

Resident Vendor Preference Certificate/Request Form

| 7) | State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130 | Request for Quotation | HHR90023 4 AGORESS CORRESPONDENCE TO ATTENTION OF ROBERTA WAGNER 504-558-0067 |
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| 06/30/ | | | | | | | | | FOB. | * | <u> </u> | HT TERMS |
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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

HHR90023

PAGE 6

ADDRESS CORRESPONDENCE TO ATTENTION OF THE ROBERTA WAGNER
304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

The Arnold Agency 117 Summers Street Charleston, WV 25301 HEALTH AND HUMAN RESOURCES VARIOUS LOCALES AS INDICATED BY ORDER

| 06/30/ | 2008 | | | | | | | | | |
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| OPENING DATE: | E Star Same | 08/06/ | 2008 | V | | BID | OPENING | TIME | 01:30PM | |
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STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

West Virginia Code §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and is in compliance with the requirements as stated

| Vendor's Name: | THE ARNOLD AGEN | CY | | | |
|------------------------------|-----------------|---------|-------|---|--|
| Authorized Signature: | Strenk. | Moneyor | Date: | 8/4/08 | |
| Durahasina Affidavit (Davina | 4 07/04/00) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |



(No-Debt) Purchasing Affidavit

RFQ No. HHR90023

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STATE OF WEST VIRGINIA Purchasing Division

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I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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| Vendor's Name: | THE ARROLD AGEN | CY | • | | ALICO |
|-------------------------------|-----------------|---------|-------|--------|----------------|
| Authorized Signature: | Strenk. | Moreson | Date: | 8/4/08 | ———— <u>——</u> |
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BID BOND

| KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned | The Arnold Agency |
|---|---|
| of 117 Summers Street , Charleston W 25301 | , as Principal, and American Southern Insurance Company |
| of 18100 Jefferson Park Rd Middleburg Hts OH a corporation | organized and existing under the laws of the State of |
| Kansas with its principal office in the City of Atlanta CA | |
| of West Virginia, as Obligee, in the penal sum of One Hundred Thousand and | (\$_100,000.00) for the payment of which, |
| well and truly to be made, we jointly and severally bind ourselves, our heirs, ad | no/100 iministrators, executors, successors and assigns |
| The Condition of the above obligation is such that whereas the Princip | oal has submitted to the Purchasing Section of the |
| Department of Administration a certain bid or proposal, attached hereto and ma | ade a part hereof, to enter into a contract in writing for |
| Provide Comprehensive Advertising and Marke | ting Services for the Entire West Virginia |
| Dept of Health & Human Resources | |
| | |
| NOW THEREFORE, | |
| (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal shall enter into a conference and shall furnish any other bonds and insurance required by the bid or pagreement created by the acceptance of said bid, then this obligation shall be afforce and effect. It is expressly understood and agreed that the liability of the Sexceed the penal amount of this obligation as herein stated. | proposal, and shall in all other respects perform the null and void, otherwise this obligation shall remain in full |
| exceed the penal amount of this obligation as herein stated | |
| The Surety, for the value received, hereby stipulates and agrees that way impaired or affected by any extension of the time within which the Obligee waive notice of any such extension. | |
| IN WITNESS WHEREOF, Principal and Surety have hereunto set their | r hands and seals, and such of them as are corporations |
| have caused their corporate seals to be affixed hereunto and these presents to | be signed by their proper officers, this |
| 6th day of <u>August</u> , 20 <u>08</u> | |
| Principal Corporate Seal | The Armald Agency |
| Filliopal Corporate Seal | (Name of Principal) |
| | By Show K. Mouser |
| | (Must be President or |
| | Vice President) |
| | Executive Vice President |
| | (Title) |
| Surety Corporate Seal | American Southern Insurance Company (Name of Surety) |
| | SAH |
| | Attorney-in-Fact |
| IMPORTANT – Surety executing bonds must be licensed in West Virginia | Artirew G. Hearer |
| must be affixed, a power of attorney must be attached. | a name of during mountaines. Italieur comportito doule |

