

CERTIFICATE OF LIABILITY INSURANCE

THUNTER

DATE (MM/DD/YYYY) 12/21/2018

HI-SIND-CL

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 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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PRODUCER	CONTACT Ashley Murray						
Harris, Madden, Powell, Stallings & Brown, Inc. PO Box 381708		(901) 853-9943					
Memphis, TN 38183-1708	E-MAIL ADDRESS: amurray@hmpins.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: AMERISURE INSURANCE	19488					
INSURED	INSURER B : Amerisure Mutual Ins Co	23396					
Hi-Speed Industrial Service	INSURER C: HANOVER INSURANCE GROUP	22292					
Mock, Inc. DBA 7030 Ryburn Drive	INSURER D: RSUI Indemnity Company	22314					
Millington, TN 38053	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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)			
A		MERCIAL GENERAL LIABILITY		WVD		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPP20994120201	1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AG	GREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLI	CY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	ОТН	:R:							\$	
Α	AUTOMOE	ILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY				CA20994090301	1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$	
	OWN AUT	ED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRE	X NON-OWNER AUTOS ONL	P					PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х имв	RELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXC	SS LIAB CLAIMS-	MADE		CU20994110202	1/1/2019	1/1/2020	AGGREGATE	\$	5,000,000
	DED	X RETENTION \$	0						\$	
В	WORKERS AND EMPL	COMPENSATION OYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROP	RIETOR/PARTNER/EXECUTIVE	Y/N N N/A		WC209941101	1/1/2019 1/1/2020		E.L. EACH ACCIDENT	\$	1,000,000
		EMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		ON OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С		cl Riggers			IH5A82750902	1/1/2019	1/1/2020	Installation Limit		1,000,000
D	Excess	_iability			NHA081046	1/1/2019	1/1/2020	Ea Occ / Aggregate		5,000,000

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

CERTIFICATE HOLDER	CANCELLATION			
Charms, LLC 899 Hope St Covington, TN 38019	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Covingion, 114 30013	AUTHORIZED REPRESENTATIVE			
_	Joyl Mal -			



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CONTACT Ashley Murray						
E-MAIL ADDRESS: amurray@hmpins.com						
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INSURER B : Amerisure Mutual Ins Co	23396					
INSURER C: HANOVER INSURANCE GROUP						
INSURER D : RSUI Indemnity Company	22314					
INSURER E:						
INSURER F:						
	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No, Ext): (901) 312-5300 FAX (A/C, No): (901) FAX (A/C, No):					

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EXP POLICY									
INS	3	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPP20994120201	1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			CA20994090301	1/1/2019	1/1/2020	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	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			CU20994110202	1/1/2019	1/1/2020	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 0							\$	
В	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 1	N/A		WC209941101	1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Ins	tall Incl Riggers			IH5A82750902	1/1/2019	1/1/2020	Installation Limit		1,000,000
D	Ex	cess Liability			NHA081046	1/1/2019	1/1/2020	Ea Occ / Aggregate		5,000,000

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

CERTIFICATE HOLDER	CANCELLATION

Chris Wood Construction Company 8068 Highway 70 Memphis, TN 38133 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

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