

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2017

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 have ADDITIONAL INSURED provisions or 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)

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PRODUCER	COMPANY		CONTACT NAME: CLIENT CONTACT CENTER				
FEDERATED MUTUAL INSURANCE ( HOME OFFICE: P.O. BOX 328	COMPANY		PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 5		664		
OWATONNA, MN 55060			E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM				
			INSURER(S) AFFORDING COVERAG	SE .	NAIC#		
			INSURER A: FEDERATED MUTUAL INSURANCI	E COMPANY	13935		
INSURED	37	70-215-6	INSURER B:				
CCI OF ARKANSAS INC			INSURER C:				
8220 MAC ARTHUR DR NORTH LITTLE ROCK, AR 72118-213	0		INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 0		REVISION N	JMBER: 0	· ·		

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.

	TOTAL CONDITIONS OF SUCH POLICIES. LIMI							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
l							MED EXP (Any one person)	\$5,000
A		N	N	6047632	09/01/2017	09/01/2018	PERSONAL & ADV INJURY	\$1,000,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
l	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l				N 6047632	09/01/2017	09/01/2018	BODILY INJURY (Per person)	
Α			N				BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X UMBRELLA LIAB X OCCUR					,	EACH OCCURRENCE	\$1,000,000
Α	EXCESS LIAB CLAIMS-MADE	N	N	6047634	09/01/2017	09/01/2018	AGGREGATE	\$1,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		A N	6047633 09/	09/01/2017	09/01/2018	X PER STATUTE OTH- ER	
Ι.	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$1,000,000
^	A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER		CANCELLATION
A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE	00	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HOLDERS.		AUTHORIZED REPRESENTATIVE

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