

## 

THUNTER DATE (MM/DD/YYYY)

**HI-SIND-CL** 

CERTIFICATE OF LIABILITT INSORANCE								12/	12/21/2018		
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.											
lf	SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of	the pol	licy, certain p	oolicies may			
PRO	DUCE	ĒR									
PO I	Зо́х	Madden, Powell, Stallings & Brown 381708	n, Inc	<b>).</b>	-	PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No): (901)				, <sub>No):</sub> (901) 8	53-9943
wen	ipni	is, TN 38183-1708			-	E-MAIL ADDRESS: amurray@hmpins.com					
					-						NAIC #
INSU	DED										23396
11130	RED	Hi-Speed Industrial Service			-	INSURER B : Amerisure Mutual Ins Co INSURER C : HANOVER INSURANCE GROUP					23390
		Mock, Inc. DBA			-						22232
7030 Ryburn Drive Millington, TN 38053							INSURER D : RSUI Indemnity Company				22314
		initiation, in occos			INSURER E : INSURER F :						
0		AGES CER			E NUMBER:	HOUKE			REVISION NUMBE	R٠	]
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	F INSURANCE ADDL SUBR INSD WVD GENERAL LIABILITY				EDUCED BY		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence MED EXP (Any one persor	LIMITS \$ .e) \$ n) \$	1,000,000 100,000 5,000 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							PERSONAL & ADV INJUR GENERAL AGGREGATE PRODUCTS - COMP/OP A	\$	2,000,000 2,000,000
Α	AUT X X	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY			CA20994090301		1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per pers BODILY INJURY (Per acci PROPERTY DAMAGE (Per accident)	T \$ son) \$	1,000,000
В	X	UMBRELLA LIAB X OCCUR   EXCESS LIAB CLAIMS-MADE   DED X RETENTION \$			CU20994110202		1/1/2019	1/1/2020	EACH OCCURRENCE	\$	5,000,000 5,000,000
В	ANY OFFI (Mar	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? IN IN s, describe under S, describe under CRIPTION OF OPERATIONS below	N / A		WC209941101		1/1/2019	1/1/2020	X     PER STATUTE     OT EF       E.L. EACH ACCIDENT     E.L. DISEASE - EA EMPLO       E.L. DISEASE - POLICY L	TH- R OYEE \$	1,000,000 1,000,000 1,000,000
С		tall Incl Riggers			IH5A82750902		1/1/2019	1/1/2020	Installation Limit	Ψ	1,000,000
D	Exc	cess Liability			NHA081046		1/1/2019	1/1/2020	Ea Occ / Aggregate	e	5,000,000

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

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Trinity Industries Inc. & its subsidiaries & affiliated legal entities 2525 N. Stemmons Freeway Dallas, TX 75027 AUTHORIZED REPRESENTATIVE

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THUNTER 

**HI-SIND-CL** 

~		ERT	IFICATE OF LIAB	ILITY INS	SURAN	CE		(MM/DD/1111) /21/2018		
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.										
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to th	e terms and conditions of the	policy, certain	policies may					
				NTACT Ashley						
	is, Madden, Powell, Stallings & Brow	n, Inc.		ONE C, No, Ext): <b>(901)</b> (		FAX	(901) {	353-9943		
	Box 381708 1phis, TN 38183-1708			AIL DRESS: amurray						
				IN:	NAIC #					
			INS	URER A : AMERI				19488		
INSU	RED		INS	URER B : Ameris	ure Mutual	Ins Co		23396		
	Hi-Speed Industrial Service		INS	URER C : HANO		22292				
	Mock, Inc. DBA 7030 Ryburn Drive		INS	URER D : RSUI Ir	ndemnity Co	ompany		22314		
	Millington, TN 38053		INS	URER E :						
			INS	URER F :						
CO	VERAGES CER	TIFICA	TE 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X	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		
Α						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					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 \$ 0						\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	WC209941101	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		ULE A 007E0000		414 10000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
_	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		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ed Rentals is Additional Insured and Lo	LES (ACOI oss Paye	·			red)				
CE	CERTIFICATE HOLDER CANCELLATION									

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

ð M. -122

**United Rentals** PO Box 100711 Atlanta, GA 30384-0711

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