

## **CERTIFICATE OF LIABILITY INSURANCE**

AMURRAY

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

HI-SIND-CL

Nemphia, TN 38183-1708  Nemphia, TH 38183-1708  Nemphi	CEI BEI	S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AI	IVELY C	DR NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED	вү тн	IE POLICIES		
PHODUCER POIS A STOCK PO Box 381706 Memphis, IN 38183-1708 Memphis, IN 3818 Memphis, IN 3818 Memphis, IN 38183-1708 Memphis, IN 38183-17	If S	SUBROGATION IS WAIVED, subject	ct to the	e terms and conditions of	the policy, certain	policies may					
Harris, Madden, Powell, Stallings & Brown, Inc. PD Box 31702 Memphis, TN 3983-1708 Memphis, TN 3983-1708 Memphis, TN 3983-1708 Hi-Speel Industrial Service Hi-Speel Industrial Service											
Memphie, TN 38183-1708  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed and coverage  Hi-Speed Industrial Service Memory and the speed a	Harris, Madden, Powell, Stallings & Brown, Inc.										
Insurer         Insurers a: Amerisure Metricination Solution         Insurers a: Amerisure Mutual Ins Co         233           Hi-Speed Industrial Service Mode, Inc. DBA 7030 Ryburn Drive Millington, TN 38053         Insurers a: Amerisure Mutual Ins Co         233           Insurer o: RSUI Indemnity Company         222           Insurer o: RS					E-MAIL ADDRESS: amurray	@hmpins.c					
INSURE B : Amerisure Mutual Ins Co     23: Insure C: Hanover Insurance Company     22: Insure C: Hanover Insurance Company     22: Insure C: Hanover Insurance Company     22: Insure C: Hanover Insurance Company       COVERAGES     CERTIFICATE NUMBER: COVERAGES     CERTIFICATE NUMBER: Insure C: Hanover Insurance Company     22: Insure C: Hanover Insurance Company       COVERAGES     CERTIFICATE NUMBER: COVERAGES     CERTIFICATE NUMBER: COVERAGES       COVERAGES     CERTIFICATE NUMBER: COVERAGES       REVISION NUMER INSURE 0: AMORE DO RIAN PERTIFICATE NUMBER: COVERAGES       COVERAGES     CERTIFICATE NUMBER: COVERAGES       REVISION NUMERA       AVEC OF INSURACE OF INSURE OF THE POLICES DESCRIBED FLEREN ISSUED TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID CLAMS.       A Commercial centeral Linality Commercial centeral Linality       COVERAGES					INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
Hi-Speel Industrial Service Mode, Inc. DBA 7030 Ryburn Drive Millington, TN 38053     Insumers p. RSUI Indemnity Company     22: Nsumers p. RSUI Indemnity P. SUI Indemnit P. SUI Indemnity P. SUI Indemnit P. SUI Indemnity P. SU					INSURER A : AMERI	SURE INSU	RANCE		19488		
Mock, Inc. DBA T030 Ryburn Drive Millington, TN 38053     Instance L installation Installation     Installation Installation     Installation Installation       COVERAGES     CERTIFICATE NUMBER:     REVISION NUMBER:       COVERAGES     CERTIFICATE NUMBER:     REVISION NUMBER:       This IS TO CERTIFY THAT THE POLICIES Cold CERTIFICATE NUMBER:     REVISION NUMBER:       COVERAGES     CERTIFICATE NUMBER:     REVISION NUMBER:       REVISION SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES Cold CERTIFICATE NUMBER:     REVISION NUMBER:       REVISION NUMBER:     NUMBER:     NUMBER:       REVISION NUMBER:     REVISION NUMBER:     Science Academics Science A	INSURI				INSURER B : Amerisure Mutual Ins Co				23396		
T030 Ryburn Drive Millington, TN 38053       INSURE 2: INSURE 0: INSURE 0					INSURER C : Hanover Insurance Company				22292		
INSURE F:           COVERAGES         CEVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED DOLMENT WITH RESPECT TO UN NOTCRED. NOTWITESTAILDING ON TRECOMEMENT TERM OR CONDITION OF ANY UNTRECOMENT OWNER SOURCE TO THE INSURED DOLMENT WITH RESPECT TO UN NOTCRED. NOTWITESTAILDING ON TRECOMEMENT TERM OR CONDITION OF ANY UNTRECOME DOLMENT WITH RESPECT TO UNTRECOMENT SUBJECT TO UNTRECOMENT.           NEW Precent Subject To UNTRECOMENT SUBJECT TO UNTRECOMENT.         CONTRACTION SUBJECT TO UNTRECOMENT.           NEW Precent Subject To UNTRECOMENT.         CONTRACTION ADD UNTRECOMENT.         CONTRACTION SUBJECT TO UNTRECOMENT.           NEW Precent Subject To UNTRECOMENT.         CONTRACTION ADD UNTRECOMENT.         SUBJECT TO UNTRECOMENT.         SUBJECT TO UNTRECOMENT.           NEW Precent Subject To UNTRECOMENT.           NEW Precent Subject Subject To UNTRECOMENT.         SUBJECT TO UNTRECOMENT.         SUBJECT TO UNTRECOMENT.         SUBJECT TO UNTRECOMENT.					INSURER D : RSUI Indemnity Company				22314		
