ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/16/2016

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).

PRODUCER
Scott Insurance (Rich)
1700 Bayberry Court Ste. 200
Richmond VA 23226

CONTACT NAME: Cherice Tracy
PHONE (A/C, No, Ext): 804-545-2234 FAX (A/C, No): 434-455-8524
E-MAIL ADDRESS: ctracy@scottins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Columbia Casualty Company (A)	31127
INSURER B: American Casualty Company of Readin	20427
INSURER C: Valley Forge Insurance Company (A)	20508
INSURER D: Transportation Insurance Company (A	20494
INSURER E:	
INSURER F:	

INSURED AVERT-1
Avertest, LLC
dba Avertest
1700 Bayberry Court Ste 105
Richmond VA 23226

COVERAGES **CERTIFICATE NUMBER:** 273098880 **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	X COMMERCIAL GENERAL LIABILITY	Y		HMA 4032149325	5/1/2016	5/1/2017	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
	X Deductible $2500						MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PRO-JECT LOC						GENERAL AGGREGATE	$3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$3,000,000
							PROF LIAB SEE BELOW	$
B	AUTOMOBILE LIABILITY			BUA5092191648	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X Hired Car PD						HCPD ACV	$
A	X UMBRELLA LIAB OCCUR			HMC 4032149373	5/1/2016	5/1/2017	EACH OCCURRENCE	$1,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$1,000,000
	DED X RETENTION $ 10,000							$
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC5092191682	5/1/2016	5/1/2017	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WC616632990	5/1/2016	5/1/2017	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	PROFESSIONAL LIAB Claims Made			HMA 4032149325	5/1/2016	5/1/2017	Per Claim	1,000,000
							Aggregate	3,000,000
							Ded- Indemnity Only	2,500

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

Hired Car Physical Damage Deductible Comp $100 and Collision $500
The Shelby County Government, its elected officials, appointees, employees and members of boards, agencies and commissions are additional insureds on a primary basis with a waiver of subrogation as respects general liability, as required by written contract, for the operations of the named insured. Waiver of subrogation as respects workers compensation as required by written contract, with respect to the operations of the named insured.

CERTIFICATE HOLDER

Shelby County Government
Contracts Administration Section
County Attorney's Office
160 N. Main Street, 9th Floor, Suite 950
Memphis TN 38103

CANCELLATION

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
Stacy W. Hall

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