

MALFORD



DATE (MM/DD/YYYY)

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

and doranted adde not do not righte to the doranted notice in head of each ender coment(e).					
PRODUCER	CONTACT NAME:				
Hub International Mid-South 1661 International Drive	PHONE (A/C, No, Ext): (901) 312-5300	FAX (A/C, No):			
Suite #300	E-MAIL ADDRESS:				
Memphis, TN 38120	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Amerisure Insurance Company		19488		
INSURED	INSURER B: Amerisure Mutual Insurance Col	mpany	23396		
Hi-Speed Industrial Service	INSURER C: Hanover Insurance Company		22292		
Mock, Inc. dba 7030 Ryburn Drive	INSURER D :				
Millington, TN 38053	INSURER E :				
	INSURER F:				
	DE1//0/01/11/11				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

				LIMITS SHOWN MAY HAVE BEEN						
	TYPE OF INSURANCE	INSD 1	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPP20994120801	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
Х	XCU						MED EXP (Any one person)	\$	10,000	
Х	Contractual Liab						PERSONAL & ADV INJURY	\$	1,000,000	
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X	ANY AUTO			CA 20994090802	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							\$		
Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
X	Incl Hired Phys Dmg							\$		
X	UMBRELLA LIAB X OCCUR	CU 20994110802					EACH OCCURRENCE	\$	10,000,000	
	EXCESS LIAB CLAIMS-MADE		=			CU 20994110802	1/1/2024	1/1/2025	AGGREGATE	\$
	DED X RETENTION \$ 0							\$		
WOR	EMPLOYERS' LIABILITY						X PER OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		NI / A		WC 20994100801	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
		N/ A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
								\$	1,000,000	
Equ	ipment Floater			IH5 A827509 08	1/1/2024	1/1/2025	Rented/Leased Limit		450,000	
	X X X GEN X AUT X WORAND ANY OFFI (Man If year)	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X COntractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X PRODUCY I LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY INCIDENCE AUTOS ONLY INCIDENCE AUTOS ONLY AUTOS ON	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X COntractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X Incl Hired Phys Dmg X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: APOLICY X PRODUCY X PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY DMB AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X Incl Hired Phys DMB X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? I yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X Incl Hired Phys Dmg X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWNED AND OCCUR EXCESS LIAB CLAIMS-MADE OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X Incl Hired Phys Dmg X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWNED AND PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE ADDL SUBR NOS WYD X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X COntractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRODUCY OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY IN INCOME X HIRED AUTOS ONLY IN INCOME X HIRED AUTOS ONLY IN INCOME X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ CU 20994110802 1/1/2024 WC 2099410801 1/1/2024 WC 2099410801	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X COntractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X UMBRELLA LIAB X UMBRELLA LIAB X OCCUR X UMBRELLA LIAB X OCCUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CU 20994110802 1/1/2024 1/1/2025 POLICY EFF (MM/DD/YYY) POLICY EFF (MM/DD/YYY) 1/1/2024 1/1/2025 1/1/2024 1/1/2025 CLA 20994090802 1/1/2024 1/1/2025 CU 20994110802 1/1/2024 1/1/2025 1/1/2024 1/1/2025 1/1/2024 1/1/2025 1/1/2024 1/1/2025 1/1/2024 1/1/2025 1/1/2024 1/1/2025 1/1/2024 1/1/2025	TYPE OF INSURANCE ADDL SUBB RNSD WVD POLICY NUMBER POLICY EFF, (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU CONTractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ONNED AUTOS ONLY X Biggier X UMBRELLA LIAB X OCCUR X UMBRELLA LIAB X OCCUR CCA 20994090802 1/1/2024 1/1/2024 1/1/2025 EACH OCCURRENCE DAMAGE TO RENTED POLICY EFF, (MM/DD/YYYY) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG O'NED AUTOS ONLY X DUTOS ONLY X Biggier X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS LIABILITY WC 20994100801 1/1/2024 1/1/2024 1/1/2025 EACH OCCURRENCE DAMAGE (Per person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) **AUTOS ONLY** **In I/1/2024 **In I/1/2025 **In I/1/2024 **In I/1/2025 **In I/1/2024 **In I/1/2025 **In I/1/2025 **In I/1/2026 **I	TYPE OF INSURANCE ADDL SURR POLICY NUMBER POLICY EFF (MM/DD/YYYY) ROUTE ROUT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is additional insured on a primary and noncontributory basis regarding the General Liability, Automobile Liability, and Umbrella Liability policies with respect to the services/work to be performed, only if required by written contract. A Waiver of Subrogation applies in favor of Certificate Holder for the General Liability, Auto Liability, Workers' Compensation, and Umbrella Liability policies only if required by written contract, only as permitted by law. All coverage is subject to policy terms and conditions.

	CERTIFICATE HOLDER	CANCELLATION
	Linde 175 East Park Drive Tonawanda. NY 14150	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tollaw	1	AUTHORIZED REPRESENTATIVE
		Jon Mark Too

ACORD 25 (2016/03)

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