

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/05/2017

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

continuate metaer in near or caem enacre	omoni(o).				
PRODUCER Phone: (770) 957-2618 Fax: (770)	9) 954-9525	CONTACT NAME:	CHRISTIE SPEIR		
THE ASSOCIATES GROUP, INC.		PHONE (A/C, No, Ext)	(770) 957-2618	FAX (A/C, No): (770) 9	54-9525
P. O. BOX 399		E-MAIL	christie@taglg.com	(A/C, NO).	
38 CLEVELAND STREET		ADDRESS:	INSURER(S) AFFORDING COVERAGE		NAIC#
LOCUST GROVE GA 30248	Agency Lic#: 74612	INSURER A			13196
INSURED	<b>3.</b> .,				16535
ATLANTA DASH INC		INSURER B	ZURICH AMERICAN INSURANCI	COMPANT	10000
PO BOX 448		INSURER C	TRAVELERS PROPERTY CASUA	ALTY CO OF AM	25674
STOCKBRIDGE, GA 30281		INSURER D			
		INSURER E	:		
		INSURER F	:		
COVERAGES	CERTIFICATE NUMBER: 564132		REVISION N	UMBER:	

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 LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY			NPP8366361	04/08/17	04/08/18	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 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
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:							\$
В	AUT	OMOBILE LIABILITY			TRK0381994-00	04/08/17	04/08/18	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (per accident)	\$
								W /	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N						E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$
С		OR TRUCK CARGO LEGAL LIAB - EDULED AUTOS			QT6605E804527TIL17	04/08/17	04/08/18	\$ 250,000 / TRUCK \$ 1,000 DEDUCTIBLE	\$ 500,000 / OCCURR

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

CANCELLATION CERTIFICATE HOLDER

SAMPLE CERTIFICATE PLEASE CALL 770-957-2618; FAX 770-954-9525 OR E-MAIL INFO@TAGLG.COM WITH FULL NAME AND ADDRESS FOR ACTUAL COPY OF CERTIFICATE

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

Eddie Speir

Attention: