

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) COI Issue Date

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				ndorser	nent. A state	ement on thi	is certificate does not co	onfer r	ghts to the	
PRODUCER						CONTACT Insurance Agent Name					
<name of="" producer=""></name>					PHONE (A/C, No, Ext): FAX (A/C, No):						
<address of="" producer=""></address>					E-MAIL ADDRESS: Insurance Agent E-Mail						
<city, code="" postal="" state,=""></city,>					INSURER(S) AFFORDING COVERAGE					NAIC#	
5.1,7, 5.1.1.1.5,7, 5.51.1.1					INSURER A:					Provide	
INSURED					INSURER B:						
					INSURER C:						
<name insured="" of=""></name>					INSURER D:						
<address insured="" of=""></address>					INSURER E :						
<city, code="" postal="" state,=""></city,>					INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY	' CONTRACT THE POLICIES REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS	OOCUMENT WITH RESPECT TO	T TO V	WHICH THIS	
INSR LTR	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X DECT.					Eff. Date	Exp. Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
				<valid number="" policy=""></valid>				MED EXP (Any one person)	\$		
				TValla i Olloy Ivalilibol				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
								TROBUSTU SUMMITON ACC	\$		
Х	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS							BODILY INJURY (Per person)	\$		
				<valid number="" policy=""></valid>		Eff. Date	Exp. Date	BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
Х	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	<valid number="" policy=""></valid>			Eff. Date	Exp. Date	AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							NC STATUL OTH	\$		
X	AND EMPLOYERS' LIABILITY Y / N	N/A				Eff. Date	Exp. Date	X WC STATU- TORY LIMITS OTH- ER		500.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		<valid number="" policy=""></valid>					E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE					500,000		
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (Attach	ACORD 101, Additional Remarks	Schedule,	, if more space is	required)				
CE	RTIFICATE HOLDER				CANO	ELLATION					
UNION AGENER 1788 Lovers Lane Augusta, GA 30901						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					
						<name &="" authorized="" of="" representative="" signature=""></name>					