

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> Regions Insurance Inc -Memphis 6000 Poplar Ave. Suite 300 Memphis, TN 38119 901 684-3290	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 901 684-3290	FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> John R. Pruett, Architect 1869 Madison Ave. Memphis, TN 38104	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Sentinel Insurance Company, Ltd		11000
	<b>INSURER B:</b> Hartford Insurance Co of the Mi		37478
	<b>INSURER C:</b> Continental Casualty Company		20443
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

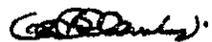
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		20SBAKM0311	06/05/2015	06/05/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							\$
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY			20SBAKM0311	06/05/2015	06/05/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>		20SBAKM0311	06/05/2015	06/05/2016	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20WECRU9862	06/05/2015	06/05/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Professional Liability			SFH114125828	06/14/2013	06/14/2016	1,000,000 Per Claim 2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Professional Liability is Claims-Made Coverage. \$1,000 Deductible applies

Shelby County Government is named as additional insured in respects to general liability coverage when required by written contract or agreement re RFQ# 16-003-59 Countywide Architectural Design Services for Shelby County, Tennessee

<b>CERTIFICATE HOLDER</b> Shelby County Government Purchasing Department 160 N. Main Street, Ste. 900 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 
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6000 Poplar Avenue, Suite 300  
Memphis, TN 38119  
901.684.3290 Phone  
901.684.3260 Fax

January 19, 2016

Shelby County Government  
Purchasing Department  
160 N. Main St., Suite 900  
Memphis, TN 38103

RE: John Pruett Architects  
Professional Liability Policy SFH114125828

To Whom It May Concern:

John Pruett Architects is eligible to obtain increase limits of Professional Liability insurance providing a \$3,000,000 aggregate limit of coverage. This has previously been confirmed with the carrier Continental Casualty Company.

Should John Pruett Architects be awarded the pending contract requiring this limit we will increase coverage to comply with the insurance limits required.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "George G. Clarke, Jr.", written in black ink.

George G. Clarke, Jr.  
Senior Account Executive

(901) 684-3324  
[George.Clarke@regions.com](mailto:George.Clarke@regions.com)