Client#: 193292 MONTG13

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2016

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

PRODUCER	CONTACT Manua David Millianna						
Regions Insurance Inc - Troy P.O. Box 1173	CONTACT Mary Beth Wilkerson PHONE (A/C, No, Ext): 334 674-9810 E-MAIL ADDRESS: marybeth.wilkerson@regions.com						
Troy, AL 36081-AL 334 674-9810	INSURER A : Lloyd's of London	NAIC#					
Montgomery Logistics, Inc. 2563 Commerce Circle Birmingham, AL 35217	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBER	·					

COVERAGES CERTIFICATE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP MM/DD/YYYY) (MM/DD/YYYY)		3
Α	X	COMMERCIAL GENERAL LIABILITY			IRPIGL16139	11/28/2016	11/28/2017	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	Χ	BI/PD Ded:1,000						MED EXP (Any one person)	\$1,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
									_
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER CANCELLATION

> **Proof of Coverage Montgomery Logistics, Inc** 2563 Commerce Circle Birmingham, AL 35217

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2016

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.

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

	the terms and conditions of the policy certificate holder in lieu of such endor								Des not c	:Qme;	Tignes to the
PRODUCER Johnson-Locklin & Associates						CONTACT Anderson J. Locklin, IV					
700	0 Corporate Parkway			,		E No, Ext): 205-98				205-	980-9399
Bir	mingham, AL 35242 derson J. Locklin. IV			,	ADDRE	_{:ss:} jay.lock	lin@johnsc	on-locklin.com	<u>1</u>		
****	adjourner morning ;			ş				RDING COVERAGE			NAIC #
					INSUR	ER A : Underv	writers at LI	loyds	****		15792
INS	Montgomery Logistics, I	nc.		1	INSURER B:						
	2563 Commerce Circle Birmingham., AL 35217			1	INSURER C:						
	Diffinigram,, A. VV.			1	INSURE	ERD:					
				1	INSURE	ER E :					
					INSURER F:						
CC	OVERAGES CER	TIFIC	CAT	E NUMBER:	REVISION NUMBER:						
11 C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	remei Tain,	ENT, TERM OR CONDITION (THE INSURANCE AFFORDE LLIMITS SHOWN MAY HAVE (RI	OF AN	Y CONTRACT THE POLICIE	T OR OTHER I ES DESCRIBEI PAID CLAIMS:	DOCUMENT WIT D HEREIN IS SU S.	H RESPE	O ALL	WHICH THIS
	COMMERCIAL GENERAL LIABILITY	111100	KVV			(1919)/15-27	Tresters as were	EACH OCCURREN		T _s	
	CLAIMS-MADE OCCUR				!			DAMAGE TO RENT	ED	\$	
	CEANING MACHE							PREMISES (Ea occ		-	
		}			1			MED EXP (Any one	*	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	1		1			PERSONAL & ADV		\$	
	POLICY PRO- LOC		1		t	•				\$	
	OTHER:		1		I			PRODUCTS - COM	PIOP AGG	\$	
	AUTOMOBILE LIABILITY	 	 					COMBINED SINGLE	ELIMIT	\$	1,000,000
Α	X ANY AUTO		1 '	WB0262	,	05/02/2016	05/02/2017	(Ea accident) BODILY INJURY (P	er person)	\$	1,000,000
	ALL OWNED SCHEDULED		1 '		,	00/02/2012	00,02,20,	BODILY INJURY (P		\$	
	AUTOS AUTOS NON-OWNED		'		i		1	PROPERTY DAMAG		\$	
	X CONTINGENT AUTOS		'		f		'	(Per accident)		\$	
	THE POPULATION TO THE POPULATION OF THE POPULATI	+	1			ļ				 	
	- Joseph Joseph]]	1		ļ	1	'	EACH OCCURREN	CE	\$	
	CCANVIS-IVIADE	1 1	1		,			AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION	 						PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N		1		ļ			PER STATUTE	LER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1 1		ļ			E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under		, ,		ļ			E.L. DISEASE - EA		 	
Α	DÉSCRIPTION OF OPERATIONS below	 	1	INDOCCO		05/00/2046	05/00/2017	E.L. DISEASE - POL	ICY LIMIT	\$	400.000
A	Contingent Cargo Prof Liab and E&O		1 1	WB0262 WB0262		05/02/2016 05/02/2016	05/02/2017 05/02/2017	Limit Limit			100,000 1,000,000
	RTIFICATE HOLDER	ES (AC	CORD		CANC SHOT THE	CELLATION OULD ANY OF T EXPIRATION	THE ABOVE DE	ESCRIBED POLICEREOF, NOTICERY PROVISIONS.			
						RIZED REPRESEN		Y PROVISIONS.	<u></u>		