



HI-SIND-CL

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).

<b>PRODUCER</b> Harris, Madden, Powell, Stallings & Brown, Inc. PO Box 381708 Memphis, TN 38183-1708	<b>CONTACT NAME:</b> Ashley Murray <b>PHONE (A/C, No, Ext):</b> (901) 316-1019 <b>FAX (A/C, No):</b> (901) 853-9943 <b>E-MAIL ADDRESS:</b> amurray@hmpins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : AMERISURE INSURANCE</b>	
<b>NAIC #</b>	
<b>INSURER B : Amerisure Mutual Ins Co</b>	
<b>23396</b>	
<b>INSURER C : Hanover Insurance Company</b>	
<b>22292</b>	
<b>INSURER D : RSUI Indemnity Company</b>	
<b>22314</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**INSURED**  
  
Hi-Speed Industrial Service  
Mock, Inc. dba  
7030 Ryburn Drive  
Millington, TN 38053

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER: 1**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	CPP20994120401	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Contractual Liab						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	X	CA20994090401	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	X	CU20994110402	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y / N	N / A	WC20994100402	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Equipment Floater	X	X	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)

Re: Unit #3841, Link-Belt, TRC805011, #J6K4-4098, Value \$450,000;

Certificate Holder is included as Additional Insured for General Liability, Auto Liability, Umbrella Liability and Loss Payee as respect their interest in the aforementioned rented/leased equipment on which Boom and Overload Exclusions have been deleted. Coverages indicated are primary and noncontributory to any coverage carried by Additional Insured. Insurers agree to waive all rights of subrogation against Certificate Holder. Thirty (30) day notification to be provided to Additional Insured for any cancellation, non-renewal or material change in risk of the policies indicated herein as required by contract.

**CERTIFICATE HOLDER****CANCELLATION**

Maxim Crane Works  
150 Old Waldron Rd  
La Vergne, TN 37086

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

*Joseph M. Hall*