

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 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	CONTACT Ashley Murray					
Harris, Madden, Powell, Stallings & Brown, Inc. PO Box 381708	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No):	(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 Mock, Inc. DBA 7030 Ryburn Drive Millington, TN 38053	INSURER C: HANOVER INSURANCE GROUP	22292				
	INSURER D : RSUI Indemnity Company	22314				
	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)	LIMIT	s	
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 AUTO				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	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							X PER OTH- STATUTE ER		
			N N/A	WC209941101	1/1/2019	1/1/2019 1/1/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	C Install Incl Riggers				IH5A82750902	1/1/2019	1/1/2020	Installation Limit		1,000,000
D	D Excess 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) Vendor ID #598191

CERTIFICATE HOLDER	CANCELLATION
Kloeckner Metals Corporation PO Box 128 Tariffville, CT 06081	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tariffvine, 01 00001	AUTHORIZED REPRESENTATIVE
	Just Male



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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				
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INSR	TYPE OF INSURANCE	ADDL SI	UBR	POLICY EFF	POLICY EXP	LIMIT	<u> </u>
A	X COMMERCIAL GENERAL LIABILITY	INSD W	WD FOLICI NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	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 AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	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	Χ	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	X 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\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC209941101	1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
С	Install Incl Riggers		IH5A82750902	1/1/2019	1/1/2020	Installation Limit	1,000,000
D	Excess 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)
Kloeckner Metals Corporation is named as Additional Insured as respects General Liability and Automobile Liability only as required by written contract. Vendor ID #598191;

CERTIFICATE HOLDER	CANCELLATION
Kloeckner Metals Corporation PO Box 128 Tariffville, CT 06081	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tailitylie, CT 00001	AUTHORIZED REPRESENTATIVE
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