		4000	100	Barris Barris	-A-	\$	
в	-8070900		100000	100		SHORE A	CONTRACTOR.	\$	10,000,000
Ъ	X UMBRELLA LIAB X OCCUR		CU 20994110802		1/1/2024	1/1/2025	COP VISINITIO.	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		00 20004110002	1	1/1/2024	1/1/2023	AGGREGATE	\$	10,000,000
Α		tion of the				all states and states		\$	
~	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WC 20994100801		1/1/2024	1/1/2025	▲ STATUTE ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	10 20334100001	6	1/ 1/2024	111/2023		\$	1,000,000
	(Mandatory in NH)			į.,		A STATE	E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below		IH5 A827509 08	1 2	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
			IH5 A827509 08 IH5 A827509 08			79200	Installation Limit		450,000
C	Equipment Floater			7042030	1/1/2024	1/1/2025			1.000.000
C C	Equipment Floater		113 A027 303 00	1000			1000		.,,

CERTIFICATE HOLDER	CANCELLATION
W.W. Grainger 100 Grainger Pkwy Lake Forest, IL 60045	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
	Jon Michel The



DATE	(MM/DD/YYYY)	
40	100/0000	

HI-SIND-01

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to PRODUCER	ct to t	ertificate holder in lieu of such e	policy, certain	policies may			
Hub International Mid-South 1661 International Drive Suite #300		PHC (A/C	ME: DNE C, No, Ext): (901) (AIL DRESS:	312-5300	FAX (A/C, No):		
Memphis, TN 38120			IN				NAIC #
	-						19488
INSURED Hi-Speed Industrial Service	dite.				Insurance Company		23396
Mock, Inc. DBA		INS	URER C : Hanove	er Insuranco	e Company		22292
7030 Ryburn Drive		INS	URER D :				
Millington, TN 38053		INS	URER E :				
· · /		INS	URER F :				
COVERAGES CER	TIFIC/	ATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLICI	EMENT, TERM OR CONDITION O AIN, THE INSURANCE AFFORDED ES. LIMITS SHOWN MAY HAVE BEE	F ANY CONTRA BY THE POLIC	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
	ADDL S INSD V	VVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	4 000 000
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X	Х СРР20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
X XCU					MED EXP (Any one person)	\$	10,000
χ Contractual Liab					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			Aller		GENERAL AGGREGATE	\$	2,000,000
X POLICY X JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
			- ANNO 1	100m	COMBINED SINGLE LIMIT	\$	1,000,00
X ANY AUTO	v	χ CA 20994090802	1/1/2024	1/1/2025	(Ea accident)	\$	
	X	A 0A 20004000002	111/2024	11112023	BODILY INJURY (Per person)		
OWNED SCHEDULED					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X MON-OWNED AUTOS ONLY X X HOLSONLY AUTOS ONLY	100	ALCONO.	1F	ARD DOOL		\$	40.000.000
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X Incl Hired Phys Dmg AUTOS ONLY		1000000 100	-000000	-mapper -	Constanting.		10,000,000
X HIRED AUTOS ONLY Dmg X NON-OWNED AUTOS ONLY X Inci Hired Phys X B X UMBRELLA LIAB X OCCUR		N 011 2000 444 0000	4/4/0001	41410000	EACH OCCURRENCE	\$	40.000.000
X HIRED AUTOS ONLY Incl Hired Phys X NON-OWNED AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	x	χ CU 20994110802	1/1/2024	1/1/2025	EACH OCCURRENCE AGGREGATE	\$ \$	10,000,000
X HIRED AUTOS ONLY Incl Hired Phys X NON-OWNED AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0	x	χ CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	· ·	10,000,000
X HIRED AUTOS ONLY hci Hired Phys X NON-OWNED AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0	No.			\mathcal{A}	cor visibility.	\$	
X HIRED AUTOS ONLY Dmg X NON-OWNED AUTOS ONLY X Inci Hired Phys AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 AWORKERS COMPENSATION AND EMPLOYERS' LIABILITY V (N		X CU 20994110802 X WC 20994100801	1/1/2024	1/1/2025 1/1/2025	AGGREGATE	\$	10,000,000
X HIRED AUTOS ONLY X X NON-OWNED AUTOS ONLY X Inci Hired Phys AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	No.			\mathcal{A}	AGGREGATE X PER STATUTE OTH- ER	\$ \$ \$	1,000,000
X HIRED AUTOS ONLY X X NON-OWNED AUTOS ONLY X Inci Hired Phys AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N				\mathcal{A}	AGGREGATE X PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	1,000,000 1,000,000 1,000,000
X HIRED AUTOS ONLY Dmg X NON-OWNED AUTOS ONLY X Inci Hired Phys X AUTOS ONLY B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 AND EMPLOYERS' LIABILITY V/N				\mathcal{A}	AGGREGATE X PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$ \$ \$	1,000,000

