

THOMASC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/23/2016

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 floider in fled of Such	endorsement(s).					
PRODUCER		CONTACT Cortea Thomas	Cortea Thomas			
Insurance Office of America, Inc. 2839 Paces Ferry Road		PHONE (A/C, No, Ext): (678) 919-1150	FAX (A/C, No): (678)	919-1151		
Suite 1200		E-MAIL ADDRESS: Cortea.Thomas@loausa.com				
Atlanta, GA 30339		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Southern Insurance Company o	26867			
INSURED		INSURER B:				
Atlanta's Best Gutter 0	Cleaners	INSURER C:				
10325 Shallowford Ro	ad	INSURER D :				
Roswell, GA 30075		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	/IRFR·			

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	VOLC	SOICHS AND CONDITIONS OF SOCIE		SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α .	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPS8152564	06/06/2016	06/06/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CAA8152564	06/06/2016	06/06/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCS815256401	06/06/2016	06/06/2017	E.L. EACH ACCIDENT	\$	100,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedule, m	ay be attached if mo	re space is requir	red)		
							•			
		TO A TE LIQUEDED				NOTI LATION				
CEI	1111	ICATE HOLDER			GA	NCELLATION				

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR	RF
CHOOLD ANT OF THE ABOVE DECOMBED FOLIOIDE DE CANCELLED DEFO	
THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED	IN
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED	1114

Atlanta's Best Gutter Cleaners 10325 Shallowford Road Roswell, GA 30075

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

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