



HI-SIND-CL

AMURRAY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2019

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).

|   |   |                                      |
|---|---|--------------------------------------|
| PRODUCER<br>Harris, Madden, Powell, Stallings & Brown, Inc.<br>PO Box 381708<br>Memphis, TN 38183-1708              | CONTACT NAME: <b>Ashley Murray</b>          |                                      |
|   | PHONE (A/C, No, Ext): <b>(901) 312-5300</b> | FAX (A/C, No): <b>(901) 853-9943</b> |
|   | E-MAIL ADDRESS: <b>amurray@hmpins.com</b>   |                                      |
|   | INSURER(S) AFFORDING COVERAGE               | NAIC #                               |
|   | INSURER A : <b>AMERISURE INSURANCE</b>      | <b>19488</b>                         |
| INSURED<br><br><b>Hi-Speed Industrial Service<br/>Mock, Inc. DBA<br/>7030 Ryburn Drive<br/>Millington, TN 38053</b> | INSURER B : <b>Amerisure Mutual Ins Co</b>  | <b>23396</b>                         |
|   | INSURER C : <b>HANOVER INSURANCE GROUP</b>  | <b>22292</b>                         |
|   | INSURER D : <b>RSUI Indemnity Company</b>   | <b>22314</b>                         |
|   | INSURER E :                                 |                                      |
|   | INSURER F :                                 |                                      |

## 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 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        | CPP20994120301 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|  | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                |           |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>                     |
|  | <input checked="" type="checkbox"/> BLKT CONTRACTUAL LIA  |           |          |                |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>  |
|  | <input checked="" type="checkbox"/> DESIGN SVCS LIAB  |           |          |                |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                       |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |   |           |          |                |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>   |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |   |           |          |                |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                                      |
| OTHER:   |   |           |          |                |                         |                         | \$  |
| A  | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  | X         | X        | CA20994090301  | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                         |
|  | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS        |           |          |                |                         |                         | BODILY INJURY (Per person) \$   |
|  | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                |                         |                         | BODILY INJURY (Per accident) \$   |
|  |   |           |          |                |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|  |   |           |          |                |                         |                         | \$  |
| B  | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                   |           |          | CU20994110302  | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>5,000,000</b>   |
|  | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                     |           |          |                |                         |                         | AGGREGATE \$ <b>5,000,000</b>   |
|  | DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>  |           |          |                |                         |                         | \$  |
| B  | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                             | Y/N       | X        | WC20994100302  | 1/1/2019                | 1/1/2020                | <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 \$ <b>1,000,000</b>  |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>                                  |
|  |   |           |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                                 |
| C  | Install Incl Riggers  |           |          | IH5A82750903   | 1/1/2019                | 1/1/2020                | Installation Limit \$ <b>1,000,000</b>  |
| D  | Excess Liability  |           |          | NHA085225      | 1/1/2019                | 1/1/2020                | Excess over Umbrella \$ <b>5,000,000</b>  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Insured's policies are primray. Cargill Incorporated is included as Additional Insured on the General Liability and Automobile Liability. Insurers agree to waive right of subrogation against Cargill Incorporated on the General Liability, Auto Liability and Workers' Compensation coverages. Insurer will notify Cargill Incorporated in addition to the named insured on any and all cancellation notices.

## CERTIFICATE HOLDER

## CANCELLATION

Cargill Incorporated or Subsidiaries  
c/o Apprv  
2485 39th Ave  
Columbus, NE 68601

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