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THIS IS TO CERTEY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLMENT WITH RESPECT TO WH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS OF SUCH POLICIES. LIMITS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SUBJECT TO ALL THE EXCLUSIONS OF SUCH POLICY NUMBER     Implicit the subsect of the					INSURER F :						
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ITR     OutPoint ModAndez     Nob     Point ModAndez     Intro       A     X     Commercial General Liability     CPP20994120401     1/1/2021     1/1/2021     EACH OCCURRENCE     S       GEN AGGREGATE LIMIT XPPLES PER: Ornere:     S     CPP20994120401     1/1/2021     1/1/2021     MED EX (Avg one person)     S       A     AutoModE Liability     Intro     CA20994090401     1/1/2021     1/1/2021     MED EX (Avg one person)     S       A     AutoModE Liability     S     CA20994090401     1/1/2021     1/1/2021     S     BODILY NURPY (S avg one person)     S       B     X     MMRELIA LIAB     X     OCCUR     S     S     S       B     X     MIRES ONLY     X     MIRES ONLY     X     S     S       Deb     X     RETENTION S     O     CU20994110402     1/1/2021     1/1/2021     S     AgGREGATE     S       B     X     UMBRELIA LIAB     X     OCCUR     CU20994100402     1/1/2021     1/1/2021     1/1/2021     S     AgGREGATE     S       B     X     INRER EXCLUDERY     N/A     WC20994100402     1/1/2021     1/1/2021     I/1/2021     I/1/2021     I/1/2021     I/1/2021     I/1/2021     I/1/2021     I/1/2021 <t< th=""><th>IND CEF EXC</th><th>ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY</th><th>EQUIREN PERTAIN POLICIES</th><th>MENT, TERM OR CONDITION N, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAVE</th><th>N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY</th><th>CT OR OTHEF IES DESCRIB PAID CLAIMS</th><th>R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T</th><th>CT TO</th><th>WHICH THIS</th></t<>	IND CEF EXC	ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY	EQUIREN PERTAIN POLICIES	MENT, 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 BED HEREIN IS SUBJECT T	CT TO	WHICH THIS		
CLAIMS MADE       X       COCUR       CCP20994120401       1/1/2021       1/1/2021       Intractual Lab         X       Contractual Lab       CONTractual Lab       S       S         GENT ACCRECATE LIANT APPLIES PER.       Coc       S       S         A MUTONBILE LIABILITY       CA20994090401       1/1/2021       1/1/2021       General ACGRECATE       S         A MUTONBILE LIABILITY       CA20994090401       1/1/2021       1/1/2021       GOULY INURY (Per approx)       S         X       MIREPONLY       X       CCCUR       CA20994090401       1/1/2021       1/1/2022       BOOLY INURY (Per approx)       S         B       X       UMBRELLA LIAB       X       CCCUR       S       SOULY INURY (Per approx)       S         COLV INURY (Per approx)       X       COLV INURY (Per approx)       S       SOULY INURY (Per approx)       S         B       X       UMBRELLA LIAB       X       CCCUR       CU20994110402       1/1/2021       1/1/2022       ACCHOCUMENCE INFO       S         B       WORKESS COMPENATION S       O       VINA       WC20994100402       1/1/2021       1/1/2022       ACGRECATE       S         C       Installation       N / A       WC20994100402       1/1/2021 <td>LTR</td> <td></td> <td>ADDL SUB</td> <td>D POLICY NUMBER</td> <td></td> <td>(MM/DD/YYYY)</td> <td>LIMIT</td> <td>s</td> <td>4 000 000</td>	LTR		ADDL SUB	D POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	4 000 000		
CHILDREY MORE IN AGGREGATE LIANT APPLIES PER:       Imitage:       Imitage: </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td>1,000,000</td>								\$	1,000,000		