AMERICAN SOUTHERN INSURANCE COMPANY

Home Office: 200 S.W 30th Street

Topeka, Kansas 66611

Mailing Address: 3715 Northside Pkwy, NW

Bldg 400, Ste 800 Atlanta, Georgia 30327

GENERAL POWER OF ATTORNEY

Know all men by these Presents, that the American Southern Insurance Company had made, constituted and appointed, and by these presents does make, constitute and appoint Stefan E. Tauger of Parker, Colorado; Donald J. Kersey of Birmingham, Alabama; Arthur S Johnson of Atlanta, Georgia; Jessica B Gardiner of Loganville, Georgia; Mary F Holland of Chamblee, Georgia; Donald H. Gibbs of Atlanta, Georgia; Andrew C. Heaner of Atlanta, Georgia; Richard L. Shanahan of Atlanta, Georgia; Katherine S. Grimsley of Tampa, Florida; Jeffery L. Booth of Parma, Ohio; James E. Feldner of West Lake, Ohio; Cheryl L. Torrao of Canton, Georgia; Lloyd Randall Deal of Kennesaw, Georgia; Garry W. Black of Murfreesboro, Tennessee; Martha G Ross of Charlotte, North Carolina; or David R. Brett of Columbia, South Carolina, EACH as its true and lawful attorney for it and its name, place and stead to execute on behalf of the said company, as surety, bonds, undertakings and contracts of suretyship to be given to all obligees provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount of the sum of \$1,000,000 (one million dollars), including but not limited to consents of surety for the release of retained percentages and/or final estimates on construction contracts or similar authority requested by the Department of Transportation, State of Florida; and the execution of such undertakings. bonds, recognizances and other surety obligations, in pursuance of the presents, shall be as binding upon the Company as if they had been duly signed by the President and attested by the Secretary of the Company in their own proper persons.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted pursuant to due authorization by the Executive Committee of the Board of Directors of the American Southern Insurance Company on the 26th day of May, 1998:

RESOLVED, that the Chairman, President or any Vice President of the Company be, and that each or any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute in behalf of the American Southern Insurance Company bonds, undertakings and all contracts of suretyship; and that any Secretary or any Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any uch Power of Attorney, and to attach thereto the seal of the Company.

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the future, with respect to any bond undertaking or contract of suretyship to which it is attached

In Witness Whereof, the American Southern Insurance Company has caused its official seal to be hereto affixed, and these presents to be signed by its President and attested by its Secretary this 13th day of June, 2007.

Attest: American Southern Insurance Company Gail A Lee, Secretary

STATE OF GEORGIA

SS:

COUNTY OF FULTON

On this 13th day of June, 2007, before me personally came Scott G Thompson to me known, who being by me duly sworn, did depose and say that he resides in Atlanta, in the County of Fulton, State of Georgia, at 421 Hollydale Court; that he is the President of American Southern Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed and that he signed his name thereto pursuant to due authorization

STATE OF GEORGIA COUNTY OF FULTON

SS:

Candace T. Cheatham Notary Public, State of Georgia Qualified in DeKalb County

Commission Expires December 7, 2009

I, the undersigned, a Vice President of American Southern Insurance Company, a Kansas Corporation. DO HEREBY CERTIFY that the foregoing

and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Executive Committee of the Roard of Directors set forth in the Power of Attorney is now in force. ME DU. 1 CHEATHA Signed and sealed at the City of Atlanta Dated the 6th

Power No. Vice President

American Southern Insurance Company NAIC Company Code 10235 NAIC Group Code 587

Statutory Financial Statement

As of December 31, 2006

| ASSETS | | LIABILITIES | |
|--|--|---|-------------------|
| Boncis | \$54,206,267 | Reserve for Losses and Loss Expense | \$33,388,2 |
| Stocks | 26,239,019 | Reserve for Unearned Premiums | 21,217,9 |
| Cash and Short-Term Investments | 11,444,228 | Reserve for Expenses, Paxes, Licenses and Pees | 9,057,8 |
| Agerats Balances or Uncollected with Rein sured Companies | 9,466,223 | Payable to Parents, Subsidiaries and Affiliates | 273,2 |
| Other Assets | 3,170,263 | Other Liabilities | 5,650,9 |
| | | Total Liabilities | 69,588,1 |
| | | POLICYHOLDERS' SURPLUS | 3,000,0 |
| | | Capital Stock | |
| | | Surplus | 31,937,8 |
| | | Total Policyholders' Surplus | 34,937,8 |
| l'otal Assols | \$104,526,000 | Total Liabilities and Policyholders' Surplus | \$104,526,0 |
| | المراب و حدد وارسم معملوالشام أوجوار مواسد الرافع الأن | · | |

