

STATE OF ALABAMA

SHELBY

County

KNOW ALL MEN BY THESE PRESENTS:

That I BETTY F. CUPP as principaland HARTFORD ACCIDENT & INDEMNITY COMPANY UNDER BLANDET BOND BY STATE OF ALABAMA

as sureties

are held and firmly bound unto the State of Alabama in the penal sum of \$10,000.00

Dollars.

for the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally.

Sealed with our seals and dated this 15TH day of APRIL, 1988

The condition of the above obligation is such that, WHEREAS, the above bound

BETTY F. CUPP

has been duly

to the office of NOTARY PUBLIC-STATE AT LARGE

NOW, THEREFORE, if the said BETTY F. CUPP shall faithfully discharge the duties of such office during the time he continues therein, or discharges any of the duties thereof, then this obligation shall be void, otherwise, to remain in full force and effect.

Taken and approved this 15THday of APRIL, 1988Thomas A. Brundage, Jr.
JUDGE OF PROBATEBetty F. Cupp (L. S.)

(L. S.)

(L. S.)

STATE OF ALABAMA

Shelby

County

OATH OF OFFICE

I, Betty F. Cupp, do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of the office upon which I am about to enter to the best of my ability. So help me God.

Subscribed and sworn to before me, this 15thday of April, 19 88Erlene B. Mayhew
(Name of officer administering oath)Betty F. CuppMy Commission ExpiresJan 11, 1989

INSURANCE BINDER

BINDER NO.

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

NAME AND ADDRESS OF AGENCY

Insurance & Bonds, Inc.
P.O. Box 17820
Montgomery, AL 36117

COMPANY

Hartford Accident & Indemnity Company

EFFECTIVE 12:01 a M 10-1-87
EXPIRES ☒ 12:01 AM ☐ NOON 10-1-88

☒ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAME
COMPANY PER EXPIRING POLICY # 20DBDRX8300
(except as noted below)

NAME AND MAILING ADDRESS OF INSURED

State of Alabama
State House
Montgomery, Alabama

DESCRIPTION OF OPERATION/VEHICLES/PROPERTY

PROPERTY	TYPE AND LOCATION OF PROPERTY		COVERAGE/PERILS/FORMS		AMT OF INSURANCE	DED.	COINS %

LIABILITY	TYPE OF INSURANCE		COVERAGE/FORMS	LIMITS OF LIABILITY IN THOUSANDS (000)				
	SCHEDULED FORM	COMPREHENSIVE FORM		EACH OCCURRENCE	AGGREGATE			
☐	☐ PREMISES/OPERATIONS			BODILY INJURY	\$	\$		
☐	☐ PRODUCTS/COMPLETED OPERATIONS			PROPERTY DAMAGE	\$	\$		
☐	☐ CONTRACTUAL			BODILY INJURY & PROPERTY DAMAGE COMBINED	\$	\$		
☐	OTHER (specify below)							
☐	MED. PAY. \$	PER \$ PERSON	PER ACCIDENT					
☐	PERSONAL INJURY			A	B	C	PERSONAL INJURY	\$

AUTOMOBILE	TYPE OF INSURANCE		COVERAGE/FORMS	LIMITS OF LIABILITY IN THOUSANDS (000)	
	LIABILITY	NON-OWNED		HIRED	
☐	☐ COMPREHENSIVE-DEDUCTIBLE	\$		BODILY INJURY (each person)	\$
☐	☐ COLLISION-DEDUCTIBLE	\$		BODILY INJURY (each accident)	\$
☐	☐ MEDICAL PAYMENTS	\$		PROPERTY DAMAGE	\$
☐	☐ UNINSURED MOTORIST	\$		BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
☐	☐ NO FAULT (specify)				
☐	OTHER (specify):				

☐	WORKERS' COMPENSATION - STATUTORY LIMITS (specify states below)	☐	EMPLOYERS' LIABILITY - LIMIT \$
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SPECIAL CONDITIONS/OTHER COVERAGES

NAME AND ADDRESS OF ☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADD'L INSURED

LOAN NUMBER

INSURANCE & BONDS, INC.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

9-30-87

DATE

STATE OF ALA. SHELBY CO.
COUNTY THIS
INSTRUMENT WAS FILED

1988 APR 15 AM 9:34

JUDGE OF PROBATE

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