A       CONSTRUCT NUMBER OF THE PARAMETER OF THE PRODUCTS - COMBINED SINGLE LIMIT         B       AMTOMOBILE LIABILITY       CA20994090401       1/1/2021       1/1/2021       COMBINED SINGLE LIMIT         A       AUTOMOBILE LIABILITY       CA20994090401       1/1/2021       1/1/2021       COMBINED SINGLE LIMIT         X       ANY AUTO       SCHEDULED       AUTOS ONLY       X 2000000000000000000000000000000000000				CPP20994120401	1/1/2021	1/1/2022	PREMISES (Ea occurrence)	\$	100,000 5,000		
GENTLAGGREGATE LIMIT APPLIES PER:       GENERALAGGREGATE       3         A       OTHER:       COMBINED SINCE LIMIT       S         A       AUTONOBILE LIMIT TAPPLIES PER:       CA20994090401       1/1/2021       1/1/2022       COMBINED SINCE LIMIT         A       AUTONOBILE LIMIT X       SCHEDULED       AUTOS ONLY       SCHEDULED       SCHEDULED       SCHEDULED         AUTOS ONLY       X0705 ONLY       X0705 ONLY       SCHEDULED       CA20994090401       1/1/2021       1/1/2022       BODIX: NULRY (Per person)       S         B       X0705 ONLY       X0705 ONLY       X0705 ONLY       X0705 ONLY       X0705 ONLY       SCHEDULED       S         B       X0705 ONLY       X0705 ONLY       X0705 ONLY       X0705 ONLY       SCHEDULED       S         B       W080500000       1/1/2021       1/1/2021       1/1/2022       EACH OCCURRENCE       S         C       LAIMS ANDEE       CLAIMS ANDEE       VYN PROPERON OF OPERATIONS ANDEE       S       S       EACH OCCURRENCE       S         B       W0805620000000000000000000000000000000000	Ľ						MED EXP (Any one person)	\$	1,000,000		
X       POLICY       X       PRODUCTS - COMPROP AGG       3         A       AUTOMOBILE LIABILITY       S       S       COMBINED SINGLE LIMIT       3         X       AW AUTO       SOMEDONLY       SOMEDONLY<	-								2,000,000		
OTHER:       OTHER:       S         A JUTONOBILE LABILITY       SCHEDULED       SCHEDULED         A JUTONOSILE LABILITY       SCHEDULED       SCHEDULED         A WATCO       SCHEDULED       SCHEDULED         AWRED       SCHEDULED       SCHEDULED         A WATCO       SCHEDULED       SCHEDULED         A WATCO       SCHEDULED       SCHEDULED         B X WIMERELALIAE       X OCCUR       CLAIMS-MADE         DED X RETENTION S       O       CU20994110402       1/1/2021         B WORKERS COMPRISTION       OCCURRENCE       S         AND EMPLOYMENT IN MID       N/A       WC20994100402       1/1/2021         1/1/2021       1/1/2021       1/1/2021       X       SECURPTION OF OPERATIONS SUBJUCT         AW PROPORTE COMPARATIONE SUBJUCT       N/A       WC20994100402       1/1/2021       1/1/2021       X       SECURPTION OF OPERATIONS SUBJUCT       S         C Installation       IH5A827509       1/1/2021       1/1/2021       1/1/2022       Excess over Umbrelia         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED         CERTIFICATE HOLDER       CANCERDAN       SHOULD ANY OF THE ABOVE DE									2,000,000		
A       AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       S         A       AUTOMOBILE LIABILITY       SCHEDULED       1/1/2021       1/1/2021       1/1/2021       BODILY MULRY (Pergenon)       S         B       X       WORKERS SUMP       AUTOS ONLY       X WORKOWNER       S       BODILY MULRY (Pergenon)       S         B       X       WORKERS SUMP       CL20994110402       1/1/2021       1/1/2021       BODILY MULRY (Pergenon)       S         B       X       WORKERS COMPENSATION       X       OCCUR       S       AGGREGATE       S         AVM PROPRIETORPARTINER/SECUTIVE VINION OF OPERATIONS DELOW       N / A       WC20994100402       1/1/2021       1/1/2021       1/1/2022       X       PERFORMATION       S         AVM PROPRIETORPARTINER/SECUTIVE VINION / WEIGHT OF OPERATIONS below       N / A       WC20994100402       1/1/2021       1/1/2021       1/1/2022       Installation Limit       E.L. DISEASE - E.A EMPLOYEE S         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Excess over Umbrella         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.	H						PRODUCTS - COMP/OP AGG				