CERTIFICATE HOLDER	CANCELLATION
Watco Companies LLC & Its Affiliates, Subsidiaries and/or Assigns 315 West Third S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pittsburg, KS 66762	AUTHORIZED REPRESENTATIVE
	Jon Michel m



MALFORD

DATE	(11111/00/1111)	
12	120/2022	

HI-SIND-01

						-	12/28/2023
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVELY (SURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	VERAGE AFFORDED B	Y THE POLICIES
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection subjection of the subjection of the subjection of the subject of the sub	ct to th	e terms and conditions of	the policy, certain ich endorsement(s)	policies may		
PRO	DUCER			CONTACT NAME:			
1	International Mid-South			PHONE (A/C, No, Ext): (901) \$	212-5300	FAX	
	1 International Drive			E-MAII	512-5500	(A/C, No):	
	e #300 nphis, TN 38120			ADDRESS:			
							NAIC #
	And and a second se			INSURER A : Ameris			19488
INSU	IRED	din.		INSURER B : Ameris	ure Mutual	Insurance Company	23396
	Hi-Speed Industrial Service			INSURER C :			
	Mock, Inc. dba 7030 Ryburn Drive			INSURER D :			
	Millington, TN 38053		<i>.</i>	INSURER E :			
		10	Alle	INSURER F :			
6	VERAGES CER	TIEICA	TE NUMBER:			REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIE	1000	10.000 m				
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORM	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPEC	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR	v 100	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED	1,000,000
		X	CFF20334120001	1/1/2024	1/1/2025	, , ,	10,000
						MED EXP (Any one person) \$	1,000,000
	X Contractual Liab		- Aller			PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:			ALC: NO PARTY		GENERAL AGGREGATE \$	2,000,000
	X POLICY X PRO- JECT LOC		Constant of			PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:			188 Alto	ь.	\$	
Α	AUTOMOBILE LIABILITY				Sin.	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
	X ANY AUTO	x	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY AUTOS	and there	Noc.	Antillin		BODILY INJURY (Per accident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE	
	X AUTOS ONLY X Incl Hired Phys Dmg	200		407 100	the state of the s	also.	
P	-RIMARD?		10000		SILLEDING	\$	10,000,000
В	X UMBRELLA LIAB X OCCUR			4/4/0004	4/4/0005	EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE \$	10,000,000
	DED X RETENTION \$ 0					\$	
A	WORKERS COMPENSATION	Steel and		4	AND Y	X PER OTH- STATUTE ER	
	V/N		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A			No.	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			ja.	and the second second	E.L. DISEASE - POLICY LIMIT \$	1,000,000
	DESCRIPTION OF OPERATIONS DEIDW	1	den den den den de la competition de la competit		1000		
			de. Attitition.		1		love -
						- 11 A	
				and the second second			8
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ificate Holder is additional insured on a	LES (ACO	RD 101, Additional Remarks Schedu	le, may be attached if mo	re space is requir ral Liabilitv ∆	ed) utomobile Liability and Un	nbrella Liability
poli	cies with respect to the services/work to	be per	formed, only if required by w	ritten contract. A W	aiver of Subro	ogation applies in favor of (Certificate Holder
for t	he General Liability, Auto Liability, Wor	kers [;] Co	mpensation, and Umbrella L				
	overage is subject to policy terms and	conditio	ns.				
			4				
1							

