

# CERTIFICATE OF INSURANCE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/18/2016

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> McDaniel-Whitley, Inc. P.O. Box 382007 Memphis TN 38183-2007		<b>CONTACT NAME:</b> Shirley Sappington <b>PHONE (A/C, No, Ext):</b> (901) 881-6464 <b>FAX (A/C, No):</b> (901) 881-6467 <b>E-MAIL ADDRESS:</b> ssappington@mcwins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Continental Casualty Company	<b>NAIC #</b> 35289
<b>INSURED</b> James I Zachary, Inc.; Mobile Health Screenings, 7990 Trinity Rd Ste 116 Cordova TN 38018		<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1510910770                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B4024193574	10/13/2015	10/13/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ EXCLUDED
							Hired & Non-owned Auto	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B4024193574	10/13/2015	10/13/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			B4024195034	10/13/2015	10/13/2016	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> jiz@memphisdrugtest.com Shelby County Government 160 M. Main Memphis, TN 38103	<b>CANCELLATION</b> 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 R Whitley/SHIRSA <i>Richard Whitley</i>
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<b>Master Policy Named insured</b> National Professional Purchasing Group Association, Inc. c/o Lockton Affinity, LLC P. O. Box 410679 Kansas City, Missouri 64141-0679	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 CERTIFICATE DESCRIBED BELOW.
<b>Named Insured Member:</b> James Zachary / Mobile Health Screenings, Inc. 7990 Trinity Rd, Suite 119 Cordova, TN 38018  Member Certificate Number: 110-1000714-03	<b>INSURERS AFFORDING COVERAGE:</b>  <b>Certain Underwriters at Lloyd's, London</b>

THE CERTIFICATE OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DOCUMENT MAY PERTAIN, THE INSURANCE AFFORDED BY THE CERTIFICATE ISSUED TO THE MEMBER NAMED ABOVE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE MASTER POLICY TO WHICH IT REFERS TO. AGGREGATE LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**1. Unique Market Reference Number: B0713GLOPR1500702**

**2. Policy Period:** The **Policy Period** shall commence during the **Policy Period** set forth below. Coverage shall commence from the date upon which the **Named Insured** holds a valid RPG membership during the **Policy Period** and shall continue up to but not exceeding 365 days in all.

From: 05/22/2016  
To: 05/22/2017

Both dates at 12:01 a.m Local Time at the address stated in Item 1 above.

**3. Policy Administrator: Lockton Affinity, LLC P.O. Box 410679 Kansas City, MO 64141-0679**

**4. Insuring Agreements and Limits of Liability**

<b>A. Professional Liability:</b>	
i. Each <b>Claim</b> includes <b>Claims Expenses</b>	\$1,000,000
ii. <b>Aggregate Limit of Liability</b> includes <b>Claims Expenses</b>	\$3,000,000
<b>B. General Liability (includes Host Liquor Liability)</b>	
i. Each <b>Claim</b> includes <b>Claims Expenses</b>	\$1,000,000
ii. <b>Aggregate Limit of Liability</b> includes <b>Claims Expenses</b>	\$3,000,000
<b>C. Fire/Water Damage Legal Liability</b> from any one fire or <b>Water Damage</b> includes <b>Claims Expenses</b>	\$100,000
<b>D. Medical Expense Payments</b>	
i. Each Person	\$2,000
ii. <b>Aggregate Limit of Liability</b>	\$50,000
<b>E. Policy Aggregate Limit of Liability</b> includes <b>Claims Expenses</b>	\$3,000,000
Supplementary payments are in addition to these limits.	

<b>CERTIFICATE HOLDER</b>  Shelby County Government 160 N Main Street Ste 950 Memphis, TN 38103	<b>CANCELLATION</b> SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS <hr/> <b>AUTHORIZED REPRESENTATIVE</b> 
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ONE TOWER SQUARE  
HARTFORD, CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (INUB-8538P03-7-16)  
RENEWAL OF (INUB-8538P03-7-15)

INSURER: THE PHOENIX INSURANCE COMPANY

1. NCCI CO CODE: 12610

INSURED:

MOBILE HEALTH SCREENING, INC.  
7990 TRINITY RD STE 116  
CORDOVA TN 38018

PRODUCER:

LINDER INSURANCE AGENCY  
7716 POPLAR PIKE STE 1  
GERMANTOWN TN 38138

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-17-16 to 03-17-17 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

TN

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

- Bodily Injury by Accident: \$ 1000000 Each Accident
- Bodily Injury by Disease: \$ 1000000 Policy Limit
- Bodily Injury by Disease: \$ 1000000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI  
MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TX UT VA VT WI  
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 02-01-16 SS

OFFICE: NASHVILLE 119

PRODUCER: LINDER INSURANCE AGENCY

DIRECT BILL

CPH09