

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).

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

COVERAGES CERTIFICATE NUMBER: 700266490 **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 | INSR ADDLISUBR POLICY EFF POLICY EXP | | | | | | |
|--------|--|----------|---|----------------------------------|----------------------------------|---|---|
| LTR | TYPE OF INSURANCE | INSD WVI | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
| А | 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 | 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 | | | | | 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 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | WWC3602251 | 7/2/2022 | 7/2/2023 | X PER OTH- STATUTE ER | |
| | AND EMPLOYERS LIBRILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| A A | Crime (3rd Party Theft) Professional Liability Employment Practices 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 |
|--|--|
| DURA Automotive | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 309 Counts Drive Muscle Shoals AL 35661 | Liac Toligh |