CERTIFICATE HOLDER	
West Fraser Timber Co. Ltd. 1900 Exeter Rd Ste 105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Germantown, TN 38138	AUTHORIZED REPRESENTATIVE
	Jon Mucht an



MALFORD

DATE	(MM/DD/YYYY)	
40	100/0000	

HI-SIND-01

							121	20/2023
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY C	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED E	BY TH	E POLICIES
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to the	e terms and conditions of	the policy, certain ich endorsement(s)	policies may			
PRO	DUCER			CONTACT NAME: PHONE (001) 3				
1661	International Mid-South International Drive e #300			PHONE (A/C, No, Ext): (901) 3 E-MAIL ADDRESS:	312-5300	FAX (A/C, No):		
	phis, TN 38120					RDING COVERAGE		NAIC #
								19488
INCL	DED.							23396
INSU	Hi-Speed Industrial Service	dilla.				Insurance Company		
	Mock, Inc. DBA			INSURER C : Hanove	er Insuranc	e Company		22292
	7030 Ryburn Drive			INSURER D :				
	Millington, TN 38053		Alta.	INSURER E :				
	* ////			INSURER F :				
CO	/ERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	IENT, TERM OR CONDITION I, THE INSURANCE AFFORI 5. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLICI BEEN REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	5	
A	X COMMERCIAL GENERAL LIABILITY			(1111022)	(EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED	<u> </u>	1,000,000
	X XCU	^ W	01120334120001	1/ 1/2024	1/1/2023			10,000
	<u> </u>	1				MED EXP (Any one person)	\$	1,000,000
	X Contractual Liab		A STATE	AL.		PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1000			GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- DTHER:						\$\$	2,000,000
Α	AUTOMOBILE LIABILITY				illin.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	x	CA 20994090802	1/1/2024	1/1/2025	· · · · ·	\$	
	OWNED AUTOS ONLY AUTOS	and the second	Sac.				<u> </u>	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED					PROPERTY DAMAGE		
	X AUTOS ONLY X Incl Hired Phys Dmg	100	and the second s	407 100	Barris Barris	-A.	\$	
Р	-BUMAKUS"		1000	- W	CHILDEN CO.		\$	10,000,000
В	X UMBRELLA LIAB X OCCUR		011 0000 4440000	4/4/0004	4 14 10005	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0						\$	
A	WORKERS COMPENSATION	Sec. all		1	All and a second	X PER OTH- STATUTE ER		
	V/N		WC 20994100801	1/1/2024	1/1/2025	108353b	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			it.	and the second	E.L. DISEASE - POLICY LIMIT	¢	1,000,000
С	Equipment Floater		IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit	V	450,000
_	Install incl Riggers		IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit		1,000,000
polic for ti All c Thirt	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ficate Holder is additional insured on a ies with respect to the services/work t ne General Liability, Auto Liability, Wor overage is subject to policy terms and y (30) day written notification of any ca litions and state provisions.	o be perfo kers' Cor conditior	ormed, only if required by w npensation, and Umbrella L ns.	ritten contract. A Wa iability policies only	aiver of Subr if required b	ogation applies in favor of by written contract, only as	Certif perm	icate Holder itted by law.

CERTIFICATE HOLDER	CANCELLATION
West Fraser, Inc. PO Box 490 Russellville, AR 72802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kussellville, AK 72002	AUTHORIZED REPRESENTATIVE
	Jon Mark to



