

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/03/2005

PRODUCER (901)753-4323 FAX (901)753-4365

Cecil Smith Insurance Agency, Inc.

2006 Exeter Road

P.O. Box 382370

Germantown, TN 38183-2370

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 National Computer Service, Inc.

1941 Citrona Drive

Fernandina Beach, FL 32034

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A CNA Insurance Co

INSURER B Continental Casualty Co

INSURER C

INSURER D

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			
A		GENERAL LIABILITY	C1069245702	01/01/2005	01/01/2006	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER			
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC				
A		AUTOMOBILE LIABILITY	C1069245697	01/01/2005	01/01/2006	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS							
	<input checked="" type="checkbox"/>	NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY	AGG	\$	
A		EXCESS/UMBRELLA LIABILITY	C1069245716	01/01/2005	01/01/2006	EACH OCCURRENCE	\$ 4,000,000		
	<input checked="" type="checkbox"/>	OCCUR				<input type="checkbox"/>	CLAIMS MADE	AGGREGATE	\$ 4,000,000
									\$
		DEDUCTIBLE					\$		
		RETENTION				\$	\$		
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC169245733	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$ 1,000,000		
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$ 1,000,000		
						E L DISEASE - POLICY LIMIT	\$ 1,000,000		
B		OTHER ERRORS & OMISSIONS	268069291	01/01/2005	01/01/2006	\$2,000,000 EACH CLAIM \$2,000,000 AGGREGATE \$25,000 DEDUCTIBLE EACH CLAIM			

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

## CERTIFICATE HOLDER

FedEx  
80 FedEx Parkway  
Collierville, TN 38017

## CANCELLATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Herb Davis Jr./KATHY

Herb W. Davis, Jr.