

## CERTIFICATE OF INSURANCE

<b>INSURED</b>	Phone
SEL Alabama, Inc P O Box 1309 Tuscaloosa AL 35403	
Fed ID #	MC # 809886

ISSUE DATE: 6-27-2014  
 PRODUCER: Bill Hamrick  
 ISSUED BY: Lynn Jacques  
 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** 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
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	POLICY NUMBER: POLICY PERIOD FROM: TO: ARD	COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
<b>GENERAL LIABILITY</b> <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&WOS	<b>AXIS SURPLUS LINES CO</b> POLICY NUMBER: GAGLN01442AX POLICY PERIOD FROM: 7-1-2014 TO: 7-1-2015	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) \$5,000 MED. EXPENSE (Any one person) \$500
<b>MOTOR TRUCK CARGO</b>	POLICY NUMBER: POLICY PERIOD FROM: TO: TRU	PER VEHICLE PER DISASTER DEDUCTIBLE REEFER LIMIT REEFER DEDUCTIBLE
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>	<b>MIDWEST EMPLOYERS</b> POLICY NUMBER: 00300WC-ATA-SELO-2013 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: \_\_\_\_\_

SAMPLE CERTIFICATE OF INSURANCE

**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*

