

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2022

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).

COVEDACES	CERTIFICATE NUMBER, 400004 404	DEVICION NU	MDED	
		INSURER F:		
Labor Source, LLC 432 Magazine Street Tupelo MS 38804		INSURER E :		
		INSURER D:		
		INSURER C:		
NSURED	WISESTA-01	INSURER B: Wesco Insurance Company		25011
		INSURER A: Everest National Insurance Com	·	10120
Schaumburg IL 60173		INSURER(S) AFFORDING COVERAGE		NAIC#
Assurance, a Marsh & McLennar 20 N Martingale Road Suite 100		E-MAIL ADDRESS: Chris.Stavrou@MarshMMA.com		
	nan Agency LLC company	PHONE (A/C, No, Ext): (312) 625-5943	FAX (A/C, No): (847) 440-9126	
PRODUCER		CONTACT NAME: Chris Stavrou		

CERTIFICATE NUMBER: 490891491 **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	NSR ADDLISUBR POLICY EFF POLICY EXP						
LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		91ML000934221	7/2/2022	7/2/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 200,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	A AUTOMOBILE LIABILITY		91ML000934221	7/2/2022	7/2/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		91CU000846221	7/2/2022	7/2/2023	EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED X RETENTION \$ 0						\$
В	AND EMBLOYEDS! LIABILITY		WWC3602251	7/2/2022	7/2/2023	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					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
A A	A Professional Liability		91CR000207221 91ML000934221 91ML000934221	7/2/2022 7/2/2022 7/2/2022	7/2/2023 7/2/2023 7/2/2023	Limit Occ: \$1,000,000 Occ: \$2,000,000	\$1,000,000 Agg: \$2,000,000 Agg: \$2,000,000

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

Proof of Insurance

Cyber- Policy #ESK0039430660 - Lloyd's Of London - Effective 2/25/2022-7/2/2023 - Limit \$1,000,000

CERTIFICATE HOLDER	CANCELLATION
Tottser-Iroquios Industries	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
118 Wheeler ST LaVergne TN 37086	Line Toligh