

## BUSINESS EXPERTISE, FINANCIAL STRENGTH, INSURANCE

### Business Expertise

Dennis Corporation is managed by Mr. Dan Dennis. He holds a Masters of Business Administration degree from The Citadel Evening College and a Bachelors of Civil Engineering from The Citadel. In addition to his engineering, surveying, and construction management licenses, he has over seventeen years of experience in the engineering consulting business. Prior to forming Dennis Corporation, Mr. Dennis was a business unit manager for one of the largest engineering firms in the Southeast, currently ranked among the top 500 design firms in the nation. In this capacity, Mr. Dennis managed a staff of sixty employees with annual business unit revenues of \$15,000,000. He understands contracts, scoping, fee negotiations, insurance and human resource issues.

### Financial Condition

Dennis Corporation's financial records are maintained by Elliott Davis, Columbia, SC, the largest accounting firm in the state of South Carolina. Elliot Davis has certified the firm's financial statements for 2006 and has stated that "the financial statements indicate solid growth in revenue and profitability." The firm's annual FAR (Federal Audit Regulations) audited overhead rates are prepared by the firm of Burkett, Burkett and Burkett of West Columbia, South Carolina.

Dennis Corporation's financial condition and credit ratings are excellent. There are no outstanding debts or litigation pending against the firm.

Dennis Corporation maintains two lines of credit; one with the South Carolina Bank and Trust and one with Bank Meridian both located in Columbia, South Carolina.

### Insurance

Dennis Corporation maintains the maximum amount of insurance required in the engineering consulting profession. Our coverage typically exceeds our client's requirements.

#### Errors and Omissions Insurance – Professional Liability

\$1,000,000 per claim / \$1,000,000 Aggregate  
\$100,000 or less deductible  
Carrier: CNA

#### General Liability Insurance

\$1,000,000 each Occurrence  
\$2,000,000 Aggregate  
Carrier: The Hartford

#### Automobile Liability Insurance

Owned, Non-owned and Hired  
\$1,000,000 Limit  
Carrier: The Hartford

Workers Compensation – Statutory

Employers Liability  
\$100,000 – Each Accident  
\$500,000 – Policy Limit  
\$100,000 – Each Employee  
Carrier: The Hartford

Excess Liability

\$1,000,000 – Occurrence Form  
\$1,000,000 - Aggregate  
Carrier: The Hartford

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/17/2007

PRODUCER (803)799-5533 FAX: (803)771-0166  
**Keenan Suggs**  
 700 Huger St.  
 Suite 100  
 Columbia SC 29201

INSURED  
**Dennis Corporation**  
 5000 Thurmond Mall Suite 114  
 Columbia SC 29201

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Hartford Casualty</b>	29424
INSURER B: <b>Hartford Fire Insurance</b>	19682
INSURER C: <b>Continental Casualty Co.</b>	
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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b>	22SBAUB1698	10/6/2006	10/6/2007	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		<b>AUTOMOBILE LIABILITY</b>	22UECAC1285	10/6/2006	10/6/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
A		<b>EXCESS/UMBRELLA LIABILITY</b>	22SBAUB1698	10/6/2006	10/6/2007	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	22WBCNM8111	10/6/2006	10/6/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
C		<b>OTHER Professional Liab</b>	SFA276186491	6/17/2006	6/17/2007	Per Claim \$1,000,000
						Aggregate \$1,000,000
						Deductible \$1,000

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

## CERTIFICATE HOLDER

For Information Purposes Only

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.