DATE)
12	12012022	

HI-SIND-01

R THE COVER ETWEEN THE ADDITIONAL I licies may requ 2-5300 RER(S) AFFORDING e Insurance Co e Mutual Insu Insurance Col REVI THE INSURED N	Company Irance Company	Y THE POLICIES), AUTHORIZED or be endorsed. A statement on NAIC # 19488 23396
licies may requ 2-5300 RER(S) AFFORDING e Insurance Co e Mutual Insu Insurance Col REVI THE INSURED N	Irance Company	A statement on NAIC # 19488 23396
RER(S) AFFORDING e Insurance C e Mutual Insu Insurance Con Insurance Con REVI THE INSURED N	(A/C, No): COVERAGE Company Irance Company	19488 23396
RER(S) AFFORDING e Insurance C e Mutual Insu Insurance Con Insurance Con REVI THE INSURED N	(A/C, No): COVERAGE Company Irance Company	19488 23396
e Insurance C e Mutual Insu Insurance Cor Insurance Cor REVI THE INSURED N	Company Irance Company	19488 23396
e Insurance C e Mutual Insu Insurance Cor Insurance Cor REVI THE INSURED N	Company Irance Company	19488 23396
e Mutual Insu Insurance Cor REVI THE INSURED N	irance Company	23396
Insurance Col REVI		
REVI	mpany	22202
THE INSURED N		22292
THE INSURED N		
THE INSURED N		
THE INSURED N		
THE INSURED N	ISION NUMBER:	
	INMED ABOVE FOR THE CUMENT WITH RESPECTION	T TO WHICH THIS
POLICY EXP	LIMITS	
		1,000,00
	AGE TO RENTED	1 000 00
1/1/2025 PREM	MISES (Ea occurrence) \$	10,00
MED	EXP (Any one person) \$	
PERS	SONAL & ADV INJURY \$	
GENE	ERAL AGGREGATE \$	
PROE	DUCTS - COMP/OP AGG \$	
COM	BINED SINGLE LIMIT	1 000 00
111 10005	+	
BODI	LY INJURY (Per person) \$	
BODII PROF (Per a	ILY INJURY (Per accident) \$ PERTY DAMAGE accident) \$	
dis dis	\$	
EACH	HOCCURRENCE \$	10,000,00
1/1/2025	REGATE \$	10,000,00
1.001	\$	
X	PER OTH-	
1/1/2025	STATUTE ER	1,000,00
		1 000 00
E.L.D	DISEASE - EA EMPLOYEE \$	
		1,000,00
10000	100000000 100	450,00
1/1/2025 Inete	allation Limit	1,000,00
1, 1,2025 111512		
1	/1/2025 E.L. I E.L. I E.L. I (1/2025 Ren (1/2025 Insta ace is required) .ability, Autorr er of Subrogati	/1/2025 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ /1/2025 Rented/Leased Limit \$ /1/2025 Installation Limit \$

CERTIFICATE HOLDER	CANCELLATION
West Memphis Steel & Pipe 1100 Thompson Ave West Memphis, AR 72301	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
	Jon Mich for



MALFORD

DATE	(MM/DD/YYYY)	
12	12012022	

HI-SIND-01

				_	12/28/2023
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND TH	Y OR NEGATIVELY AMEND, ANCE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED B	Y THE POLICIES
IMPORTANT: If the certificate holder is an If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the	the terms and conditions of	the policy, certain ch endorsement(s)	policies may		
PRODUCER		CONTACT NAME:			
Hub International Mid-South		PHONE (A/C, No, Ext): (901) 3	312-5300	FAX (A/C, No):	
1661 International Drive Suite #300		E-MAIL ADDRESS:		(A/C, NO).	
Memphis, TN 38120					NAIC #
					19488
INSURED				Insurance Company	23396
Hi-Speed Industrial Service	b.				23396
Mock, Inc. DBA	1	INSURER C : Hanove	erinsurance	e company	22292
7030 Ryburn Drive		INSURER D :			
Millington, TN 38053	Alter	INSURER E :			
		INSURER F :			
100017 (TRADING	CATE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POLIC	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR	N OF ANY CONTRADED BY THE POLIC BEEN REDUCED BY	CT OR OTHEF	R DOCUMENT WITH RESPEC	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i
A X COMMERCIAL GENERAL LIABILITY			, ,		_{\$} 1,000,000
CLAIMS-MADE X OCCUR X	X CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED	\$
X XCU		Star.			\$
X Contractual Liab					\$1,000,000
	- Andrew - A				2 000 000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- JECT LOC		A		PRODUCTS - COMP/OP AGG	\$
				COMBINED SINGLE LIMIT	<u>\$</u> 1,000,000
			1440005	(Ea accident)	φ , ,
	χ CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY X NON-OWNED				PROPERTY DAMAGE	\$
X Incl Hired Phys Dmg	ALCON.			dis.	\$
B X UMBRELLA LIAB X OCCUR			All	EACH OCCURRENCE	_s 10,000,000
EXCESS LIAB CLAIMS-MADE X	χ CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	s 10,000,000
DED X RETENTION \$ 0				*100001Etc.	\$
A WORKERS COMPENSATION			Anna an	X PER OTH- STATUTE ER	.
	X WC 20994100801	1/1/2024	1/1/2025	A	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED?				1000	1 000 000
If yes, describe under		à		E.L. DISEASE - EA EMPLOYEE	1,000,000
DESCRIPTION OF OPERATIONS below C Equipment Floater	χ IH5 A827509 08	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT	450,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A Certificate Holder is additional insured on a prim policies with respect to the services/work to be p for the General Liability, Auto Liability, Workers' All coverage is subject to policy terms and condi	ary and noncontributory basis performed, only if required by w Compensation, and Umbrella L	regarding the Gener ritten contract. A Wa	al Liability, A aiver of Subr	utomobile Liability, and Ui ogation applies in favor of	Certificate Holder
Westlake Chemical Corporation is an additional i basis only as required by written contract. A Wa SEE ATTACHED ACORD 101					

