								-					
Ą	CORD [®] CER1	٦F	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 23/2014			
C E R	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT DELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL URA ND T	Y OF NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT CONTRACT	ER THE CO BETWEEN T	VERAGE AFFORDED THE ISSUING INSURE	ATE HO BY TH R(S), AU	LDER. THIS E POLICIES UTHORIZED			
t	MPORTANT: If the certificate holder he terms and conditions of the policy	, cert	ain p	olicies may require an e									
	ertificate holder in lieu of such endors	seme	ent(s)			CT.							
	DUCER				I NAME:	Harra I	Rivera-Yo						
	inteNorth Insurance Grou	p,	LLC		A/C. N	_{o, Ext):} (770)	858-7540		(770)8	58-7545			
PO	Box 724728				ADDRE	_{SS:} mrivera	a-young@p	ointenorthins.co	m	1			
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #			
	lanta GA 31	139						Insurance Comp	any				
-		_	_					Insurance Co					
	swam Bala Enterprises, I			BA: FASTSIGNS	INSURE	RC:Trave	lers Ide	mnity of Illnoi	.s	25674			
440 Barrett Parkway, Suite 33 INSURER D:													
INSURER E :													
KENNESAW GA 30144 INSURER F: COVERAGES CERTIFICATE NUMBER:CL14102333964 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 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS				
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000			
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000			
A	CLAIMS-MADE X OCCUR			BZS(15)55891737		11/18/2014	11/18/2015	MED EXP (Any one person)	\$	15,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
								GENERAL AGGREGATE	\$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000			
	X POLICY PRO- JECT LOC								\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
A								BODILY INJURY (Per person)	\$				
	ALL OWNED AUTOS			BAS(15)55891737		11/18/2014	11/18/2015	BODILY INJURY (Per accident	, .				
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
								Medical payments	\$	1,000			
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000			
в	EXCESS LIAB CLAIMS-MADE			112055901737		11/18/2014	11/18/2015	AGGREGATE	\$	1,000,000			
C	DED X RETENTION \$ 10,000 WORKERS COMPENSATION			USO55891737		11/18/2014	11/18/2015	WC STATU- OTH	-				
	AND EMPLOYERS' LIABILITY Y / N							X WC STATU- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		IJUB8D163975		11/18/2014	11/18/2015	E.L. EACH ACCIDENT	\$	500,000			
	(Mandatory in NH)			100000103975				E.L. DISEASE - EA EMPLOYE		500,000			
<u> </u>	DESCRIPTION OF OPERATIONS below					2/13/2014	0 /1 0 /001 5	E.L. DISEASE - POLICY LIMIT	\$	500,000			
B	Installation Floater			BM055837256		2/13/2014		\$50,000					
В	Transit Coverage			ВМО55837256		2/15/2014	2/15/2015	\$5,000					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	Attach	ACORD 101, Additional Remark	s Schedu	le, if more space	is required)						
CE	RTIFICATE HOLDER				CAN	CELLATION							
	Egan Signs	ock	@ega	ansigns.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	522 Willow St. Reading, PA 19602				AUTHORIZED REPRESENTATIVE								
				William Skeeles/MIR Within 16 Dkarla									

	/										r			
Ą	CC	DRD °		CER	ΓIF	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 23/2014	
	THIS	CERTIFICATE	IS	ISSUED AS A	МАТ	TER	OF INFORMATION ONLY	Y AND	CONFERS	NO RIGHTS	UPON THE CERTIFIC			
							R NEGATIVELY AMEND,							
							DOES NOT CONSTITUT ERTIFICATE HOLDER.	IEA	CUNIRACI	BEIWEEN	HE ISSUING INSURE	R(3), A	UTHORIZED	
							DITIONAL INSURED, the	policy	(ies) must be	e endorsed.	If SUBROGATION IS	WAIVED	, subject to	
				ns of the policy of such endor			policies may require an e	ndorse	ement. A sta	tement on th	nis certificate does not	confer	rights to the	
-	ODUCI		neu	of such endor	sem	ent(s).	CONTA	ACT Maria B	Rivera-Yo	ung			
1			su:	rance Grou	ıp,	LLC	2	PHONE	E _{lo. Ext):} (770)): (770)8	58-7545	
		ox 724728						É-MAIL	ESS: mrivera	a-young@p	ointenorthins.co			
									INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #	
⊢	lar			GA 31	.139)					Insurance Com	pany		
1	URED		. .			-	DBA: FASTSIGNS				Insurance Co	•	05654	
				way, Suite		-	DA: FASISIGNS	INSUR		ters tae	mnity of Illno:	15	25674	
[-						-		INSUR					-	
к	KENNESAW GA 30144 INSURER F:													
<u> </u>	COVERAGES CERTIFICATE NUMBER:CL14102333964 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													
	CERT	IFICATE MAY B	E IS	SUED OR MAY	PER	TAIN,	THE INSURANCE AFFORE	DED BY	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJECT			
	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 INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)													
		NERAL LIABILITY	1001		INSK	WVD	POLICY NUMBER				EACH OCCURRENCE	s	1,000,000	
	х			AL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
A		CLAIMS-MAD	DE	X OCCUR	х		BZS(15)55891737		11/18/2014	11/18/2015	MED EXP (Any one person)	\$	15,000	
										PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE	\$ G \$	2,000,000	
	X		RO-								PRODUCTS - COMP/OP AGO	5 \$	2,000,000	
	-										COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	Х	ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS NON-OWNED			BAS(15)55891737		11/18/2014	11/18/2015	BODILY INJURY (Per acciden PROPERTY DAMAGE			
	x	HIRED AUTOS	x	AUTOS							(Per accident)	\$		
	x	UMBRELLA LIAB									Medical payments	\$	<u>1,000</u> 1,000,000	
۱.		EXCESS LIAB	ŀ	OCCUR CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$	1,000,000	
В		DED X RETE					USO55891737		11/18/2014	11/18/2015		\$		
C		RKERS COMPENS		rv.							X WC STATU- TORY LIMITS ER	1- 2		
	AN' OFI	Y PROPRIETOR/PAR FICER/MEMBER EXC		R/EXECUTIVE C	N / A				11/10/0014	11 /10 /0015	E.L. EACH ACCIDENT	\$	500,000	
	İfye	andatory in NH) es, describe under					IJUB8D163975		11/18/2014	11/18/2015	E.L. DISEASE - EA EMPLOYE		500,000	
в		SCRIPTION OF OPE				+			2/13/2014	2/13/2015	E.L. DISEASE - POLICY LIMI	1 \$	500,000	
В		ansit Cove					BM055837256 BM055837256		2/13/2014		\$50,000 \$5,000			
							BA055057250				\$0,000			
							h ACORD 101, Additional Remarks		ule, if more space	e is required)				
				_ · <i>,</i>			, ,							
L														
	CERTIFICATE HOLDER CANCELLATION													
								зно	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE	
								THE	E EXPIRATIO	N DATE TH	EREOF, NOTICE WILL			
	FASTSIGNS International, Inc. 2542 Highlandor Nay													
	2542 Highlander Way Carrollton, TX 75006													
			-											
								will	iam Skeel	.es/MIR	Within H	くよ	kulos	
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The $\Delta CORD$ name and loop are registered marks of $\Delta CORD$

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Ą	Ċ	DRD ®	CER	TIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 23/2014	
Г	HIS	CERTIFICATE	IS ISSUED AS		TER	OF INFORMATION ONLY	Y AND	CONFERS	NO RIGHTS	UPON THE CERTIFICA	TE HO	LDER. THIS	
						R NEGATIVELY AMEND,							
						DOES NOT CONSTITU	TEA	CONTRACT	BETWEEN 1	THE ISSUING INSURER	R(S), A	UTHORIZED	
						DITIONAL INSURED, the	policy	(ies) must b	e endorsed.	IF SUBROGATION IS V). subject to	
t	he te	erms and condi	tions of the poli	cy, cer	tain p	policies may require an e							
			lieu of such end	orsem	ent(s)).	CONT						
	DUC		surance Gr			ч.	NAME:	Maria	Rivera-Yo		(
		2×724728	surance Gr	Jup,		•	(A/C, N E-MAIL	lo. Ext): (7 7 0	$- \frac{1000}{2}$	(A/C, №) ointenorthins.com	. (770)8 n	58-7545	
1.0	2	JX , Z I , Z U					ADDRE			RDING COVERAGE		NAIC #	
At	lar	nta	GA	3113	9		INSUR			Insurance Comp	any		
INS	URED)								Insurance Co	•		
			-			DBA: FASTSIGNS	INSUR	ER C: Trave	lers Ide	mnity of Illnoi	s	25674	
44	0 1	Barrett Pa	rkway, Sui	te 3	3		INSUR	ER D :					
							INSUR	ER E :					
KENNESAW GA 30144 INSURER F: COVERAGES CERTIFICATE NUMBER:CL14102333964 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													
II	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.													