CERTIFICATE

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assols were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, samexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

State of Georgia County of Fulton

On the 26th day of January 2007; before me came the above named officers of the American Southern Insurance Company to me personally known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the scal of said company thereto by authority of their office

> Melonie Coppola, Notary Public May Commission Expires. May 17, 2010



Bid and Performance Bonds

| | Agency Health & Human Resources |
|---|---|
| | REQ P O# EPR90023 |
| 8 | ID BOND |
| KNOW ALL MEN BY THESE PRESENTS, That we, th | e undersigned. The Armold Agency |
| of 117 Summers Street Charleston W | V 25301, as Principal and American Southern Insurance Conpeny |
| of 18100 Jefferson Park Rd Middleburg Hts CH | a corporation organized and existing under the laws of the State of |
| Kansas with its principal office in the City of Atlant | |
| of West Virginia, as Obligee in the penal sum of One Hardred | • |
| well and truly to be made, we jointly and severally bind ourselve | s, our heirs administrators, executors, successors and assigns. |
| | eas the Principal has submitted to the Purchasing Section of the |
| Department of Administration a certain bid or proposal, attached | hereto and made a part hereof, to enter into a contract in writing for |
| | ng and Marketing Services for the Entire West Virginia |
| Dept of Health & Himan Resource: | 3 |
| | |
| NOW THEREFORE, | |
| (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal shall | enter into a contract in accordance with the bid or proposal attached |
| hereto and shall furnish any other bonds and insurance required | by the hid or proposal, and shall in all other respects perform the |
| force and effect. It is expressly understood and agreed that the lexceed the penal amount of this obligation as herein stated | ation shall be null and void, otherwise this obligation shall remain in full iability of the Surety for any and all claims hereunder shall, in no event |
| The Surety, for the value received, hereby slipulates an way impaired or affected by any extension of the time within whice waive notice of any such extension. | d agrees that the obligations of said Surety and its bond shall be in no th the Obligee may accept such bid, and said Surety does hereby |
| IN WITNESS WHEREOF Principal and Surety have he | reunto set their hands and seals, and such of them as are corporations |
| have caused their corporate seals to be affixed hereunto and the | se presents to be signed by their proper officers, this |
| 6th day of August 20 08 | |
| Principal Corporate Seal | The Arpelid Agency |
| | (Name of Principal) |
| | By OTHER K. Promeran |
| | (Must be President or Vice President) |
| | Sandia Vi Day V. + |
| | (Title) |
| Surety Corporate Seal | American Southern Insurance Company (Name of Surety) |
| | A La |
| | SQH) |
| | Attorney-in-Fact |
| IMPORTANT - Surety executing bonds must be licensed in W | lest Virginia to transact surely incurance. Baicad cornerate and a |



American Southern Insurance Company NAIC Company Code 10235 NAIC Group Code 587

Statutory Financial Statement

As of December 31, 2006

| ASSETS | | Liabelytes | |
|--|---------------|---|-------------|
| Ronds | \$54,206,267 | Reserve for Losses and Loss Expense | \$33,388,2 |
| Stoc les | 26,239,019 | Reserve for Uncurred Premiums | 21,217,9 |
| Cash and Short-Term Investments | 11,444,228 | Reserve for Expenses, Taxas, Licenses and Fees | 9,057,81 |
| Agents Balances or Uncollected with Rein sureli Companies | 9,466,223 | Puyable to Parents, Subsidiaries and Affiliates | 273,2 |
| Other Assets | 3,170,263 | Other Liabilities | 5,650,9 |
| Otto: | • | Total Liabilities | 69,588,1. |
| • | | POLICYHOLDERS' SURPLUS | |
| | | Capital Stock | 1,000,0 |
| | 1 | Surplus | 31,937,8 |
| • | | Tatal Policyhalders' Surplus | 34,937,8 |
| Tota. I Assols | \$104,526,000 | Total Liabilities and Policyholders' Surplus | \$104,526,0 |

Bonds and slocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners (NAIC).