CERTIFICATE HOLDER	CANCELLATION
Westlake Chemical Corporation Via Electronic Upload	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
	Jon Mall no

AGENCY	CUSTOMER I	ID: HI-SIND-01
--------	-------------------	----------------



LOC #: 1

NAMED INSURED Hi-Speed Industrial Service Mock, Inc. DBA 7030 Ryburn Drive Millington, TN 38053 EFFECTIVE DATE: SEE PAGE 1
Mock, Inc. DBA 7030 Ryburn Drive Millington, TN 38053 EFFECTIVE DATE: SEE PAGE 1
Millington, TN 38053 EFFECTIVE DATE: SEE PAGE 1
EFFECTIVE DATE: SEE PAGE 1
quired by written contract. A written notice of cancellation of no
- Handroom



DATE	(MM/DD/YYYY)	
40	10010000	

HI-SIND-01

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	/ELY (JRANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	, EXTEN	ID OR ALT	ER THE CO	OVERAGE AFFORDED B	BY THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e terms and conditions of	the poli	cy, certain p prsement(s)	oolicies may	NAL INSURED provisions require an endorsement	s or be . A sta	endorsed. tement on
PRODUCER			CONTAC NAME:	Т				
Hub International Mid-South				Ext): (901) 3	12-5300	FAX (A/C, No):		
1661 International Drive Suite #300			E-MAIL ADDRES	<u></u>		(10,10)		
Memphis, TN 38120					URER(S) AFFO	RDING COVERAGE		NAIC #
			INSURER			ce Company	1	9488
INSURED	da.		INSURER	B: Ameris	ure Mutual	Insurance Company	2	23396
Hi-Speed Industrial Service						e Company		22292
Mock, Inc. DBA 7030 Ryburn Drive			INSURER					
Millington, TN 38053		4	INSURER					
	11	Alle	INSURER					
COVERAGES CERT	IFICA	TE NUMBER:				REVISION NUMBER: 1		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH P	QUIRE	MENT, TERM OR CONDITION N, THE INSURANCE AFFOR	n of an Ded by	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPEC	ст то и	VHICH THIS
INSR TYPE OF INSURANCE	NSD W	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
A X COMMERCIAL GENERAL LIABILITY			6.	,		EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	x	CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED	\$	1,000,000
X XCU		Marial Maria	100				\$	10,000
X Contractual Liab							\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		1000		din.			\$	2,000,000
X POLICY X PRO-			A				\$	2,000,000
OTHER:			188	" Alb			\$	
A AUTOMOBILE LIABILITY			Contraction of the local data	AND	Mar.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO	x	CA 20994090802	Mar.	1/1/2024	1/1/2025	· ,	\$	
OWNED AUTOS ONLY AUTOS		Billion .	A	1.1.1			\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			199			PROPERTY DAMAGE	\$	
X Incl Hired Phys			-	100		-da-	\$	
B X UMBRELLA LIAB X OCCUR					All and	Contraction of the Contraction o	\$	10,000,000
EXCESS LIAB CLAIMS-MADE	XX	CU 20994110802		1/1/2024	1/1/2025	COV VISINITO,	\$	10,000,000
DED X RETENTION \$ 0						"USBRIER.	\$	
A WORKERS COMPENSATION	iteres (B	and an and		1	Aller W	X PER OTH- STATUTE ER	•	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE)	(WC 20994100801		1/1/2024	1/1/2025	and the second s	\$	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	A/A				Sec.	E.L. DISEASE - EA EMPLOYEE		1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			in.		ALC: NO.	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C Equipment Floater	1	IH5 A827509 08		1/1/2024	1/1/2025	Rented/Leased Limit	1111	450,000
		- and the second s	filler.				100	
			1000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACO	RD 101. Additional Remarks Schedu	le, may be	attached if more	e space is requi	red)	1	
Certificate Holder is additional insured on a p policies with respect to the services/work to	orimary	and noncontributory basis	regardin	ig the Generation	al Liability, A	utomobile Liability, and U		

