

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2023

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).

this certificate does not confer rights to the certificate r	iolaer in lieu of Suci	endorsement(s).		
PRODUCER		CONTACT Cherri Carr		
Brown & Brown of Tennessee, Inc.		PHONE (A/C, No, Ext): (615) 385-2860	FAX (A/C, No	o): (615) 385-8360
6 Cadillac Drive, Suite 200		E-MAIL Cherri.Carr@bbrov	vn.com	
		INSURER(S)	AFFORDING COVERAGE	NAIC#
Brentwood	TN 37027	INSURER A: Old Republic Insu	rance Company	24147
INSURED		INSURER B: Travelers Property	Casualty Company of America	a 25674
Alley-Cassetty Companies, Inc.		INSURER C: Great American Ir	surance Company	16691
Second page has additional named insureds		INSURER D: The Travelers Ind	emnity Company of America	25666
P.O. Box 23305		INSURER E :		
Nashville	TN 37202	INSURER F:		
OOVED A OEO	2/15/22 to 02/	14/24 MCT	DE1//0/01/11/11/DED	<u> </u>

COVERAGES CERTIFICATE NUMBER: 2/15/23 to 02/01/24 MST 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 500,000
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,000
Α				MWZY 317464 23	02/15/2023	02/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO					023 02/01/2024	BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			MWTB 31746523	02/15/2023		BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB     ✓ OCCUR						EACH OCCURRENCE	\$ 10,000,000
С	EXCESS LIAB CLAIMS-MADE			TUU5642933 20	02/15/2023 02/	02/01/2024	AGGREGATE	\$ 10,000,000
	DED RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
١,	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	MWC 317463 23	02/15/2023	02/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000	
1	(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
	Contractors Equip Floater						Contractors Blanket Limit	\$5,745,342
D	Additional pages for other coverages			QT-660-5C521014-TIL-22	05/01/2022	05/01/2023	Leased & Rented	\$250,000
							Deductible	\$1,000

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

Proof of Insurance

CERTIFICATE HOLDER		CANCELLATION
Alley Cassetty Companies,Inc.  DBA Custom Truck Sales & Servi		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
& Alley CassettyTruck Center		
Nashville T	TN 37202	85162

## **Additional Named Insureds**

Other Named Insureds	
Alley Cassetty Brick & Block Co.	Additional Named Insured
Alley Cassetty Co. Inc 401K Profit Sharing	Additional Named Insured
Alley Cassetty Properties, LLC	Additional Named Insured
Alley Cassetty Trucking	Additional Named Insured
Belle Vista Phase 3, LLC	Additional Named Insured
Belle Vista Phase III, LLC	Additional Named Insured
Block Works LLC	Additional Named Insured
Jones Stone Company	Additional Named Insured
Ottawa Truck Center of Alabama	Additional Named Insured

Additional Named Insured

OFAPPINF (02/2007)

Alley-Cassttty Brick & Stone

AGENCY CUSTOMER ID:	
LOC #:	



## **ADDITIONAL REMARKS SCHEDULE**

ACORD	ADDITIONAL REMARKS SCHEDULE			Page	_ of
AGENCY			NAMED INSURED		
Brown & Brown of Tennessee, Inc.			Alley-Cassetty Companies, Inc.		
POLICY NUMBER					
CARRIER		NAIC CODE			
			FFFCTIVE DATE:	·	

POLICY NUMBER					
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI FORM NUMBER: 25 FORM TITLE: Certificate of Liability	<b>D FORM,</b> y Insurance: No	otes			
Excess Liability: Carrier B- Travelers Property Casualty Co. of America. Po					
Effective 02/15/2023 to 02/01/2024 \$5,000,000 Excess of \$10,000,000 Limit.	•				
Motor Truck Cargo Carrier D- Travelers Casualty Insurance of America Policy Number: AD-8F280532-22-14	Motor Truck Cargo Carrier D- Travelers Casualty Insurance of America Policy Number: AD-8F280532-22-14				
Effective 05/01/2022 to 05/01/2023 Limit: \$250,000 Deductible: 2,500					
Garage Keepers Liability: Carrier A- Old Republic Insurance Company Policy Number: MWTB31746523 Effective 02/15/2022 to 02/01/2024 GK Liability Limit: \$1,000,000 Per Accident					