

## CERTIFICATE OF INSURANCE

<b>INSURED</b>	Phone	205-759-1818
<b>Southeast Logistics Inc.</b>		
P O Box 1309		
Tuscaloosa AL 35403		
Fed ID #	MC #	342627

**ISSUE DATE:** 12-22-2014  
**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:	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"/> Per Loc Agg	<b>AXIS SURPLUS INS CO</b> POLICY NUMBER: <b>GAGLN0144AX</b> POLICY PERIOD FROM: <b>7-1-2014</b> TO: <b>7-1-2015</b>	GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS-COMP/OP AGG. <b>Included</b> PERSONAL & ADV. INJURY <b>\$1,000,000</b> EACH OCCURRENCE <b>\$1,000,000</b> FIRE DAMAGE (Any one fire) <b>\$50,000</b> MED. EXPENSE (Any one person) <b>\$5,000</b>
<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>ESSEX INSURANCE COMPANY</b> POLICY NUMBER: <b>3DR7775</b> POLICY PERIOD FROM: <b>1-1-2015</b> TO: <b>1-1-2016</b> ATA	STATUTORY LIMITS EACH ACCIDENT <b>\$1,000,000</b> DISEASE-POLICY LIMIT <b>\$1,000,000</b> DISEASE-EACH EMPLOYEE <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

\*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*

