

## CERTIFICATE OF LIABILITY INSURANCE Page 1 of 1

DATE (MM/DD/YYYY) 06/30/2016

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 endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:				
	Willis of Michigan, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	PHONE	7-2378			
		E-MAIL ADDRESS: certificates@willis.com				
		INSURER(S)AFFORDING COVERAGE	NAIC#			
		INSURER A: Pennsylvania Lumbermens Mutual Insurance 14974-00				
INSURED	LouMac Distributors - US LBM LLC	INSURER B: Sentry Insurance a Mutual Company 24988-001				
	12650 Westlinks Dr. Fort Myers, FL 33913	INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 24522139 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		ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT X LOC  OTHER:	NSD	WVD	29-U033-01-15	,	,	SEACH OCCURRENCE   \$ 1,000,000
A	AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS			29-U033-02-15	10/30/2015	10/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000  BODILY INJURY(Per person) \$  BODILY INJURY(Per accident) \$  PROPERTY DAMAGE (Per accident) \$  \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS—MADE DED X RETENTION\$ 10,000 WORKERS COMPENSATION			29-U033-03-15 90-19827 01	10/30/2015		## AGGREGATE \$ 20,000,000   \$ 20,000,000   \$ 20,000,000   \$ 3
В	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			30-1302 <i>/</i> 01	10/30/2015	10/30/2016	E.L. EACH ACCIDENT \$ 500,000  E.L. DISEASE - FOLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER	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
Insured's Copy	
: .	Lown ME