

AMURRAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

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CONTACT Ashley Murray				
	(901) 853-9943			
E-MAIL ADDRESS: amurray@hmpins.com				
INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURER A: AMERISURE INSURANCE	19488			
INSURER B : Amerisure Mutual Ins Co	23396			
INSURER C: Hanover Insurance Company	22292			
INSURER D: RSUI Indemnity Company	22314			
INSURER E :				
INSURER F:				
	CONTACT Ashley Murray NAME: PHONE (A/C, No, Ext): (901) 316-1019 E-MAIL ADDRESS: amurray@hmpins.com INSURER(S) AFFORDING COVERAGE INSURER A : AMERISURE INSURANCE INSURER B : Amerisure Mutual Ins Co INSURER C : Hanover Insurance Company INSURER D : RSUI Indemnity Company INSURER E :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INOD W		(MIM/DD/1111)	(IMINUDDITTTT)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		CPP20994120401	1/1/2021	1/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	χ Contractual Liab					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		CA20994090401	1/1/2021	1/1/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CU20994110402	1/1/2021	1/1/2022	AGGREGATE	\$ 5,000,000
	DED X RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WC20994100402	1/1/2021	1/1/2022	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Equipment Floater		IH5A827509	1/1/2021	1/1/2022	Rented/Leased Limit	450,000
D	Excess Liability		NHA092492	1/1/2021	1/1/2022	Excess over Umbrella	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION		
ETI Services Inc 12790 Highway 51 Malvern. AR 72104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
maiverii, Ait 12107	AUTHORIZED REPRESENTATIVE		
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