

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).


<b>PRODUCER</b>  Palomar Insurance Corporation 700 Maple Street, Suite B Birmingham, AL 35210	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>205-263-5104</b> FAX (A/C, No): <b>205-263-5132</b> E-MAIL ADDRESS: <b>elizabethh@palomarins.com</b>	
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : <b>Colony Insurance Company</b> <b>39993</b> INSURER B : <b>Lloyds of London</b> INSURER C : <b>Progressive Specialty Insurance</b> <b>32786</b> INSURER D : <b>Alabama Trucking Association</b> INSURER E : <b>Midwest Employers Casualty</b> <b>23612</b> INSURER F :	
<b>INSURED</b>  NU HOT, INC. 3424 Rainbow Parkway, Suite 9 Rainbow City, AL 35906		

**COVERAGES      CERTIFICATE NUMBER:      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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>GL4092271</b>	<b>11/22/2013</b>	<b>11/22/2014</b>	EACH OCCURRENCE      \$ <b>1,000,000</b>			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>100,000</b>			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)      \$ <b>5,000</b>			
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>			
							GENERAL AGGREGATE      \$ <b>2,000,000</b>			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG      \$ <b>1,000,000</b>			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$			
<b>C</b>	<b>AUTOMOBILE LIABILITY</b>			<b>024872060</b>	<b>11/19/2013</b>	<b>05/19/2014</b>	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b>			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)      \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)      \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)      \$			
							\$			
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE      \$			
	<b>EXCESS LIAB</b>						AGGREGATE      \$			
	DED      RETENTION \$						\$			
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>00300WCATANUH2014</b>	<b>01/24/2014</b>	<b>01/01/2015</b>	WC STATUTORY LIMITS      OTH-ER			
	<b>E</b>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N      N/A							E.L. EACH ACCIDENT      \$ <b>1,000,000</b>
										E.L. DISEASE - EA EMPLOYEE      \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT      \$ <b>1,000,000</b>			
<b>B</b>	<b>Cargo</b>			<b>BHAR13494</b>	<b>11/19/2013</b>	<b>11/19/2014</b>	\$ <b>100,000 Per Veh</b> \$ <b>1,000 Deductible</b>			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**THIS CERTIFICATE IS FOR INFORMATIONAL PURPOSES ONLY. IF YOU WOULD LIKE AN ORIGINAL PLEASE CONTACT PALOMAR INSURANCE @ 205-263-5104 OR YOU CAN FAX YOUR REQUEST TO 205-263-5132.**

<b>CERTIFICATE HOLDER</b>  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<b>CANCELLATION</b>  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  
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