

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).

00VED 4 0E0	OFFICIAL NUMBER 000070407	DEV//OLG	AL AULMEED		
		INSURER F:			
		INSURER E :			
Tupelo MS 38804		INSURER D:			
Labor Source, LLC 432 Magazine Street		INSURER C:			
NSURED	WISESTA-01	INSURER B: Wesco Insurance Company		25011	
		INSURER A: Everest National Insurance Co	m	10120	
Schaumburg IL 60173		INSURER(S) AFFORDING COVERAGE		NAIC#	
Suite 100		E-MAIL ADDRESS: Chris.Stavrou@MarshMMA.con	n		
Assurance, a Marsh & McLennar 20 N Martingale Road	n Agency LLC company	PHONE (A/C, No, Ext): (312) 625-5943	FAX (A/C, No): (847) 4	FAX (A/C, No): (847) 440-9126	
PRODUCER		CONTACT NAME: Chris Stavrou			

COVERAGES CERTIFICATE NUMBER: 268976487 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 LTR		ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		91ML000934221	7/2/2022	7/2/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 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 EMIFLOTENS LIBILITY 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 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
Woodway Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3473 No Pone Rd NW Cleveland TN 37336	Line Toligh