

ACORD INSURANCE BINDER

OP ID AC

DATE
11/29/05

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Edwards, Church & Muse, Inc. P. O. Box 12457 Charlotte NC 28220-2457 Brad C. Causey	PHONE (A/C, No, Ext): 704-529-4411 704-529-4422	COMPANY American Alternative Ins Corp	BINDER # 10637
CODE: AGENCY CUSTOMER ID: TURTR-1 INSURED Turner Trucking Company, LLC. P.O. Box 1096 Boiling Springs NC 28017	SUB CODE:	EFFECTIVE DATE 12/01/05	TIME 12:01
		AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>
		EXPIRATION DATE 02/01/06	TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # 73A2WC000009401			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Trucking Operation			

COVERAGES	TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	LIMITS		
				DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
GENERAL LIABILITY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
				FIRE DAMAGE (Any one fire)		\$
				MED EXP (Any one person)		\$
				PERSONAL & ADV INJURY		\$
				GENERAL AGGREGATE		\$
				PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT		\$
				BODILY INJURY (Per person)		\$
				BODILY INJURY (Per accident)		\$
				PROPERTY DAMAGE		\$
				MEDICAL PAYMENTS		\$
				PERSONAL INJURY PROT		\$
				UNINSURED MOTORIST		\$
						\$
AUTO PHYSICAL DAMAGE	<input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL	DEDUCTIBLE	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
				STATED AMOUNT		\$
				OTHER		\$
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT		\$
				OTHER THAN AUTO ONLY		\$
				EACH ACCIDENT		\$
				AGGREGATE		\$
EXCESS LIABILITY	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
				AGGREGATE		\$
				SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
				E.L. EACH ACCIDENT		\$ 500,000
				E.L. DISEASE - EA EMPLOYEE		\$ 500,000
				E.L. DISEASE - POLICY LIMIT		\$ 500,000
				FEES		\$
				TAXES		\$
				ESTIMATED TOTAL PREMIUM		\$

All officers are included.

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS Insured copy	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Bradford C. Causey</i>	

Client#: 728715

15MARYBTUR

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
12/07/05

PRODUCER

BB&T -CIC
47 Airpark Court (29607)
P.O. Box 27149
Greenville, SC 29616-2149

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.

INSURED

Mary B Turner Trucking Company, LLC
108 College Ave
P O Box 1096
Boiling Springs, NC 28017-1096

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Canal Insurance Company 10464
INSURER B: Travelers Property Casualty Insuranc 36161
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 ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (EA occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COM/OP AGG	\$
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	398875	09/01/05	09/01/06	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B		OTHER Cargo	QT660274D2949TIL05	04/06/05	04/06/06 Deductible	\$200,000	\$2,500

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

CERTIFICATE HOLDER

For Information Only.
For Original Certificate
Please call 864-297-4444

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 00 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER 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

Victoria P. Ellis

VPE

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