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.

Weyerhaeuser Company and its subsidiaries are listed as Additional Insured as respects General Liability, Automobile Liability and Excess Liability on a primary and non-contributory basis only if required by written contract. A Waiver of Subrogation in favor of Additional Insured applies for General Liability, Automobile Liability, Excess Liability and Workers' Compensation only as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Weyerhaeuser Company and its subsidiaries PO Box 192668 Dallas, TX 75219	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
	Jon Michel m

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT FORM A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number CPP20994120602	Agency Number 0345685	Policy Effective Date
Policy Expiration Date 01/01/2024	Date 12/29/2022	Account Number 20065889
Named Insured HI-SPEED INDUSTRIAL SERVICE, MOCK, INC. DBA AND HI-SPEED, INC.		Issuing Company AMERISURE INSURANCE COMPANY

- 1. a. SECTION II -WHO IS AN INSURED is amended to add as an additional insured any person or organization:
 - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
 - (2) Who is named as an additional insured under this policy on a certificate of insurance.
 - b. The written contract, written agreement, or certificate of insurance must:
 - (1) Require additional insured status for a time period during the term of this policy; and
 - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
 - c. If, however:
 - (1) "Your work" began under a letter of intent or work order; and
 - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
 - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.

- 2. The insurance provided under this endorsement is limited as follows:
 - **a.** That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
 - (1) Premises you:
 - **(a)** Own;
 - (b) Rent;
 - (c) Lease; or
 - (d) Occupy;
 - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
- (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
 - (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
 - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

- **b.** If the written contract, written agreement, or certificate of insurance:
 - (1) Requires "arising out of' language; or
 - (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 10 01; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20371001;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of.

- c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:
 - (1) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
 - (2) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
 - (3) Both those endorsements with either of those edition dates; or
 - (4) Either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 without an edition date specified;

then paragraph 2.a. above applies.

- **d.** Premises, as respects paragraph **2.a.(1)** above, include common or public areas about such premises if so required in the written contract or written agreement.
- e. Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f. The limits of insurance that apply to the additional insured are the least of those specified in the:
 - (1) Written contract;
 - (2) Written agreement;
 - (3) Certificate of insurance; or
 - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- **g.** The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - (1) The preparing, approving, or failing to prepare or approve:
 - **(a)** Maps;
 - (b) Drawings;
 - (c) Opinions;
 - (d) Reports;
 - (e) Surveys;
 - (f) Change orders;
 - (g) Design specifications; and
 - (2) Supervisory, inspection, or engineering services.
- h. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
 - 4. Other Insurance.

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- **a.** Primary;
- b. Excess;
- c. Contingent; or
- **d.** On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and noncontributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph 2.h. Other Insurance. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph 2.h. Other Insurance shown above.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

I CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.





