

**CERTIFICATE OF INSURANCE**

**INSURED**  
 SEL, Inc.  
 158 Moorman Road  
 Amity AR 71921

Phone 205-759-1818

Fed ID # 20-0766435 MC # 809890

ISSUE DATE: 7-11-2014  
 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><br><input type="checkbox"/> Any Auto<br><input type="checkbox"/> All Owned Autos<br><input type="checkbox"/> Scheduled Autos<br><input type="checkbox"/> Hired Autos<br><input type="checkbox"/> Non-owned Autos<br><input type="checkbox"/> Garage Liability<br><input type="checkbox"/> Other | POLICY NUMBER:<br>POLICY PERIOD FROM: TO:   | COMBINED SINGLE LIMIT<br>BODILY INJURY (Per Person)<br>BODILY INJURY (Per Accident)<br>PROPERTY DAMAGE   |
| <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> Commercial General Liability<br><input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur<br><input type="checkbox"/> Owner's & Contractors Prot.<br><input type="checkbox"/>  | <b>AXIS SUPRLUS INS CO</b><br>POLICY NUMBER: <b>TBD</b><br>POLICY PERIOD FROM: <b>7-11-2014</b> TO: <b>7-11-2015</b>        | GENERAL AGGREGATE <b>\$2,000,000</b><br>PRODUCTS-COMP/OP AGG. <b>Included</b><br>PERSONAL & ADV. INJURY <b>\$1,000,000</b><br>EACH OCCURRENCE <b>\$1,000,000</b><br>FIRE DAMAGE (Any one fire) <b>\$50,000</b><br>MED. EXPENSE (Any one person) <b>\$5,000</b> |
| <b>MOTOR TRUCK CARGO</b>  | POLICY NUMBER:<br>POLICY PERIOD FROM: TO:   | PER VEHICLE<br>PER DISASTER<br>DEDUCTIBLE<br>REEFER LIMIT<br>REEFER DEDUCTIBLE   |
| <b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>  | <b>MIDWEST EMPLOYERS</b><br>POLICY NUMBER: <b>Q-08531</b><br>POLICY PERIOD FROM: <b>1-1-2014</b> TO: <b>1-1-2015</b><br>ATA | STATUTORY LIMITS<br>EACH ACCIDENT <b>\$1,000,000</b><br>DISEASE-POLICY LIMIT <b>\$1,000,000</b><br>DISEASE-EACH EMPLOYEE <b>\$1,000,000</b>  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 0 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.

SAMPLE CERTIFICATE OF INSURANCE

**AUTHORIZED REPRESENTATIVE**

*William F Hamrick*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/27/2014

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).

|  |  |  |
|--|--|--|
| <b>PRODUCER</b><br>Farris Evans Insurance Agency, Inc.<br>1568 Union Avenue<br>Memphis TN 38174-0996   | <b>CONTACT NAME:</b><br>PHONE (A/C No, Ext): 901-274-5424      FAX (A/C, No): 901-272-0207<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: SOUTH04 |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b> NAIC #  |  |
| <b>INSURED</b><br>Southeast Logistics Inc, SEL Alabama Inc DBA<br>Southeast Logistics & SEL Inc DBA Southeast Logistics<br>P O Box 1309<br>Tuscaloosa AL 35403 | <b>INSURER A:</b> Cherokee Insurance Company      10642  |  |
|  | <b>INSURER B:</b>  |  |
|  | <b>INSURER C:</b>  |  |
|  | <b>INSURER D:</b>  |  |
|  | <b>INSURER E:</b>  |  |
|  | <b>INSURER F:</b>  |  |

**COVERAGES**      **CERTIFICATE NUMBER:** 486822016      **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 EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                        |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          | CA140133      | 7/1/2014                | 7/1/2015                | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |               |                         |                         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br>WC STATUTORY LIMITS    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |
| A        | Motor Truck Cargo  |           |          | MC140099      | 7/1/2014                | 7/1/2015                | 100,000      Vehicle<br>200,000      Catastrophe  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Trailer Interchange: Cherokee Insurance Company / Policy #CA140133 / Effective 7/1/14 - 7/1/15 / \$35,000. Limit / \$1,000. Deductible

**CERTIFICATE HOLDER****CANCELLATION**

TO WHOM IT MAY CONCERN

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