

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY County

That I SUE A. HOLMES (STATE OF ALABAMA) as principal  
and HARTFORD ACCIDENT & INDEMNITY COMPANY

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 17TH day of FEBRUARY, 1989.

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

SUE A. HOLMES (STATE OF ALABAMA) has been duly

appointed to the office of NOTARY PUBLIC-STATE AT LARGE

NOW, THEREFORE, if the said SUE A. HOLMES (STATE OF ALABAMA)  
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 17TH

day of FEBRUARY, 19 89

Thomas A. Mendenhall, Jr.  
JUDGE OF PROBATE

Sue A. Holmes (L. S.)

(L. S.)

(L. S.)

STATE OF ALABAMA

OATH OF OFFICE

SHELBY County

SUE A. HOLMES, 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 17TH

day of FEBRUARY, 19 89

Ronald L. Jones  
(Name of officer administering oath)

Sue A. Holmes

## 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 &amp; 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.	COIN %

  

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

  

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

  

<input type="checkbox"/> WORKERS' COMPENSATION - STATUTORY LIMITS (specify states below)	<input type="checkbox"/> EMPLOYERS' LIABILITY - LIMIT \$
--	--

## SPECIAL CONDITIONS/OTHER COVERAGES

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

LOAN NUMBER

INSURANCE &amp; BONDS, INC.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

9-30-87

DATE

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

STATE OF ALA. SHELLEY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED

89 FEB 17 PM 2:37

*Thomas A. Shingleton, Jr.*  
JUDGE OF PROBATE