

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2015

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).

PRODUCER	CONTACT NAME: Alicia Tidwell	
Zander Insurance Group	PHONE (A/C, No, Ext): (615)356-1700 FAX (A/C, No): (615)38	52-2850
6213 Charlotte Pike	E-MAIL ADDRESS: atidwell@zanderins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Nashville TN 37209-3116	INSURER A :Mass Bay Ins Co	22306
INSURED	INSURER B: Allmerica Financial Benefit	41840
Coggins, Roy & Sheila, DBA: Microfilm Services	INSURER C: Hanover American Ins	36064
5904 Robertson Avenue	INSURER D:CNA Surety	
	INSURER E:	
Nashville TN 37209	INSURER F:	

COVERAGES CERTIFICATE NUMBER:15-16 Master

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 INSURA	ANCE	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GE	IERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	Х	COMMERCIAL GENERAL	LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A		CLAIMS-MADE X	OCCUR		OD56120835	8/1/2015	8/1/2016	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEI	I'L AGGREGATE LIMIT API	PLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PRO- JECT	LOC						\$	
	AU	OMOBILE LIABILITY	·					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	X ANY AUTO						BODILY INJURY (Per person)	\$	
-			SCHEDULED AUTOS		AW56120945	7/29/2015	7/29/2016	BODILY INJURY (Per accident)	\$	
		N	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
			10100					Uninsured motorist combined	\$	1,000,000
		UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$	
		DED RETENTION	1\$						\$	
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/E	EXECUTIVE T	N/A				E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)		N/A	WZ56121670	8/1/2015	8/1/2016	E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If ye	s, describe under CRIPTION OF OPERATION	NS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
D	Em	ployee Dishone	esty		24769338	5/12/2015	5/12/2016	\$10,000 limit		

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

CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

BE NAMED A CERTIFICATE HOLDER PLEASE CONTACT ZANDER INSURANCE

ALICIA TIDWELL 615-850-3342

FOR INFORMATION PURPOSES ONLY TO

AUTHORIZED REPRESENTATIVE

Josh Hill/JHILL

CANCELLATION

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