

# Commercial Certificate of Insurance



**FARMERS**

Agency • JOSH SMITH AGENCY FARMERS  
 Name • 1351 DECATUR HWY SUITE 109  
 & • FULTONDALE, AL 35068  
 Address •

Issue Date (MM/DD/YY) 03/03/09

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 shown below.

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### Companies Providing Coverage:

Insured  
 Name • A P PROPERTIES INC.  
 & • 433 B HARDEN RD  
 Address • GARDENDALE, AL 35071

Company A Truck Insurance Exchange  
 Letter  
 Company B Farmers Insurance Exchange  
 Letter  
 Company C Mid-Century Insurance Company  
 Letter  
 Company D

### Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	603561352	02/14/09	02/14/10	General Aggregate Products-Comp/OPS Aggregate	\$ 2,000,000 \$ 2,000,000
					Personal & Advertising Injury Each Occurrence	\$ Included \$ 1,000,000
					Fire Damage (Any one fire)	\$ 100,000
					Medical Expense (Any one person)	\$ 5,000
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Combined Single Limit	\$
					Bodily Injury (Per person)	\$
					Bodily Injury (Per accident)	\$
					Property Damage	\$
					Garage Aggregate	\$
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory Each Accident	\$ \$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

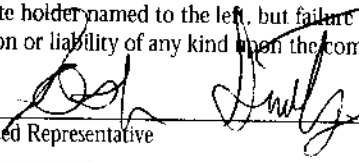
Description of Operations/Vehicles/Restrictions/Special items:

### Certificate Holder

Name • J. H. Berry & Gilbert, Inc  
 • 3125 Independence Drive Suite 125  
 & • Birmingham, AL 35209  
 Address •

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

  
 Authorized Representative