X     AVY AUTO     X     BODILY INJURY (Per person)     S       B     X     MURSSONLY     X     AVY AUTOSONLY     X     X     AVY AUTOSONLY     S       B     X     MURSSONLY     X     AVY AUTOSONLY     X     X     AVY AUTOSONLY     S       B     X     MURSSONLY     X     AVY AUTOSONLY     X     AVY AUTOSONLY     S       B     X     MURSSONLY     X     AVY AUTOSONLY     X     AVY AUTOSONLY     S       B     X     MURSSONLY     X     CU20994110402     1/1/2021     1/1/2021     X     PER       AVY PERCENTRY     N / A     WC20994100402     1/1/2021     1/1/2021     X     PER     E       AVY PERCENTRY     N     N     A     WC20994100402     1/1/2021     1/1/2021     I/1/2022     Installation Limit       D     Excess Liability     N/A     WC20994100402     1/1/2021     1/1/2021     I/1/2022     Installation Limit       D     Excess L	Δ						COMBINED SINGLE LIMIT		1,000,000		
AVMONED ALLY       ScheduleD         AUTOS ONLY       AUTOS         X       MURED SONLY         X       MURED SONLY <t< td=""><td></td><td></td><td></td><td>C A 2000/000/01</td><td>1/1/2021</td><td>1/1/2022</td><td>· · ·</td><td>+</td><td>.,,</td></t<>				C A 2000/000/01	1/1/2021	1/1/2022	· · ·	+	.,,		
X       HIFED_ONLY       X       MOREQUINE       Image: constraint of the second s	Ľ			CA20334030401	1/1/2021	1/1/2022	, , , , , , , , , , , , , , , , , , ,				
B       X       UMBRELLA LIAB       X       OCCUR         EXCESS LIAB       CLAIMS-MADE       CU20994110402       1/1/2021       1/1/2021       AGREGATE       \$         B       WORKERS COMPENSATION AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY AND EMPLOYERS' LABILITY If yes, desorbe under DESCRIPTION OF OPERATIONS below       WC20994100402       1/1/2021       1/1/2021       X       SECURE       \$         C       Installation       IH5A827509       1/1/2021       1/1/2021       1/1/2022       Installation Limit       \$         D       Excess Liability       IH5A827509       1/1/2021       1/1/2021       Installation Limit       \$         D       Excess Liability       IH4092492       1/1/2021       1/1/2022       Installation Limit         D       Excess Liability       IH4092492       1/1/2021       1/1/2022       Installation Limit         D       Excess Liability       IH4092492       I/1/2021       1/1/2021       I/1/2022       Installation Limit         D       Excess Liability       IH4092492       I/1/2021       1/1/2021       I/1/2022       Installation Limit         D       Excess Liability       IH4002       IH4002       IH4002       I/1/2021       I/1/2022       I/1/2022							PROPERTY DAMAGE (Per accident)	\$			
EXCESS LIAB       CLAIMS-MADE       CU20994110402       1/1/2021       1/1/2022       AGGREGATE       \$         B       WORKERS COMPENSATION AND EMPLOYERS LIABLITY AND FUNCTIONE ABILITY AND EMPLOYERS LIABLITY AND FUNCTIONE ABILITY AND FUNCTION OF OPERATIONS below       N / A       WC20994100402       1/1/2021       1/1/2021       X       EL. DISEASE - ACCIDENT E.L. DISEASE - POLICY LIMIT \$         C       Installation       IH5A827509       1/1/2021       1/1/2022       Installation Limit       E.L. DISEASE - POLICY LIMIT \$         D       Excess Liability       NHA092492       1/1/2021       1/1/2022       Installation Limit         CERTIFICATE HOLDER       CANCELLATION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED ACCORDANCE WITH THE POLICY PROVISIONS.         AJtHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE	B	X UMBRELLA LIAB X OCCUR					FACH OCCURRENCE		5,000,000		
B       WORKER COMPENSATION       X       PERMIT       S         AND DEMPORTER LABILITY       Y/N       N / A       WC20994100402       1/1/2021       1/1/2021       X       PERMIT       S         ANY PROPERTERVERATIONS COMPENSATIONS / MAIL       N / A       WC20994100402       1/1/2021       1/1/2021       X       PERMIT       S         C       Installation       N / A       WC20994100402       1/1/2021       1/1/2021       Installation Limit       E.L. DISEASE - EA EMPLOYEE \$       E.L. DISEASE - POLICY LIMIT       S         D       Excess Liability       NHA092492       1/1/2021       1/1/2022       Installation Limit       Excess over Umbrella         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Excess over Umbrella         CERTIFICATE HOLDER       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.         A3450 Fite Rd       Millington, TN 38053       Authorized representative		EXCESS LIAB CLAIMS-MADE		CU20994110402	1/1/2021	1/1/2022			5,000,000		
