

CERTIFICATE OF LIABILITY INSURANCE

8/2/2017

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 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).

certificate holder in lieu of such endorsement(
PRODUCER CONTACT Cleonie Nathanielsz										
JD Fulwiler & Co. Insurance, Inc.	PHONI (A/C, N	PHONE (A/C, No, Ext): (503) 293-8325 FAX (A/C, No): (503) 293-5418								
5727 SW Macadam Ave	È-MÂR ADDRI	E-MAR. ADDRESS: Cnathanielsz@jdfulwiler.com								
PO Box 69508		INSURER(S) AFFORDING COVERAGE				NAIC #				
Portland OR 97239	INSUR	INSURER A National Fire Insurance of Hartford								
INSURED	i - : ·	INSURER A National Fire Insurance of Hartford 2047 INSURER B :Continental Insurance 3528								
Excellance Inc	1	INSURER C:								
453 Lanier Rd		INSURER D:								
	· · -	INSURER E :								
Madison AL 35758										
	TE NUMBER:CL178148230	## INSURER F: 8230 REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN	JRANCE LISTED BELOW HAVE BEE ENT, TERM OR CONDITION OF AN	Y CONTRACT	THE INSURE	D NAMED ABOVE FOR THE	CT TO	WHICH THIS				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES NSR ADDL'SUB				:						
NSR TYPE OF INSURANCE ADDL'SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s					
X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	S	1,000,000				
A CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000				
	6042861810	8/1/2017	8/1/2018	MED EXP (Any one person)	S	15,000				
				PERSONAL & ADV INJURY	\$	1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:	1			GENERAL AGGREGATE	5	2,000,000				
X POLICY PRO-				PRODUCTS - COMP/OP AGG	S	2,000,000				
OTHER				Employee Benefits	\$	1,000,000				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
X ANY AUTO		i		BODILY INJURY (Per person)	5					
ALLOWNED SCHEDULED AUTOS AUTOS AUTOS AUTOS	6042861807	8/1/2017	8/1/2018		S					
X HIRED AUTOS X AUTOS	1			(Per accident)	\$					
				Medical payments	\$	5,000				
X UMBRELLA LIAB OCCUR				EACH OCCURRENCE	2	9,000,000				
B EXCESS LIAB CLAIMS-MADE				AGGREGATE	S	9,000,000				
DED X RETENTIONS 10,000	6042861824	8/1/2017	8/1/2018		\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1			PÉR STATUTE OTH-						
ANY PROPRIETOR/PARTNER/EXECUTIVE			· · · · · · · · · · · · · · · · · · ·	E.L. EACH ACCIDENT	S					
(Mandatory in NH)		: 1		E L. DISEASE - EA EMPLOYEE	s					
If yes, describe under DESCRIPTION OF OPERATIONS below		Î.	!	E.L. DISEASE - POLICY LIMIT	5	re i				
		;								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES {ACOR	RD 101, Additional Remarks Schedule, may	be attached If moi	e space is requi	red)						
CERTIFICATE HOLDER	CANG	CANCELLATION								
PROOF OF INSURANCE ONLY	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	АИТНО	AUTHORIZED REPRESENTATIVE								
		Becky Harding/CLEONI Ber & Thering Orca								

Client#: 39383 38EXCELLANCE1

ACORD,

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/10/2018

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PRO	DUCER				CONTA NAME:	CT						
J Smith Lanier & Co-Huntsville					PHONE (A/C, No, Ext): 256 890-9000 (A/C, No): 256 890-9070							
Marsh & McLennan Agency, LLC					E-MAIL							
P. 0	D. Box 6087			ADDRESS:								
Huntsville, AL 35813-0087					INSURER(S) AFFORDING COVERAGE					NAIC#		
					INSURER A: Alabama Self Insured WC Fund							
INSU					INSURER B: Midwest Employers Casualty					259 92		
	Excellance, Inc.				INSURER C:							
	453 Lanier Road				INSURER D:							
	Madison, AL 35758			ľ	INSURER E :					NIES S		
				ŀ								
601	/ERAGES CER	77516		NUMBER:	INSURER F:							
				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	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
~1R	COMMERCIAL GENERAL LIABILITY	nan	4440	TODOT NUMBER		Zienna Projet i i I.J.	TOURS DOLL (L. L.)		s			
								DAMAGE TO RENTED	 			
	CLAIMS-MADE OCCUR							PREMISES (E8 OCCUTTENCE)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER.							GENERAL AGGREGATE	\$			
	POUCY PRO- LOC							PRODUCTS - COMP/OP AGG	s			
								PRODUCTO COMPTOR AGG	s			
	OTHER AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	-			
)	AUTOMOBILE CIABILITY							(Ea accident)	\$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS AUTOS		l i					BODILY INJURY (Per accident)	5			
	HIRED AUTOS NON-OWNED AUTOS		ĺ					PROPERTY DAMAGE (Per accident)	S			
						!!	, [\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	2			
								NOOREGATE				
	DED RETENTION S WORKERS COMPENSATION		-	1.10.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			24/24/22	y PER OTH.	S			
Α	AND EMPLOYERS' LIABILITY		!	WC10000998002018A		01/01/2018	1					
В	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	i I	POAL129001		01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$1,000	0,000		
- 1	(Mandatory In NH)					İ		E.L. DISEASE - EA EMPLOYEE	\$1,000	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	0,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES /	COPO	101 Additional Parante Cahada	la mari	ha attached If ——	re enace le m	and)				
باوتون	THE HOLLOW OF ELECTIONS / SERIE	LLG (/	JUNU	. 19 1, Muddioniai Acidentis Schedu	ia, may	ne attaction il Wo	u a shere is redni	154)				
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UER	TIFICATE HOLDER				CANC	ELLATION						
					enc.	111 B ANV AF T	HE ADOVE OF	SCOIDED DOLLOISO OS OS	NOTE: 1 T	D BELORE		
	For Proof of Insurance O	nly						SCRIBED POLICIES BE CA				
•						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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			of Agod was seemed									
				A 1000 TOLA ACORD CORDORATION AND STATE OF								