



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/26/2012

PRODUCER Phone: (704) 948-7730 Fax: 704-948-7443  
**INSOUTH INSURANCE SERVICES, LLC**  
**P.O. BOX 3206**  
**119 N. MAXWELL AVE**  
**HUNTERSVILLE NC 28070-3206**

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  
**STANDOUT ENTERPRISES, INC.**  
**4816 SIRUS LANE, STE B**  
**CHARLOTTE NC 28208**

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: **The Travelers Companies Inc**  
 INSURER B: **The Travelers Companies Inc**  
 INSURER C: **The Travelers Companies Inc**  
 INSURER D: **The Travelers Companies Inc**  
 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
C		<b>GENERAL LIABILITY</b>	<b>I-680-1A124561-ACJ-1</b>	<b>04/25/12</b>	<b>04/25/13</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ <b>5,000</b>
						PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
						GENERAL AGGREGATE	\$ <b>2,000,000</b>
						PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
							\$
A		<b>AUTOMOBILE LIABILITY</b>	<b>BA-1A124585-12</b>	<b>04/25/12</b>	<b>04/25/13</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B		<b>EXCESS / UMBRELLA LIABILITY</b>	<b>CUP-8229X243-12-42</b>	<b>04/25/12</b>	<b>04/25/13</b>	EACH OCCURRENCE	\$ <b>2,000,000</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ <b>5,000</b>					\$
D		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>IEUB-3874T84-6-12</b>	<b>04/25/12</b>	<b>04/25/13</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT	\$ <b>1,000,000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$ <b>1,000,000</b>
						E.L. DISEASE-POLICY LIMIT	\$ <b>1,000,000</b>
		<b>OTHER</b>					

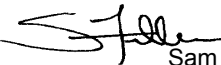
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

  
 Sam Fuller

Attention:

ACORD 25 (2009/01)

Certificate # 17565

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## **IMPORTANT**

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**

This Certificate of Insurance 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.