CERTIFICATE

The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the obsolute property of the said reporting entity, free and elter from any lieus or claims thereon, except as terois stated, and that this statement, together with related exhibits, schedules and explanations therein contained, amenced or referred to, is a full and true statement of all the assets and liabilities and of the conclusion and affairs of the said reporting contained, amenced or referred to, as full and true statement of all the assets and liabilities and of the conclusion and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law may differ or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and boilef, respectively.

State of Georgia County of Fulton

On the 26th day of January 2007; before me same the above named officers of the American Southern Insurance Company to me personally known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein, and acknowledge that they executed the foregoing instrument and officers described herein. said company thereto by authority of their office.

> Melonie Coppels, Notery Public My Commission Expires, May 17, 2010



If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACCIRD 25 (2001/08)



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ACORD 25 (2001/08)

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) OPID MS THEARA1 07/10/08 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION Jim Lively Ins (Charleston) ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE 4702 MacCorkle Ave. HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR PO Box 9468 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. uth Charleston WV 25309 one: 304-768-1234 Fax: 304-766-7172 **INSURERS AFFORDING COVERAGE** NAIC# INSURED INSURER A: Zurich Insurance Company INSURER B: BrickStreet Mutual Ins. The Arnold Agency Arncat, LLC 117 Summers Street Charleston WV 25301 INSURER C: INSURER D INSURER E: **COVERAGES** 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADD'L LTR INSRD POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY) POLICY NUMBER **TYPE OF INSURANCE** LIMITS

GENERAL LIABILITY EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurence) A COMMERCIAL GENERAL LIABILITY PAS00211344 10/12/07 10/12/08 \$ 1000000 CLAIMS MADE OCCUR MED EXP (Any one person) \$ 10000 X Business Owners PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ POLICY **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO ALL OWNED AUTOS BODILY INJURY SCHEDULED AUTOS HIRED AUTOS BODILY INJURY \$ (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE \$ GARAGE LIABILITY AUTO ONLY - EA ACCIDENT \$ ANY AUTO EA ACC \$ OTHER THAN AUTO ONLY: AGG EXCESS/UMBRELLA LIABILITY EACH OCCURRENCE \$2,000,000 Ά X OCCUR CLAIMS MADE PAS00211344 10/12/07 10/12/08 AGGREGATE \$ 2,000,000 \$ DEDUCTIBLE \$ X RETENTION \$ O \$ WORKERS COMPENSATION AND X TORY LIMITS **EMPLOYERS' LIABILITY** В WC10036902-05 06/20/08 06/20/09 E.L. EACH ACCIDENT \$ 100000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 100000 If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT | \$ 500000 OTHER BUILDING 656000 PROPERTY 163900

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Advertising Agency

| CERTIF | CATE | HOL | DER |
|--------|------|-----|-----|

DEPARTMENT OF HEALTH AND HUMAN RESOURCES (ROOM 206) OFFICE OF COMMUNICATIONS 1900 KANAWHA BLVD E. BLDG 3 CHARLESTON WV 25305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 NOTICE TO THE CERTIFICATE HOUDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Rob Grishaber

