

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/12/2015

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 certificate holder in lieu of such endorsement(s).	ALL MANUFACTURE CONTRACTOR CONTRA	ghts to the					
PRODUCER	CONTACT Joyce						
John Hackney Agency, Inc	PHONE (A/C, No, Ext): (252) 291-3111 FAX (A/C, No): (252) 291-6306						
3700 Nash Street N	E-MAIL ADDRESS: joyce@johnhackneyagency.com						
P. O. Box 998	INSURER(S) AFFORDING COVERAGE	NAIC #					
Wilson NC 27894-0998	INSURER A Cincinnati Insurance Company	L0677					
INSURED	INSURER B : iSurity, Inc.						
Koster Irrigation Inc.	INSURER C:						
1004 Brookside Drive	INSURER D :						
	INSURER E :						
Wilson NC 27893	INSURER F:						
COVERAGES CERTIFICATE NUMBER:CL142110	1215 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 SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
GENERAL LIABILITY		1,000,000					
X COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000					
_	b/14/2014 b/14/2015						

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		ECP0232933	ECP0232933	2/14/2014	2/14/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
A	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000	
						PERSONAL & ADV INJURY	\$	1,000,000		
	25						GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY X PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
A	X ANY AUTO						BODILY INJURY (Per person)	\$	100	
7.70	ALL OWNED SCHEDULED AUTOS			EBA0232933	EBA0232933	2/14/2014	2/14/2015	THE STREET STREET STREET STREET	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
							Uninsured motorist combined	\$	1,000,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					:	WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC19990-2014	2/14/2014	2/14/2015	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

	•		
	CERTIFICATE HOLDER	CANCELLATION	
ı			

Will Koster 1004 Brookside Drive Wilson, NC 27893

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

Thomas Hackney/JHI

Thomas 13 Stadenery