

CERTIFICATE OF LIABILITY INSURANCE

JONEDA1 OP ID: MFO

DATE (MM/DD/YYYY)

02/06/2014

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.

ti	ne terms and conditions of the policy, ertificate holder in lieu of such endors	certa	in po								
PRODUCER						CONTACT NAME:					
Vour Ingurance Company Name					PHONE FAX						
Your Insurance Company Name Your Insurance Company Address					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
Tour insurance company Address						INSURER(S) AFFORDING COVERAGE NAIC #					
					INCIIRI	RA: ABC In				IVAIC#	
INSURED SAMPLE CERTIFICATE SAMPLE CERTIFICATE SAMPLE CERTIFICATE SAMPLE CERTIFICATE GA					INSURER B : XYZ Insurance Company						
							saranoc oo	mpany			
					INSURER C: INSURER D:						
					INSURER E:						
GA .											
COVERAGES CERTIFICATE NUMBER:						INSURER F :					
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE PERTA	NSURA EMEN AIN, TI IES. L	ANCE LISTED BELOW HA T, TERM OR CONDITION HE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR T	CT TO	WHICH THIS	
INSR		INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY		Т	BD		1/1/2017	12/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE OCCUR		- 1			rus ensist		MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
L.,	POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$		
								<u>, </u>	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				1/1/2017	12/31/2017	X WC STATU- OTH- TORY LIMITS ER			
			T	BD				E.L. EACH ACCIDENT	\$	100,000	
								E.L. DISEASE - EA EMPLOYEE	\$	100,000	
								E.L. DISEASE - POLICY LIMIT		500,000	
									(
F	RE: Any work performed for the control of the contr	ertifio Additi	cae h ional	nolder shown below. Insured on the Gene	ral Lia	ability Cove					
CE	RTIFICATE HOLDER				CANO	ELLATION					
Atlanta Legacy Homes, Inc. 1084 Meadow Club Court Suite B2 Suwanee, GA 30024 Fax: 404-585-5077					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						
	Phone: 404-937-2827										