

CERTIFICATE OF LIABILITY INSURANCE

CONCR-4 OP ID: TF

DATE (MM/DD/YYYY) 07/17/2018

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 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 liqu of such endorsement(s)

certificat	e holder in lieu of such endorsement(s).				
PRODUCER The Complete Insurance Source P. O. Box 1299 Fayetteville, GA 30214-6299 Teresa McPherson, CIC		CONTACT Tiffany Miller	CONTACT Tiffany Miller		
		PHONE (A/C, No, Ext): 770-371-8257	FAX (A/C, No): 770-371-1999		
		E-MAIL ADDRESS: tiffany@complete-insura	E-MAIL ADDRESS: tiffany@complete-insurance.com		
		INSURER(S) AFFORDING C	OVERAGE NAIC #		
		INSURER A : Donegal Insurance Grou	up 13692		
INSURED	Concrete by Design, LLC 97 Appaloosa Way Sharpsburg, GA 30277	INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAG	ES CERTIFICATE NUMBER:	REVIS	REVISION NUMBER:		
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					
	ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAND SAND CONDITIONS OF SUCH POLICIES. LIMITS SHOW		EIN IS SUBJECT TO ALL THE TERMS,		
	100				

INSR LTR ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** Α Χ COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) X OCCUR GLS9067356 06/07/2018 06/07/2019 100,000 CLAIMS-MADE \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT 2,000,000 POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE \$ **AGGREGATE** RETENTION \$ DED \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 500,000 06/07/2018 06/07/2019 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WCS9067356 E.L. EACH ACCIDENT \$ N/A **EXCL CELIA, LEROY BROWN** 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION		
Proof of Insurance for Bids	PROOFZZ	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1		AUTHORIZED REPRESENTATIVE Pelging Miller		