

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 holder in lieu of such and experiment(c)						
certificate holder in lieu of such endorsement(s). PRODUCER CONTACT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Broker Name and	PHONE (000)000-0000 FAX					
Mailing Address	E-MAIL VVVV					
ADDRESS:						
					NAIC #	
INSURED		xxxxxx			00000	
INSURE D.						
and Mailing Address INSURER D:						
		NSURER E :				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA			REVISION NUMBER:			
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 TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (I	POLICY EXP	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY	0/00/0000	0/00/0000	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR		-	PREMISES (Ea occurrence)	\$	100,000	
		_	MED EXP (Any one person)	\$	5,000	
		_	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- JECT LOC		_	PRODUCTS - COMP/OP AGG	\$	1,000,000	
OTHER:				\$		
A AUTOMOBILE LIABILITY	0/00/0000	0/0/0000	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ANY AUTO			BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED \$125,000 LIMIT (ACTU, AUTOS \$0,000 DEDUCTIBLE	AL CASH VALUE)		BODILY INJURY (Per accident)	\$		
X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$		
This section is only required when vehicles ate rented.		rented.	(\$		
A X UMBRELLA LIAB X OCCUR	0/00/0000	0/00/0000	EACH OCCURRENCE	\$	2,000,000	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$	2,000,000	
DED X RETENTION \$ 10,000				\$		
WORKERS COMPENSATION			PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEP/MEMBER EXYLIDED2			E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?			E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT			
A MISCELLANEOUS RENTED EQUIPMENT;	0/00/0000	<mark>0/00/0000</mark>		\$	000,000	
SPECIAL FORM, TRANSIT, WORLDWIDE;				ې \$	0,000	
LEGAL LIABILITY ON RENTED EQUIPMENT Third Party Property Damage i	s required when rent	ting studip	b. beboender	9	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
THE CERTIFICATE HOLDER IS INCLUDED AS LOSS PAYEE ON THE PROPERTY POLICY AND AS AN ADDITIONAL INSURED ON						
THE GENERAL LIABILITY POLICY AS RESPECT CLAIMS ARISI						
THE MAINTENANCE, OPERATION OR USE OF THE EQUIPMENT B	Y THE NAMED INS	URED. <mark>NO</mark>	UNATTENDED VEHIC	LE E	XCLUSION.	
CERTIFICATE HOLDER CANCELLATION						
DOUG SMITH PRODUCTION CONSULTANTS, INC. &/OR PC&E 2235 DEFOOR HILLS ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ATLANTA, GA 30318						
AUTHORIZED REPRESENTATIVE						
Harriet Rush/HARRIE (1)anie Pud						
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