



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/11/14

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).

PRODUCER VFIS/SE P.O. Box 280 Lineville, AL 36266	CONTACT NAME: RJAMES	
	PHONE (A/C, No, Ext): 256-396-2055	FAX (A/C, No): 256-396-5241
INSURED SHELBY COUNTY EMERGENCY COMMUNICATION DISTRICT 1004 COUNTY SERVICES DRIVE PELHAM AL 35124	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AAIC	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

NAIC #
19720

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			TR2058404-06	10/8/13	10/8/14	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
								\$
		GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED		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 / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

PROOF OF NAMED SCHEDULE BOND ADDED 5/13/14 WITH A LIMIT OF \$3,500,000

ALAN CAMPBELL
KELLI BRASHER
JOANN BENARD

20140812000251350 1/4 \$.00
Shelby Cnty Judge of Probate, AL
08/12/2014 10:07:54 AM FILED/CERT

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ray L. Adams

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Named Insured:
SHELBY COUNTY EMERGENCY
COMMUNICATIONS DISTRICT

Policy Number: VFIS-TR-2058404-06/003
Policy Period: From 10-08-2013
To 10-08-2014

CRIME COVERAGE PART DECLARATIONS

Public Employee Dishonesty – Name Schedule

Covered Entity:
SHELBY COUNTY EMERGENCY COMMUNICATIONS DISTRICT

Name	Limit of Insurance	Deductible	Faithful Performance
ALAN CAMPBELL	\$ 3,500,000	None	No
KELLI BRASHER	\$ 3,500,000	None	No
JOANN BERNARD	\$ 3,500,000	None	No



20140812000251350 2/4 \$.00
Shelby Cnty Judge of Probate, AL
08/12/2014 10:07:54 AM FILED/CERT

American Alternative Insurance Corporation

Policy Number
VFIS-TR-2058404-06/003

Policy Period: From 10-08-2013
To 10-08-2014

COMMON POLICY CHANGE ENDORSEMENT

Named Insured SHELBY COUNTY EMERGENCY
COMMUNICATIONS DISTRICT
Agency Name VFIS

Effective Date: 05-13-14
12:01 A.M., Standard Time


POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

POSITION SCHEDULE BOND FOR SHELBY COUNTY EMERGENCY COMMUNICATIONS DISTRICT HAS BEEN DELETED

PUBLIC EMPLOYEE BLANKET BOND HAS BEEN ADDED FOR SHELBY COUNTY EMERGENCY COMMUNICATIONS DISTRICT WITH A LIMIT OF \$3,500,000 - \$250,000 BLANKET PER EMPLOYEE
\$3,250,000 BLANKET PER LOSS

NAME SCHEDULE BOND FOR SHELBY COUNTY EMERGENCY COMMUNICATIONS DISTRICT HAS BEEN ADDED WITH A LIMIT OF \$3,500,000

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME


20140812000251350 3/4 \$.00
Shelby Cnty Judge of Probate, AL
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REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

American Alternative Insurance Corporation**Policy Number****VFIS-TR-2058404-06/003****THIS ENDORSEMENT CHANGES THE POLICY.** Policy Period: From 10-08-2013**PLEASE READ IT CAREFULLY.**

To 10-08-2014

COMMON POLICY CHANGE ENDORSEMENTNamed Insured SHELBY COUNTY EMERGENCY
COMMUNICATIONS DISTRICTEffective Date: 05-13-14
12:01 A.M., Standard Time

Agency Name VFIS

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

- | | | | |
|-------------------------------------|----------------------|----|--------|
| <input type="checkbox"/> | Property | | |
| <input checked="" type="checkbox"/> | Crime | \$ | 394.00 |
| <input type="checkbox"/> | Portable Equipment | | |
| <input type="checkbox"/> | Auto | | |
| <input type="checkbox"/> | General Liability | | |
| <input type="checkbox"/> | Management Liability | | |
| <input type="checkbox"/> | | | |

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read {See Additional Page(s)}

SEE NEXT PAGE

20140812000251350 4/4 \$.00
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The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	394.00	Return
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Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.

For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:

AUTHORIZED AGENT