

CERTIFICATE OF LIABILITY INSURANCE

D2LJACQUES

DATE (MM/DD/YYYY) 9/24/2019

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.

	SUBROGATION IS WAIVED, subjectis certificate does not confer rights to				ıch end	lorsement(s)		require an endorsemer	it. As	tatement on	
PRODUCER						CONTACT NAME:					
Turner & Hamrick 440 U.S. Hwy 231 North					PHONE (A/C, No, Ext): (334) 566-7665 FAX (A/C, No): (334)				(334)	566-7215	
Tro	/, AL 36081				E-MAIL ADDRE	SS:					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: National Casualty Company				11991	
Diversified Contractors Inc 3350 Ball Street Birmingham, AL 35234					INSURER B:						
					INSURE	R C :					
					INSURE	RD:					
					INSURER E :						
						RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR			SUBR WVD		DLLINI	POLICY EFF	POLICY EXP	LIMI7	·e		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			LFO0006844		10/3/2019	10/3/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	Included	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	Included	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			LFO0006844		10/3/2019	10/3/2020	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Motor Truck Cargo			LFO0006844		10/3/2019	10/3/2020	Deductible \$5000		250,000	
Α	Physical Damage			LFO0006844		10/3/2019	10/3/2020	Comp/Coll Deductible		5,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
<u></u>	RTIEICATE HOLDER				CANC	CLIATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
Sample Certificate of Insurance For Original Email Request to CERTIFICATEREQUEST@ASSUREDPARTNERS.COM or Fax 334-566-7215						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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