



# CERTIFICATE OF LIABILITY INSURANCE

OP ID CJ

DATE (MM/DD/YYYY)

09/16/10

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).

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|-------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| <p><b>PRODUCER</b></p> <p>The Farmers Agency, Inc<br/>         114 North Johnson St<br/>         Ashburn GA 31714<br/>         Phone: 229-567-9550 Fax: 229-567-9435</p> | <p><b>CONTACT NAME:</b></p> <p><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____</p> <p><b>E-MAIL ADDRESS:</b> _____</p> <p><b>PRODUCER CUSTOMER ID #: SMITH-4</b></p>                                                                                                                                                                                                                                                                                                    |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| <p><b>INSURED</b></p> <p>Smith Consulting Group<br/>         736 Eagle Mill Court<br/>         Marietta GA 30068</p>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: Penn America</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b> | INSURER A: Penn America |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                                     | <b>NAIC #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Penn America                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |                         |  |            |  |            |  |            |  |            |  |            |  |

**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                                                              |                                      |                              | SUB1013378    | 07/31/10                | 07/31/11                | EACH OCCURRENCE                           | \$ 1000000 |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |                                      |                              |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50000   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                                      |                              |               |                         |                         | MED EXP (Any one person)                  | \$ 5000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                             |                                      |                              |               |                         |                         |                                           |            |
|          | <input type="checkbox"/> POLICY                                                | <input type="checkbox"/> PRO-JECT    | <input type="checkbox"/> LOC |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1000000 |
|          |                                                                                |                                      |                              |               |                         |                         | GENERAL AGGREGATE                         | \$ 2000000 |
|          |                                                                                |                                      |                              |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ EXC     |
|          |                                                                                |                                      |                              |               |                         |                         |                                           | \$         |
|          | AUTOMOBILE LIABILITY                                                           |                                      |                              |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$         |
|          | <input type="checkbox"/> ANY AUTO                                              |                                      |                              |               |                         |                         | BODILY INJURY (Per person)                | \$         |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                       |                                      |                              |               |                         |                         | BODILY INJURY (Per accident)              | \$         |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                       |                                      |                              |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$         |
|          | <input type="checkbox"/> HIRED AUTOS                                           |                                      |                              |               |                         |                         |                                           | \$         |
|          | <input type="checkbox"/> NON-OWNED AUTOS                                       |                                      |                              |               |                         |                         |                                           | \$         |
|          |                                                                                |                                      |                              |               |                         |                         |                                           | \$         |
|          | UMBRELLA LIAB                                                                  |                                      |                              |               |                         |                         | EACH OCCURRENCE                           | \$         |
|          | <input type="checkbox"/> EXCESS LIAB                                           | <input type="checkbox"/> OCCUR       |                              |               |                         |                         | AGGREGATE                                 | \$         |
|          | <input type="checkbox"/> DEDUCTIBLE                                            | <input type="checkbox"/> CLAIMS-MADE |                              |               |                         |                         |                                           | \$         |
|          | <input type="checkbox"/> RETENTION \$                                          |                                      |                              |               |                         |                         |                                           | \$         |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |                                      |                              |               |                         |                         | WC STATUTORY LIMITS                       | OTH-ER     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)    |                                      | <input type="checkbox"/> Y/N |               |                         |                         | E.L. EACH ACCIDENT                        | \$         |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         |                                      | <input type="checkbox"/> N/A |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$         |
|          |                                                                                |                                      |                              |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**For information purposes only**

|                                                                                                   |                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CERTIFICATE HOLDER</b></p> <p style="text-align: center;">For information purposes only</p> | <p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Tim V. Branch </p> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|