TURNER & HAMRICK, LLC

PO Box 985 • Troy, AL 36081 Phone (334) 566-7665 • Fax (334) 566-7215

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CERTIFICATE OF INSURANCE

INSURED		Phone	8	66-914-4953	PRODUCER:	4-14-2015 Steve Hewitt	
R E Garrison	Trucking in	ic and Advantage	ISSUED BY:	Lynn Jacques			
1103 County Vinemont AL	Road 1194	... <i>.</i> . <i>.</i> . <i>.</i> ..	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS				
					CERTIFICATE [OOES NOT AMEN	ID, EXTEND OR
	Fed ID #	63-1183993	MC #	144168			

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW MAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTACT 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	COMPANY/POLICY	# • EFFECTIVE	LIMITS			
AUTOMOBILE LIABILITY Any Auto All Owned Autos Scheduled Autos Hired Autos	GREAT V POLICY NUMBER: POLICY PERIOD FROM:	WEST CASUALTY NAIC#11371 GWP77742F 5-1-2015 TO: 5-1-2016			COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY	\$1,000,000
⊠ Non-owned Autos ☐ Garage Liability S Other \$150,000 Bailee	GWC				(Per Accident) PROPERTY DAMAGE	
GENERAL LIABILITY	GR POLICY NUMBER:	EAT WEST CA GWP77742F	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY	\$2,000,000 \$2,000,000		
Claims Made 🗹 Occur	POLICY PERIOD FROM:	5-1-2015	TO:	5-1-2016	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED, EXPENSE (Any one person)	\$1,000,000 \$1,000,000 \$100,000
	GWC GR	EAT WEST CA	PER VEHICLE PER DISASTER	\$5,000 \$250,000		
MÓTÓR TRUCK CARGO	POLICY NUMBER: POLICY PERIOD FROM: GWC	GWP77742F 5-1-2015	TO:	5-1-2016	DEDUCTIBLE REEFER LIMIT REEFER DEDUCTIBLE	\$10,000 \$250,000 \$10,000
WORKERS COMPENSATION	ESSE	X INSURANCE	STATUTORY LIMITS			
AND EMPLOYER'S LIABILITY	POLICY NUMBER: POLICY PERIOD ATA FROM:	3DR7775 1-1-2015	TO:	1-1-2016	EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE	\$1,000,000 \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder is an Additional Insured. A waiver of subrogation is in favor of Work Comp., General Liability, Auto Liability

CERTIFICATE HOLDER

Fax Number:

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SMALL IMPOSE NO OBLIGATION OR LABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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