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2008

| | _ | | | | | | 07/10/2008 | |
|-----------------------------------|------------------------|---|---|---|--------------------------------------|---|---------------------|--|
| JIM LIVELY INSURANCE P O BOX 1633 | | | | 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 BELOW. | | | | |
| OA | ΚH | ILL WV 25901 | | INSURERS A | FFORDING COVER | RAGE | NAIC# | |
| INS | JRED | | ······································ | | TIONAL CASUAL | | TRAIO # | |
| 1 | | THE ARNOLD AGENCY | INC | INSURER B: | | TT OOM AIT | **** | |
| ĺ | | 117 SUMMERS STREE | | | | | | |
| | | CHARLESTON WV 253 | 301 | INSURER C: | | | | |
| | | | | INSURER D: | | | | |
| | /ED/ | OCES. | | INSURER E: | | | | |
| | | AGES OLICIES OF INSURANCE LISTED BELO | NA HAVE BEEN ICCUED TO THE INC | LIDED MANED ADO | AT FOR THE BOLLO | When he was a second | | |
| P P | NY RE ERTA OLICE | EQUIREMENT, TERM OR CONDITION (IN THE INSURANCE AFFORDED BY ES. AGGREGATE LIMITS SHOWN MA' | OF ANY CONTRACT OR OTHER DOO THE POLICIES DESCRIBED HEREIN | CUMENT WITH RES IS SUBJECT TO A | PECT TO WHICH TH | HIS CERTIFICATE MAY BE ISS | SHED OR MAY | |
| INSR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | |
| | | GENERAL LIABILITY | | , | (| | , \$ | |
| | ĺ | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED | \$ | |
| | | CLAIMS MADE OCCUR | | | | (====================================== | \$ | |
| İ | | <u> </u> | | | | | ** | |
| | | | | | | | \$ | |
| | | GEN L AGGREGATE LIMIT APPLIES PER: | | | | | \$ | |
| | | POLICY PROJECT LOC | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | | AUTOMOBILE LIABILITY ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| | | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | | PROPERTY DAMAGE (Per accident) | 3 | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | 8 | |
| | | ANY AUTO | | | | OTHER THAN EA ACC | \$ | |
| | | | | | : | LAUTO ONLY: | \$ | |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE : | | |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE : | 5 | |
| | | | | | | : | 5 | |
| | | DEDUCTIBLE | | | | | | |
| | | RETENTION \$ | | | | | | |
| | WOR | KERS COMPENSATION AND | | | | WC STATU- OTH- | | |
| | | LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | |
| | OFF | CER/MEMBER EXCLUDED? | | | | | | |
| | If yes | , describe under CIAL PROVISIONS below | | İ | | E.L. DISEASE - POLICY LIMIT : | | |
| A | OTHE | | LS040597 | 10/10/0007 | 40/40/0000 | | | |
| | | DIA LIABILITY | LS040597 | 10/12/2007 | 10/12/2008 | \$1,000,000/\$1,000,00 | | |
| | | JS PROGRAM | | | | EACH LOSS/ANY ON | | |
| - 1 | | ON OF OPERATIONS / LOCATIONS / VEHIC | LES / EXCLUSIONS ADDED BY ENDORSE | MENT/SPECIAL DRO | VISIONS | PERIOD/\$25,000 SIR | | |
| | | CATE HOLDER ONLY | LLO. LAGEOGIONO ADDED DI ENDORSE | ment ForeGIAL PRU | AIGIOIAS | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | T | MATE HOLDER | | | | | | |
| CER | TIFIC | ATE HOLDER | | CANCELLATIO | ON | <u> </u> | | |
| | | Departmen of Health and | Human Services | SHOULD ANY OF | THE ABOVE DESCRIB | ED POLICIES BE CANCELLED BE | FORE THE EXPIRATION | |
| | | Office of Communication | | DATE THEREOF 1 | THE ISSUING INSURER | WILL ENDEAVOR TO MAIL 10 | DAYS WRITTEN | |
| | | State Capitol Complex | <u> </u> | NOTICE TO THE C | ERTIFICATE HOLDER | NAMED TO THE LEFT BUT FAILU | IRE TO DO SO SHALL | |
| | | 1900 Kanawha Boulevard | d Fast | IMPOSE NO OBLI | GATION OR LIABILITY | OF ANY KIND UPON THE INSURE | R ITS AGENTS OR | |
| | | CHARLESTON WV 2530 | • | REPRESENTATIV | ES | | | |
| | | OTHER 2001 ON 44 4 2001 | | AUTHORIZED REP | | D 11-1 | 00 | |
| | | 1 | | | μ | my F Will | at | |
| ACC | RD 2 | 25 (2001/08) | | | | O ACORD CO | RPORATION 1988 | |

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