DATE	(MM/DD/1111)	
12	128/2023	

HI-SIND-01

If SUBROGATION IS WAIVED, subject to t this certificate does not confer rights to the c	certificate holder in lieu of such	endorsement(s		y require an endorsemen	it. A sta	atement on
PRODUCER		NTACT ME:				
Hub International Mid-South 1661 International Drive	(A/	IONE (C, No, Ext): (901)	312-5300	FAX (A/C, No):		
Suite #300	E-1 AD	MAIL DRESS:				
Memphis, TN 38120		IN	SURER(S) AFFO	RDING COVERAGE		NAIC #
	INS	SURER A : Ameris	ure Insura	nce Company		19488
NSURED	INS	SURER B : Ameris	ure Mutual	Insurance Company		23396
Hi-Speed Industrial Service	INS	SURER C : Hanove	er Insuranc	e Company		22292
Mock, Inc. DBA 7030 Ryburn Drive	INS	SURER D :				
Millington, TN 38053	INS	SURER E :				
· /// ///	INS	SURER F :				
COVERAGES CERTIFIC/	ATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTI EXCLUSIONS AND CONDITIONS OF SUCH POLICI	EMENT, TERM OR CONDITION C AIN, THE INSURANCE AFFORDED IES. LIMITS SHOWN MAY HAVE BE	OF ANY CONTRA O BY THE POLIC EN REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS
NSR TYPE OF INSURANCE ADDL S INSD V	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,00
CLAIMS-MADE X OCCUR	CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00
X XCU				MED EXP (Any one person)	\$	10,00
χ Contractual Liab	- And Inc.			PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	2,000,00
X POLICY X PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ \$	2,000,00
A AUTOMOBILE LIABILITY		/ A000	State.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
X ANY AUTO	CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED	Tillion in .	Antonio	No.	BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
X Incl Hired Phys Dmg			Contraction of the		\$	
B X UMBRELLA LIAB X OCCUR			A	EACH OCCURRENCE	\$	10,000,00
EXCESS LIAB CLAIMS-MADE	CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$	10,000,00
DED X RETENTION \$ 0				AGOILEGATE	\$	
A WORKERS COMPENSATION	al and a second		diam'r W	X PER OTH- STATUTE ER	φ	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,00
ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE		1,000,00
If yes, describe under DESCRIPTION OF OPERATIONS below		in.		E.L. DISEASE - POLICY LIMIT	S.,	1,000,00
C Equipment Floater	IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit	Ψ	450,00
	IH5 A827509 08	1/1/2024	1/1/2025	Installation Limit	10.000	1,000,00

CERTIFICATE HOLDER	CANCELLATION
Whiting Systems Inc 9000 Highway 5 North Alexander, AR 72002	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
	Jon Mahl me



DATE		1111)
12	128/20	22

HI-SIND-01

			02	12/28/2023			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ND, EXTEND OR ALT TUTE A CONTRACT	FER THE CO	OVERAGE AFFORDED	BY THE POLICIES			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, to If SUBROGATION IS WAIVED, subject to the terms and conditions this certificate does not confer rights to the certificate holder in lieu of	of the policy, certain such endorsement(s)	policies may					
PRODUCER	CONTACT NAME:						
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) (E-MAIL ADDRESS:	312-5300	FAX (A/C, No):				
Suite #300 Memphis, TN 38120							
				NAIC #			
	INSURER A : Ameris			19488			
INSURED Hi-Speed Industrial Service			Insurance Company	23396			
Mock, Inc. DBA	INSURER C : Hanove	er Insuranc	e Company	22292			
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 BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY	ION OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS			
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000			
X CCUR X CPP20994120801	1/1/2024	1/1/2025		<u>\$</u> 10_000			
	(Part of the second sec		MED EXP (Any one person)	<u>\$</u> 1,000,000			
X Contractual Liab			PERSONAL & ADV INJURY	<u>\$</u> 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	ф			
X POLICY X PRO- OTHER:			PRODUCTS - COMP/OP AGG	\$ 2,000,000			
A AUTOMOBILE LIABILITY	ANY ANA	10h.	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
X ANY AUTO CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED	Aller			\$			
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		ALL ST	PROPERTY DAMAGE (Per accident)	\$			
X Incl Hired Phys		Contraction of the		\$			
B X UMBRELLA LIAB X OCCUR		A.	EACH OCCURRENCE	<u>s</u> 10,000,000			
EXCESS LIAB CLAIMS-MADE CU 20994110802	1/1/2024	1/1/2025	COP VISINIUS.	10 000 000			
		1000	AGGREGATE	\$, ,			
A WORKERS COMPENSATION		Allowing was	X PER OTH-	\$			
AND EMPLOYERS' LIABILITY	1/1/2024	1/1/2025	STATUTE ER	<u>ه</u> 1,000,000			
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICERMEMBER EXCLUDED?	1/ 1/2024	17172025	E.L. EACH ACCIDENT	1 000 000			
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE	ф			
DÉSCRIPTION OF OPERATIONS below	4/4/0004	4/4/0005	E.L. DISEASE - POLICY LIMIT Rented/Leased Limit	\$ 1,000,000			
C Equipment Floater IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit	450,000			
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 is included as Loss Payee as respects their interest in rent	ed/leased equipment.						
	CANCELLATION						
CERTIFICATE HOLDER	GANGELLATION						