ANY PROPRIETOR/PARTNER/EXECUTIVE       V/N       N / A       WC20994100402       1/1/2021       1/1/2021       EL EACH ACCIDENT       \$         Mandatory in NHI       I seconde under       DESCRIPTION OF OPERATIONS below       IIH5A827509       1/1/2021       1/1/2022       Installation Limit       \$         D       Excess Liability       IIH5A827509       1/1/2021       1/1/2022       Installation Limit       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Excess over Umbrelia         CERTIFICATE HOLDER       CANCELLATION       CANCELLATION       S         Koopers Inc 3450 Fite Rd Millington, TN 38053       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.		DED X RETENTION\$ 0						\$			
Any PROPRIETOR/PARTNER/SECUDIVE       N / A       N / A       N / A       If I/2021       If I/2021       If I/2021       E.L. EACH ACCIDENT       S         OFFICE/RMEMER       Bescribe under       Imadatory in NR)       Imadatory in NR)       Imadatory in NR)       E.L. DISEASE - POLICY LIMIT       S         Imadatory in NR)       Imadatory in NR)       Imadatory in NR)       Imadatory in NR)       E.L. DISEASE - POLICY LIMIT       S         D ESCRIPTION OF OPERATIONS below       Imadatory in NR)       Imadatory in NR)       Imadatory in NR)       Imadatory in NR)         D Excess Liability       Imadatory in NRA092492       1/1/2021       1/1/2022       Installation Limit         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Excess over Umbrella         CERTIFICATE HOLDER       CANCELLATION       Excess Concelled       Excess Concelled         Koopers Inc 3450 Fite Rd Millington, TN 38053       Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.         Authorized RePRESENTATIVE       Image: Cancelled Difference       Image: Cancelled Difference	B	ND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER				
If yes, describe under       Image: Comparison of OPERATIONS below       Image: Comparison of OPERATIONS below       Image: Comparison of Co	A		N/A	WC20994100402	1/1/2021	1/1/2022	E.L. EACH ACCIDENT	\$	1,000,000		
DÉSCRIPTION OF OPERATIONS below       III       IIII       IIII       IIIII       IIIII       IIIIII       IIIIII       IIIIII       IIIIII       IIIIIII       IIIIII       IIIIIII       IIIIIIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
D       Excess Liability       NHA092492       1/1/2021       1/1/2022       Excess over Umbrella         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Excess over Umbrella         CERTIFICATE HOLDER       CANCELLATION         Koopers Inc 3450 Fite Rd Millington, TN 38053       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.	D	ÉSCRIPTION OF OPERATIONS below			4/4/0004	4/4/0000		\$	1,000,000		
CERTIFICATE HOLDER       CANCELLATION         Koopers Inc       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED         3450 Fite Rd       ACCORDANCE WITH THE POLICY PROVISIONS.         Millington, TN 38053       AUTHORIZED REPRESENTATIVE	-								1,000,000 5,000,000		
Koopers Inc       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED         3450 Fite Rd       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE         Millington, TN 38053       AUTHORIZED REPRESENTATIVE	DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOF	RD 101, Additional Remarks Schedu	le, may be attached if moi	re space is requi	red)				
Koopers Inc       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE         3450 Fite Rd       ACCORDANCE WITH THE POLICY PROVISIONS.         Millington, TN 38053       AUTHORIZED REPRESENTATIVE	CER				CANCELLATION						
had M. Al -		3450 Fite Rd									
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