

CERTIFICATE OF INSURANCE

INSURED Phone **800-633-7617**
Benny Whitehead, Inc.
P O Box 573
Georgetown GA 39854-0573

ISSUE DATE: 6-2-2014
PRODUCER: Bill Hamrick
ISSUED BY: Eva Green

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COVERAGES Fed ID # **63-0822076** MC # **157384**

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 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 & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	CANAL INSURANCE COMPANY POLICY NUMBER: PIA07536201 POLICY PERIOD FROM: 12-1-2013 TO: 12-1-2014 AUS	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input checked="" type="checkbox"/> Blanket AI	PENN AMERICAN POLICY NUMBER: PAV0012337 POLICY PERIOD FROM: 6-1-2014 TO: 6-1-2015 UBI	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$2,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
MOTOR TRUCK CARGO	LEXINGTON INSURANCE CO POLICY NUMBER: 066095928 POLICY PERIOD FROM: 12-1-2013 TO: 12-1-2014 GTU	PER VEHICLE \$125,000 PER DISASTER DEDUCTIBLE \$10,000 REEFER LIMIT \$125,000 REEFER DEDUCTIBLE \$10,000
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	MIDWEST EMPLOYERS CASUALTY NAIC#23612 POLICY NUMBER: PKAL 126031 POLICY PERIOD FROM: 1-1-2014 TO: 1-1-2015 ATA	STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:
 334-687-1345

SAMPLE CERTIFICATE

FOR ORIGINAL PLEASE CALL US AT 334-566-7665
 OR FAX REQUEST TO 334-566-7215

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

William F Hamrick