

EXHIBIT E

Insurance Compliance Verification

(THIS IS A REQUIRED PART OF YOUR SUBCONTRACT)

1. Submit this form, along with attachment Sample Certificate of Insurance to your insurance agent for review, completion and signature. Please ask that they forward a certificate to Gillam & Associates, Inc. as soon as possible.

YES	NO	N/A	INSURANCE PROVISION
			All policies have 30 days written notice of cancellation, except for non-payment of premium (10 days)
			All policies are written by carriers rated not less than A- VIII by A.M.Best Co.
			Coverage minimum limits include CGL (\$1MM/\$2MM); Auto Liability (\$1MM CSL); WC/EL (\$500M/\$500M/\$500M); and Umbrella Liability (\$1MM).
			CGL coverage is written on ISO Occurrence Form CG 00 01 10 01 or its equivalent and covers liability arising from premises, operations, independent contractors, products-completed operations, personal and advertising injury and "x", "c" and "u" coverage if Subcontractor's work involves such hazards.
			Contractor and Owner are additional insureds on the CGL, Auto and Umbrella policies
			CGL Additional Insured provision for Contractor and Owner is the equivalent of CG 20 10 (on-going operations) and CG 20 37 (completed operations).
			Does the CGL policy have automatic additional insured language that is triggered by written contractual requirements in a construction agreement?
			CGL has an exclusion or limitation of coverage for liability assumed in a contract or agreement.
			All policies contain Waiver of Subrogation in favor of Contractor and Owner.
			CGL General Aggregate applies <u>per project</u> .
			CGL and Umbrella are primary and non-contributory to the benefit of the Certificate Holder.
			CGL has an exclusion or limitation of coverage for work performed by subcontractors. If yes, must attach copy of policy language.
			CGL has an EIFS or similar exclusion (applicable only to contractors performing the exterior cladding system for the building or structure). If yes, must attach copy of policy language.

Agent:

Your signature below acknowledges that the coverage of your insured subcontractor client is as indicated. Any answers given, not meeting contractual insurance requirements should be addressed with your client prior to signing and returning this form.

AGENT
Signature
Printed Name
Title
Agency Name
Date

Submit this form and certificates to:

Stephen Rawson, Controller
 Gillam & Associates, Inc.
 PO Box 1607
 Aiken, SC 29802
 Tel: 803-648-2835 ext. 225
 Fax: 803-642-9769
 E-mail: info@gillamandassociates.com

EXHIBIT "E"



CERTIFICATE OF LIABILITY INSURANCE

OP ID CR
GILA-1

DATE (MM/DD/YYYY)
02/02/10

<p>PRODUCER Hutson-Etheredge Companies 129 Park Avenue, S. W. P. O. Box 419 Aiken SC 29802-0419 Phone: 803-649-5141 Fax: 803-648-3179</p>	<p>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.</p>										
<p>INSURED</p> <p style="text-align: center;">Subcontractor Name & Address</p>	<p>INSURERS AFFORDING COVERAGE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Insurance Company Name</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B: Insurance Company Name</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURER A: Insurance Company Name	NAIC #	INSURER B: Insurance Company Name		INSURER C:		INSURER D:		INSURER E:	
INSURER A: Insurance Company Name	NAIC #										
INSURER B: Insurance Company Name											
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.

INSUR LTR	INSUR CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p><input checked="" type="checkbox"/> Contractual</p> <p><input checked="" type="checkbox"/></p> <p>GENL AGGREGATE LIMIT APPLIED PER:</p> <p><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER-ACC <input type="checkbox"/> LOC</p>	POLICY NUMBER			<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000</p> <p>MED EXP (Any one person) \$ 5,000</p> <p>PERSONAL & ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMP/OP AGG \$ 2,000,000</p>
A	X	<p>AUTOMOBILE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HURED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>	POLICY NUMBER			<p>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
		<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN AUTO ONLY: EA ACC \$</p> <p>AGG \$</p>
A	X	<p>EXCESS / UMBRELLA LIABILITY</p> <p><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p><input type="checkbox"/> DEDUCTIBLE</p> <p><input type="checkbox"/> RETENTION \$</p>	POLICY NUMBER			<p>EACH OCCURRENCE \$ 1,000,000</p> <p>AGGREGATE \$ 1,000,000</p>
B		<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMERGER EXCLUDED? <input type="checkbox"/> Y/N</p> <p>If yes, describe under SPECIAL PROVISIONS below</p>	POLICY NUMBER			<p><input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> WITH ST</p> <p>EL EACH ACCIDENT \$ 500,000</p> <p>EL DISEASE - EA EMPLOYEE \$ 500,000</p> <p>EL DISEASE - POLICY LIMIT \$ 500,000</p>
		OTHER				

SAMPLE

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

Re: (Name & Location of Project)
 Owner: Wal Mart Stores, Inc. - All policies except Workers Compensation have been endorsed to include Gilliam & Associates, Inc
 & the Owner as Additional Insureds, including completed operations, on a primary and non-contributory basis. All policies include a waiver of subrogation in favor of Gilliam & Associates, Inc. and the owner, and have been endorsed to provide Gilliam & Associates, Inc. 30 day notice of cancellation, non renewal or material change in coverage.

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">BLANK-1</p> <p>Gilliam & Associates, Inc. P.O. Box 1607 Aiken SC 29802</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
--	---