



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2016

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 Beecher Carlson Insurance Services 75 State Street, Suite 1710 Boston, MA 02109 www.beechercarlson.com | CONTACT NAME: (ATL) Judith Boich | FAX (A/C, No): | |
| | PHONE (A/C, No, Ext): | E-MAIL ADDRESS: jboich@beechercarlson.com | |
| INSURED Strategic Equipment, LLC 1461 S. Belt Line Rd. Suite 100 Coppell TX 75019 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Sompo Japan Insurance Company of America | | 11126 |
| | INSURER B: National Surety Corporation | | 21881 |
| | INSURER C: Starr Surplus Lines Insurance Company | | 13604 |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 30779708

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) | LIMITS |
|----------|---|-----------|----------|--|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CPL40285H0 | 7/1/2016 | 7/1/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | ACV41049X0 (AOS) ACV41050Y0 (MA) | 7/1/2016 | 7/1/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | SSE 00032173072 | 7/1/2016 | 7/1/2017 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| A A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WCD40071T0 (AOS) WCN40973V0 (OR WI) | 7/1/2016 7/1/2016 | 7/1/2017 7/1/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Installation Floater | | | SLSTPTY10865116 | 7/1/2016 | 7/1/2017 | Install & Storage \$1M Transit: \$250,000 |

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

See attached Named Insured List

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

Sharon D. Brainard

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|---------------------------|---|--|
| AGENCY Beecher Carlson Insurance Services | | NAMED INSURED Strategic Equipment, LLC 1461 S. Belt Line Rd. Suite 100 Coppell TX 75019 | |
| POLICY NUMBER CPL40285H0 | | EFFECTIVE DATE: 7/1/2016 | |
| CARRIER Sompo Japan Insurance Company of America | NAIC CODE 11126 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Evidence of Insurance

ADDRESS:

Named Insureds as follows:

Strategic Equipment, LLC, 1461 S. Belt Line Rd. Suite 100, Coppell, TX 75019

SESC Holding, LLC, Strategic Equipment, LLC 1461 S. Belt Line Rd. Suite 100, Coppell, TX 75019

Strategic Equipment, LLC, 1203 33rd Street South, St. Cloud, MN 31701

Strategic Equipment, LLC, 1747 Oak Haven Drive, Albany, GA 31701

Strategic Equipment, LLC, 3011 Industrial Pkwy E, Knoxville, TN 37921

Strategic Equipment, LLC, W.H. Reynolds Distributor, LLC, 5843 Barry Road, Tampa, FL 33634

Strategic Equipment, LLC, W.H. Reynolds Distributor, LLC, 3800 Camp Creek Pkwy. SW, Building 2400, Suite 114, Atlanta, GA 30331

W. H. Reynolds Distributor, LLC, 5843 Barry Rd., Tampa, FL 33634

Strategic Equipment, LLC, 6684 Jimmy Carter Blvd, Peachtree Corners, GA 30071

ISI Commercial Refrigeration, LLC, Strategic Equipment, LLC, 1461 S. Belt Line Rd Suite 100, Coppell, TX 75019