



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/12/2024

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.

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

**Folsom Insurance**  
421 W Mason St  
Mabank, TX 75147

|                               |  |                              |
|-------------------------------|--|------------------------------|
| CONTACT NAME:                 | Kaitlyn Richardson                     |                              |
| PHONE (A/C, No. Ext):         | (903)802-7073                          | FAX (A/C, No): (999)999-9999 |
| E-MAIL ADDRESS:               | Kaitlyn@codyfolsominsurance.com        |                              |
| INSURER(S) AFFORDING COVERAGE |  | NAIC #                       |
| INSURER A:                    | Accredited Specialty Insurance Company | 16835                        |
| INSURER B:                    | Trisura Specialty Insurance Company    | 16188                        |
| INSURER C:                    |  |                              |
| INSURER D:                    |  |                              |
| INSURER E:                    |  |                              |
| INSURER F:                    |  |                              |

## INSURED

**AXIS CMP TN LLC**  
108 RIVERDALE RD  
GRENADA, MS 38901

## COVERAGEs

## CERTIFICATE NUMBER:

## 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 SUBR<br>INSD WWD                               | POLICY NUMBER           | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                    |                  |
|----------|---|---|-------------------------|----------------------------|----------------------------|---|------------------|
|          | COMMERCIAL GENERAL LIABILITY  |   |                         |                            |                            | EACH OCCURRENCE                           | \$               |
|          | CLAIMS-MADE <input type="checkbox"/> OCCUR                                  |   |                         |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$               |
|          |   |   |                         |                            |                            | MED EXP (Any one person)                  | \$               |
|          |   |   |                         |                            |                            | PERSONAL & ADV INJURY                     | \$               |
|          |   |   |                         |                            |                            | GENERAL AGGREGATE                         | \$               |
|          |   |   |                         |                            |                            | PRODUCTS - COMP/OP AGG                    | \$               |
|          |   |   |                         |                            |                            | OTHER:                                    | \$               |
| <b>A</b> | AUTOMOBILE LIABILITY  |   | 2-CWH-MS-19-S0128010-00 | 06/12/2024                 | 06/12/2025                 | COMBINED SINGLE LIMIT (Ea accident)       | <b>\$750,000</b> |
|          | ANY AUTO  |   |                         |                            |                            | BODILY INJURY (Per person)                | \$               |
|          | OWNED AUTOS ONLY  | <input checked="" type="checkbox"/> SCHEDULED AUTOS |                         |                            |                            | BODILY INJURY (Per accident)              | \$               |
|          | Hired AUTOS ONLY  | <input type="checkbox"/> NON-OWNED AUTOS ONLY       |                         |                            |                            | PROPERTY DAMAGE (Per accident)            | \$               |
|          |   |   |                         |                            |                            |   | \$               |
|          | UMBRELLA LIAB   | <input type="checkbox"/> OCCUR                      |                         |                            |                            | EACH OCCURRENCE                           | \$               |
|          | EXCESS LIAB   | <input type="checkbox"/> CLAIMS-MADE                |                         |                            |                            | AGGREGATE                                 | \$               |
|          | DED   | RETENTION \$  |                         |                            |                            |   | \$               |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               | <input type="checkbox"/> Y / N                      |                         |                            |                            | PER STATUTE                               | OTH-ER           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                   |   |                         |                            |                            | E.L. EACH ACCIDENT                        | \$               |
|          | (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |   |                         |                            |                            | E.L. DISEASE - EA EMPLOYEE                | \$               |
|          |   |   |                         |                            |                            | E.L. DISEASE - POLICY LIMIT               | \$               |
| <b>B</b> | <b>CARGO</b>  |   | CW4157571-00            | 06/12/2024                 | 06/12/2025                 | <b>\$1,000 DEDUCT</b>                     | <b>\$100,000</b> |

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

2011 INT'L/4300M7 1HTMMAAL8BH388901

USDOT # 4230754

## CERTIFICATE HOLDER

## CANCELLATION

**AXIS CMP TN LLC**  
108 RIVERDALE RD  
GRENADA, MS 38901

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  
**Kaitlyn Richardson**