XYLEM Dewatering Solutions, Inc. dba Godwin Pumps of America and its related affiliates, subsidiaries & companies	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
Bridgeport, NJ 08014	Jon Marke The



MALFORD

DATE)	
12	120120	22	

HI-SIND-01

			•••					UL	12	2/28/2023
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y O	R NEGATIVELY AMEND	, EXTEN	D OR AL	ER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subject his certificate does not confer rights to	ct to	the	terms and conditions of	the poli	cy, certain	policies may			
PRO	DUCER				CONTAC NAME:	т				
	International Mid-South					Ext): (901) 3	312-5300	FAX (A/C, No):		
	1 International Drive te #300				E-MAIL ADDRES	<u>Exij. ()</u>		(A/O, NO).		
	nphis, TN 38120				ADDRES					NAIC #
								ice Company		19488
INSI	JRED	.6.						Insurance Company		23396
	Hi-Speed Industrial Service	dib	h.				er Insurance			22292
	Mock, Inc. dba		F.				mourance	company		
	7030 Ryburn Drive Millington, TN 38053				INSURER					
	Willington, 114 38033			Alle						
	VED 4 0 5 0		-		INSURER	(F:				
	1000.07 (2000)	0007		E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REM TAIN CIES	ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	n of an Ded by	NY CONTRA THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	O WHICH THIS
INSR LTR		ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	s	
A	X COMMERCIAL GENERAL LIABILITY				és			EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	X	CPP20994120801		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X XCU		-100	Street All	pr			MED EXP (Any one person)	\$	10,000
	χ Contractual Liab							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					dillo.		GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- JECT LOC					and the		PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X	X	CA 20994090802		1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED			the second se	AN I		a constant	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY	Billion .	and and a	and the second second	400		and the second	(Per accident)	\$	
_	X Incl Hired Phys Dmg			10000	and the second s	1000	andinovit		\$	10 000 000
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU 20994110802		1/1/2024	1/1/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0						1000	THERE	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	liber				- W	Aller M	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A	X	WC 20994100801		1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
		N/ A		AND YES			and the second second	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		d		in.			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Install incl Riggers		1	IH5 A827509 08		1/1/2024	1/1/2025	Installation Limit	Since.	1,000,000
				- attains	Teles .		W	and the second second	1100	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACOR	D 101, Additional Remarks Schedu	ule, may be	attached if mo	re space is requir	ed)	10	
Cert	ificate Holder is additional insured on a	prim	nary a	and noncontributory basis	regardir	ig the Gener	al Liability, A	utomobile Liability, and		
	cies with respect to the services/work to he General Liability, Auto Liability, Wor									
All c	coverage is subject to policy terms and	cond	ition	s.		-	•		•	,
				A.						
					CANC					
	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	JLD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LED BEFORE
	Yulam Inc				THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL		
	Xylem, Inc. 1 International Drive				ACCO	ORDANCE W	TH THE POLIC	Y PROVISIONS.		

1 International Drive Rye Brook, NY 10573

AUTHORIZED REPRESENTATIVE

11 m