



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2021

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 NFP Property & Casualty Services Inc. 45 Executive Drive Plainview NY 11803	CONTACT NAME: RISK MANAGEMENT DEPARTMENT NE PHONE (A/C, No, Ext): 516-327-2700 E-MAIL ADDRESS: RiskCerts@nfp.com	FAX (A/C, No): 516-327-2800
	INSURER(S) AFFORDING COVERAGE	
INSURED MSC Industrial Direct Co., Inc; Sid Tool Co., Inc. & MSC Industrial Supply Co., Inc. Its Affiliates & Subsidiaries 525 Harbour Place Dr. Davidson, NC 28036-7444 insurancemailbox@mscdirect.com	INSURER A : ACE Property & Casualty Insurance Company	
	INSURER B : ACE Fire Underwriters Insurance Company	
	INSURER C : ACE American Insurance Company	
	INSURER D : Everest National Insurance Company	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 338625793 **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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Vendor AI Endt GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			G23896552013	10/1/2021	10/1/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Policy Aggregate Cap \$10,000,000
C	<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			ISAH25558832	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			G28164877006 XC5EX01442211	10/1/2021 10/1/2021	10/1/2022 10/1/2022	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$
C B C	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	WLRC67823436 SCFC67823515 WLRC67823473	10/1/2021 10/1/2021 10/1/2021	10/1/2022 10/1/2022 10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER *See Below E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 *Excludes Monopolistic States (OH, ND, WA) and Puerto Rico.
 DeKalb County School District is included as additional insured where required by written contract. Ref. Contracts: No. 19-420 Catalog Discount - Hazardous Waste Supplies, Parts, and Equipment - Expires 10-31-2021. No. 19-464 Catalog Discount - Plumbing Supplies, Parts and Equipment - Expires 9-30-2021 No. 19-465 Catalog Discount - HVAC Supplies, Parts and Equipment - Expires 9-30-2021 No. 19-466 Catalog Discount - Electrical Supplies, Parts, and Equipment - Expires 10-31-2021 No. 19-467 Catalog Discount - Lawn Equipment, Repair Parts and Supplies - Expires 9-30-2021. No. 19-469 Catalog Discount - Glazing Supplies, Parts, and Equipment - Expires 10-31-2021 No. 19-471 Catalog Discount - Carpentry Supplies, Parts, and Equipment - Expires 10-31-2021 No. 19-510 Catalog Discount - Locksmith Supplies, Parts, and Equipment - Expires 10-31-2021. No. 19-511 Catalog Discount - Pest Control Supplies, Parts, and Equipment - Expires - 10-31-2021. No. 20-519 Catalog Discount - Career Technical & Agricultural Materials - Expires 01-12-2022. No. 21-527, Personal Protective Equipment (PPE) Supplies.

CERTIFICATE HOLDER DeKalb County School District Attn: Career Technical & Agricultural Education Dept 1701 Mountain Industrial Boulevard Stone Mountain GA 30083	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 
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