**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY):** 4/26/2017

**PRODUCER:** Regions Insurance, Inc.
6000 Poplar Avenue, Suite 300
Memphis, TN 38119

**INSURED:** Mimeo.com, Inc.
3350 Mac Cove
Memphis, TN 38118

**CONTACT NAME:** Karen Pate
**PHONE:** 901-684-3346
**FAX:** 901-530-1963
**E-MAIL ADDRESS:** karen.pate@regions.com

**CERTIFICATE NUMBER:** 35280899

**INSURER(S) AFFORDING COVERAGE**

- **INSURER A:** Hartford Casualty Insurance Company
  - **NAIC #:** 29424

- **INSURER B:** Trumbull Insurance Company
  - **NAIC #:** 27120

- **INSURER C:** Hartford Accident and Indemnity Company
  - **NAIC #:** 22357

- **INSURER D:** National Union Fire Ins Co Pittsburgh PA
  - **NAIC #:** 19445

**REVISION NUMBER:**

**COVERAGES**

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**CERTIFICATE HOLDER**

- **Evidence of Insurance**

**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**

- **Brant Horne**

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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**