

**ACORD**  
 PRODUCER  
 5000 Truck Group  
 50 Box 3870  
 Little Rock, AR 72203

**CERTIFICATE OF LIABILITY INSURANCE**  
 1-501-574-3300

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.

**INSURERS AFFORDING COVERAGE**

INSURER E	MOUNT BLEMING, SC 29444
INSURER D	210 WING WAY, SUITE 100
INSURER C	Peoples Corporation
INSURER B	210 WING WAY, SUITE 100
INSURER A	Peoples Insurance Co of the State of PA - MATCH 19479
	Peoples Insurance Co of the State of PA - MATCH 19479

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (DATE BEGINNING / DATE ENDING)	AGGREGATE LIMIT (AMOUNT PER POLICY)	CLAIMS MADE	OCUR
GENERAL LIABILITY	WG 189-0375 (EL)	12/01/05	\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL GENERAL LIABILITY	WG 189-0376 (SOS)	12/01/05	\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYERS LIABILITY	WG 189-0383 (CS)	12/01/05	\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
ANY AUTO				<input type="checkbox"/>	<input type="checkbox"/>
AT OWNED AUTOS				<input type="checkbox"/>	<input type="checkbox"/>
SCHEDULED AUTOS				<input type="checkbox"/>	<input type="checkbox"/>
HIRE/AUTO				<input type="checkbox"/>	<input type="checkbox"/>
NON-OWNED AUTOS				<input type="checkbox"/>	<input type="checkbox"/>
ANY AUTO				<input type="checkbox"/>	<input type="checkbox"/>
EXCESS LIABILITY				<input type="checkbox"/>	<input type="checkbox"/>
PROPERTY DAMAGE (per accident)			\$	<input type="checkbox"/>	<input type="checkbox"/>
BODILY INJURY (per person)			\$	<input type="checkbox"/>	<input type="checkbox"/>
BODILY INJURY (per accident)			\$	<input type="checkbox"/>	<input type="checkbox"/>
COMBINED SINGLE LIMIT (per accident)			\$	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTS - COMP/OP AGG			\$	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL AGGREGATE			\$	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL & ADV INJURY			\$	<input type="checkbox"/>	<input type="checkbox"/>
AMED EXP (Any one person)			\$	<input type="checkbox"/>	<input type="checkbox"/>
AMED DAMAGE (Any one file)			\$	<input type="checkbox"/>	<input type="checkbox"/>
EACH OCCURRENCE			\$	<input type="checkbox"/>	<input type="checkbox"/>
OTHER THAN RA/CD			\$	<input type="checkbox"/>	<input type="checkbox"/>
AUTO ONLY - EA ACCIDENT			\$	<input type="checkbox"/>	<input type="checkbox"/>
EL EACH ACCIDENT			\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
EL DISEASE - EA EMPLOYEE			\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
EL DISEASE - POLICY LIMIT			\$ 1,000,000	<input type="checkbox"/>	<input type="checkbox"/>

CANCELLATION

ADDITIONAL INSURED: MEMBER LETTER:

CERTIFICATE HOLDER

Z.W.T. Corporation  
 5650 Westbury Road  
 Little Rock, AR 72209

ACORD 26-5 (1/97) 383318  
 Formed by Certificate Now™  
 9 ALORD CORPORATION 1988