

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2015

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).

С	ertifi	icate holder in lieu	of such endor	sem	ent(s).	cies may require an er			on th	s certificate does no	COIII	er rights to the	
PRODUCER HORACE WILKINSON INSURANCE AGENCY INC						CONTACT HORACE WILKINSON INSURANCE AGENCY INC							
1910 FLORIDA BLVD							PHONE (A/C, No, Ext): 225-664-8553 FAX (A/C, No): 225-664-9451						
DENHAM SPRINGS, LA 70726-4911								E-MAIL ADDRESS: horace@horacewilkinson.com					
								INSURER(S) AFFORDING COVERAGE					
HEURRECE							INSURER A : STATE FARM FIRE AND CASUALTY COMPANY				25143		
INSURED PC WORKSTATION						INSURER B:							
8447 FLORIDA BLVD U DENHAM SPRINGS,LA					71		INSURER C : INSURER D :						
DEMINIOUS MINOS, EA 10120							INSURER E :						
							INSURER F:						
co	VER	RAGES	CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
C	DICA ERTI	ATED. NOTWITHSTA FICATE MAY BE IS	ANDING ANY RE SSUED OR MAY	QUIF PER POL	REMEN' TAIN, T ICIES, L	ANCE LISTED BELOW HAT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT T	TO WHICH THIS	
NSR LTR	TYPE OF INSURANCE			ADDL SUBR INSR WYD POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS		
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY					98-BR-F569-3F	08/01/2014	08/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	3,000,000		
		CLAIMS-MADE OCCUR								MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$		
	199									GENERAL AGGREGATE	\$	6,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AG		6,000,000	
	POLICY JECT LOC					045 0004 400 400 4	204	01/23/2015	A71001004F	COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY			245 9064-		245 9064-A23-18D-0	-A23-18D-001		07/23/2015	(Ea accident) BODILY INJURY (Per person	\$	400.000	
	×	ANY AUTO ALL OWNED SCHEDULED								BODILY INJURY (Per accide		100,000	
		AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE		300,000	
		HIRED AUTOS	AUTOS							(Per accident)	\$	100,000	
	-	/manager / A / / A / / A	L								\$		
		UMBRELLA LIAB	OCCUR	L						EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				-					WC STATU- OT			
										TORY LIMITS E			
OFFI		PROPRIETOR/PARTNER/EXECUTIVE DE/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$			
		ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOY			
	DESCRIPTION OF OPERATIONS below			_				1		E.L. DISEASE - POLICY LIM	1 5		
										L			
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (Attach A	CORD 101, Additional Remarks	Schedul	e, if more space i	s required)				
CE	RTIF	ICATE HOLDER					CAN	CELLATION					
PC WORKSTATION 8447 FLORIDA BLVD UNIT 7I DENHAM SPRINGS,LA 70726								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					