

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/25/2024

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 holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the ter	ms and conditions of th	ne policy, certain p	olicies may			
	DUCER	CONTACT NAME:						
McGriff Insurance Services, LLC				PHONE 502 042 6621 FAX 503 043 6622				
5400 SW Meadows Road, Suite 240 Lake Oswego, OR 97035				E-MAIL				
				ADDRESS:				
				INSURER(S) AFFORDING COVERAGE				NAIC #
				INSURER A :ACE American Insurance Company				22667
INSURED Alabama Carriers, LLC				INSURER B :				
	7 Brick Church Pike hville, TN 37207	INSURER C :						
INASI	ivine, 11 37207	INSURER D :						
				INSURER E :				
		INSURER F :						
CO	VERAGES CER	REVISION NUMBER:						
IN CI E>	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH I	QUIREME PERTAIN, 1 POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RES	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS	
A	X COMMERCIAL GENERAL LIABILITY		HDO G4891391A	05/01/2024	05/01/2025	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP A		2,000,000
	OTHER:						\$	
А			MMT H10766187	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT	\$	3,000,000
	X ANY AUTO		XSA H10766102			(Ea accident) BODILY INJURY (Per person		3,000,000
	OWNED SCHEDULED					BODILY INJURY (Per accide	, .	
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						EACH OCCURRENCE	\$	
	CLAIMS-WADE					AGGREGATE	\$	
	DED RETENTION \$					PER O	\$ TH- R	
	AND EMPLOYERS' LIABILITY Y / N							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLO		
٨	DESCRIPTION OF OPERATIONS below CARGO		N14432413	05/04/0004	05/01/2025	E.L. DISEASE - POLICY LIN	1IT \$ \$	250,000
~				05/01/2024			\$ \$ \$ \$ \$	230,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL rty Mutual Insurance Company of America	•			e space is require	ya)		
CERTIFICATE HOLDER				CANCELLATION				
Evidence of Coverage				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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