

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/06/07

PRODUCER:

Associations Liability Insurance Agency, Inc.
4907 Morena Blvd., Suite 1415
San Diego, CA 92117

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.

COMPANIES AFFORDING COVERAGE

COMPANY	
LETTER	A National Union Fire Insurance Company
COMPANY	
LETTER	C
COMPANY	
LETTER	D
COMPANY	
LETTER	E

INSURED:

Jonathan C. Batson
122 Meadow Lark Lane
Ridgeland, Ms 39157

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<	GENERAL LIABILITY	Z FREI 07-9100	2/15/2007	2/15/2008	GENERAL AGGREGATE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$EXCLUDED
	CLAIMS MADE				PERSONAL & ADV. INJURY	\$1,000,000
	OCCURANCE				EACH OCCURRENCE	\$1,000,000
	OWNER'S & CONTRACTORS PROT.				FIRE DAMAGE (Any one fire)	\$EXCLUDED
	PREMISES/OPERATIONS				MED. EXP(Any one Person)	\$5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	ANY AUTO				BODILY INJURY (per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
NON-OWNED AUTOS						
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EA. EMPLOYEE	\$
A	OTHER Errors and Omissions Professional Liability	Z FREI 07-9100 Cover Note Number	2/15/2007 Start	2/15/2008 Expires	\$500,000 Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
State of Mississippi Home Inspection Regulatory Board named as additional insured

CERTIFICATE HOLDER

State of Mississippi
Home Inspection Regulatory Board
PO Box 12685
Jackson, MS 39236-2685
Attn: Pam
Fax No. 601-932-3644

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J. Monique Neal