

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2018

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 have ADDITIONAL INSURED provisions or be endorsed.

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CONTACT Gennie Todd				
41-3973				
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LTR	TYPE OF INSURANCE	INSD	WD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	Y			06/30/2018	06/30/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
			N	NPP1502346			PERSONAL & ADV INJURY	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR	N			08/20/2018	06/30/2019	EACH OCCURRENCE	s 1,000,000
	EXCESS LIAB CLAIMS-MADE		N	EZXS3000383			AGGREGATE	\$ 1,000,000
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N 6JUB-7H69114-2-18		07/02/2018	07/02/2019	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		6 II IB 7 H60114 2 18			E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)	IN/A		6JUB-/H69114-2-16			E L DISEASE - EA EMPLOYEE	\$ 500,000
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
С	PRIOR COVERAGE	N	N	7H69114-2-17	09/23/2017	07/02/2018		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\*\*\*\*GA OPERATIONS\*\*\*\*\*Additional insured included as required by written contract.

CERTIFICATE HOLDER	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.
Lowers	AUTHORIZED REPRESENTATIVE

Email: documents@enterpriserc.com

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