

TVERNON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/20/2018

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. 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:				
Vellington Associates, Inc. ' River Bend Pl	PHONE (A/C, No, Ext): (601) 420-0174 FAX (A/C, No): (601) 4	120-1890			
Flowood, MS 39232	E-MAIL ADDRESS: info@wellingtonassociates.com				
A	INSURER(S) AFFORDING COVERAGE	NAIC#			
Aller	INSURER A: Lexington Insurance Company	19437			
NSURED	INSURER B : National Union Fire Ins Co	19445			
Connect One, LLC	INSURER C: RSUI Indemnity	22314			
Phil Hanks 80 Cleveland St	INSURER D : The Insurance Company of the State of Pennsylvania	19429			
Nashville, TN 37207	INSURER E :				
	INSURER F:				

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	CLU	ISIONS AND CONDITIONS OF SUCF				POLICY EFF	POLICY EXP	· 		
LTR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY			All A			EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Villa Villa	023072018	07/20/2018	07/20/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				W	Account Account			MED EXP (Any one person)	\$	
		-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:				Alla.		GENERAL AGGREGATE	\$	2,000,000
	Χ	POLICY PRO- LOC			8007 4			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII. (8)	P _db		Wrongful Repo	\$	1,000,000
В	AU1	OMOBILE LIABILITY				45000	DA.	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			3761744	07/20/2018	11/07/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS	4000	原則	line of		7000	BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		and a		N. AMDY	/81107	PROPERTY DAMAGE (Per accident)	\$	
	Х	DRIVEAWAY			VA SE	HERE			\$	
С		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000	
	Χ	EXCESS LIAB CLAIMS-MADI	Ē		NHA081216	07/20/2018	11/07/2018	AGGREGATE	\$	1,000,000
		DED RETENTION \$	_	-2		1.488	4000	THEOLOGICAL	\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Now		- 3	AND Y	X PER OTH-ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		1000	014220487	09/19/2017	09/19/2018	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A		ATTION 1970	-	4000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		d				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Gar	age Keepers		1	023072018	07/20/2018	07/20/2019	Direct Primary	1000	1,000,000
Α	On	Hook			023072018	07/20/2018	07/20/2019	Per Unit - See Sch		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) List of Locations:

80 Cleveland St., Nashville, TN 37207 10711 Philadelphia Rd #D, Perry Hall, MD 21162 5728 Asbury Ave., Fort Worth, TX 76119 1107 Buschong St., Houston, TX 77039 3030 McVay Dr., Mobile, AL 36606 5055 Oakley Industrial Blvd., Fairburn` GA 30213 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	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
	my