

**CERTIFICATE OF INSURANCE**

**01/26/12**

**PRODUCER:**  
**Aon Global – Professions Practice**  
**199 Water Street, 8<sup>th</sup> Floor**  
**New York, NY 10038**

**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	<b>A Liberty Surplus Insurance Corporation</b>
COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**3023 Maple Drive**  
**Atlanta, GA 30305**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S CONT. PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP. (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) Property Damage \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE – POLICY LIMIT \$ DISEASE – EACH EMPLOYEE \$
<b>A</b>	<b>OTHER Professional Liability Insurance Lawyers Claims-made</b>	<b>EJE-B71-078171-022</b>	<b>1/15/12</b>	<b>1/15/13</b>	<b>Limits of Liability                      \$1,000,000 Per Claim                      \$3,000,000 Aggregate                      \$ 50,000 Deductible</b>

**Description of operation/locations/vehicles/special items: This is a claims-made policy and coverage is only in force during the policy period shown above. This policy includes title agent coverage.**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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.
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**INSURED:**  
**Brock & Scott, PLLC**  
**5121 Parkway Plaza Blvd**  
**Suite 100/200/300**  
**Charlotte, NC 28217**

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**INSURED:**  
**Brock & Scott, PLLC**  
 Westpark Center  
 3800 Fernandina Road, Suite 110  
 Columbia, SC 29210

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**INSURED:**  
**Brock & Scott, PLLC**  
**213 Dick Street**  
**Unit 201**  
**Fayetteville, NC 28301**

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**INSURED:**  
**Brock & Scott, PLLC**  
 3326 Aspen Grove Drive  
 Suite 400  
 Franklin, TN 37067

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**INSURED:**  
**Brock & Scott, PLLC**  
**1501 NW 49<sup>th</sup> Street, Suite 200**  
**Ft. Lauderdale, FL 33309-3723**

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**INSURED:**  
**Brock & Scott, PLLC**  
**1706-B East Arlington Blvd.**  
**Greenville, NC 27858**

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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 

**CERTIFICATE OF INSURANCE**

**01/26/12**

**PRODUCER:**  
**Aon Global – Professions Practice**  
**199 Water Street, 8<sup>th</sup> Floor**  
**New York, NY 10038**

**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	<b>A Liberty Surplus Insurance Corporation</b>
COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**4600 Touchton Road**  
**Building 100, Suite 150**  
**Jacksonville, FL 32246**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S CONT. PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP. (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ Property Damage \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE – POLICY LIMIT \$ DISEASE – EACH EMPLOYEE \$
<b>A</b>	<b>OTHER Professional Liability Insurance</b> Lawyers Claims-made	<b>EJE-B71-078171-022</b>	<b>1/15/12</b>	<b>1/15/13</b>	<b>Limits of Liability</b> <b>\$1,000,000 Per Claim</b> <b>\$3,000,000 Aggregate</b> <b>\$ 50,000 Deductible</b>

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**01/26/12**

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**Aon Global – Professions Practice**  
**199 Water Street, 8<sup>th</sup> Floor**  
**New York, NY 10038**

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COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**5728 Major Blvd., Suites 253/254**  
**Orlando, FL 32819**

**COVERAGES**

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COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**6604 Six Forks Road**  
**Suite 104**  
**Raleigh, NC 27615**

**COVERAGES**

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COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
 3900 Westerre Parkway  
 Suite 300  
 Richmond, VA 23233-1339

**COVERAGES**

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**01/26/12**

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**199 Water Street, 8<sup>th</sup> Floor**  
**New York, NY 10038**

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COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**2354 Christopher Place**  
**Tallahassee, FL 323080**

**COVERAGES**

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**INSURED:**  
**Brock & Scott, PLLC**  
 1020 Spring Street  
 Suite 1020B  
 Wilkesboro, NC 28697

**COVERAGES**

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**INSURED:**  
**Brock & Scott, PLLC**  
**5431 Oleander Drive**  
**Wilmington, NC 28403**

**COVERAGES**

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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE – POLICY LIMIT \$ DISEASE – EACH EMPLOYEE \$
<b>A</b>	<b>OTHER Professional Liability Insurance Lawyers Claims-made</b>	<b>EJE-B71-078171-022</b>	<b>1/15/12</b>	<b>1/15/13</b>	<b>Limits of Liability                      \$1,000,000 Per Claim                      \$3,000,000 Aggregate                      \$ 50,000 Deductible</b>

**Description of operation/locations/vehicles/special items: This is a claims-made policy and coverage is only in force during the policy period shown above. This policy includes title agent coverage.**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 

**CERTIFICATE OF INSURANCE**

**01/26/12**

**PRODUCER:**  
**Aon Global – Professions Practice**  
 199 Water Street, 8<sup>th</sup> Floor  
 New York, NY 10038

**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	<b>A Liberty Surplus Insurance Corporation</b>
COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>


**INSURED:**  
**Brock & Scott, PLLC**  
**Comprehensive Legal Solutions**  
 750 Highland Oaks Drive, Ste 200  
 Winston-Salem, NC 27103-7110

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S CONT. PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP. (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) Property Damage \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
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<b>A</b>	<b>OTHER Professional Liability Insurance</b> Lawyers Claims-made	<b>EJE-B71-078171-022</b>	<b>1/15/12</b>	<b>1/15/13</b>	<b>Limits of Liability</b> <b>\$1,000,000 Per Claim</b> <b>\$3,000,000 Aggregate</b> <b>\$ 50,000 Deductible</b>

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COMPANY	<b>C</b>
COMPANY	<b>D</b>

**INSURED:**  
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**1315 Westbrook Plaza Drive**  
**Winston-Salem, NC 27103**

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