INSF LTR	1	TYPE OF IN	NSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
	GE									EACH OCCURRENCE	\$	1,000,000	
	х							11/10/0014	11 /10 /0015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
A		CLAIMS-MAD	E X OCCUR			BZS(15)55891737		11/18/2014	11/18/2015	MED EXP (Any one person)	\$	15,000	
		-		-						PERSONAL & ADV INJURY	\$ \$	1,000,000	
	GE	 EN'L AGGREGATE LIN		_						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000	
	x										\$	_,,	
	AU	TOMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	х	/								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS X NON-OWNED			BAS(15)55891737	11/18/2014 1	11/18/2015	BODILY INJURY (Per accident) PROPERTY DAMAGE				
	x	HIRED AUTOS	X NON-OWNED AUTOS							(Per accident)	\$		
	x	UMBRELLA LIAB								Medical payments	\$	1,000	
_	-	EXCESS LIAB	OCCUR CLAIMS-MA							EACH OCCURRENCE AGGREGATE	\$	1,000,000	
В		DED X RETE				USO55891737		11/18/2014	11/18/2015	AGGREGATE	\$	1,000,000	
С		ORKERS COMPENSA	TION							X WC STATU- TORY LIMITS ER			
	AN	ID EMPLOYERS' LIAE Y PROPRIETOR/PAR FICER/MEMBER EXC								E.L. EACH ACCIDENT	\$	500,000	
	(Ma	andatory in NH) res, describe under				IJUB8D163975		11/18/2014	11/18/2015	E.L. DISEASE - EA EMPLOYE	E \$	500,000	
	DÉ	SCRIPTION OF OPE	RATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$	500,000	
B		nstallation				ВМО55837256		2/13/2014		\$50,000			
В	Tr	ransit Cove	rage			ВМО55837256		2/13/2014	2/13/2015	\$5,000			
DES		TION OF OPERATIO	NS / LOCATIONS / VE	HICLES	(Attacl	ACORD 101, Additional Remark	s Schedu	ule, if more space	is required)	1			
	ידם		EB				C 4 11						
CERTIFICATE HOLDER CANCELLATION													
										ESCRIBED POLICIES BE			
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
			National A Lander Way	dver	tis	ing Council, I							
		-	n, TX 7500	6-23	66		AUTHO	DRIZED REPRES	ENTATIVE				
							will	iam Skeel	.es/MIR	Within 16	こと	kulo	

Ą	C	DRD	CER	TIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 23/2014	
C B	ERT ELC	TIFICATE DOE DW. THIS CER	S NOT AFFIRMA RTIFICATE OF IN	TIVEI ISUR/	LY OI	OF INFORMATION ONL R NEGATIVELY AMEND, DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	ATE HO BY TH	LDER. THIS E POLICIES	
tł	ne te	erms and cond	itions of the polic	y, ce	rtain p	DITIONAL INSURED, the policies may require an e							
-	ertif DUCI		lieu of such endo	orsem	ent(s).							
-			surance Gro		т.т.с	7	NAME:	Maria F o. Ext): (770)	Rivera-Yo	5): (770)8	E9 7545	
		5×724728	isurance Gro	up,		•	É-MAIL	o.Ext): (770		(A/C, No ointenorthins.co		56-7545	
												NAIC #	
At	lar	nta	GA 3	113	9		INSURI			Insurance Com	pany		
INSU	JRED	1					INSUR	ERB:Ohio (Casualty	Insurance Co			
			=			DBA: FASTSIGNS	INSURI	ER C: Trave	lers Ide	mnity of Illno	is	25674	
440 Barrett Parkway, Suite 33 INSURER D:													
KENNESAW GA 30144													
KENNESAW GA 30144 INSURER F: COVERAGES CERTIFICATE NUMBER:CL14102333964 REVISION NUMBER:													
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO													
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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			NSURANCE			POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
		NERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	x					BZS(15)55891737		11/18/2014	11/18/2015	PREMISES (Ea occurrence)	\$	300,000	
Α						B25(15)55691/57				MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000	
				-						GENERAL AGGREGATE	\$	2,000,000	
	GE	N'L AGGREGATE LI		-						PRODUCTS - COMP/OP AG	G \$	2,000,000	
	x		RO- CT LOC							COMBINED SINGLE LIMIT	\$		
		TOMOBILE LIABILI	ГҮ							(Ea accident)	\$ \$	1,000,000	
Α	x	ANY AUTO ALL OWNED	SCHEDULED			BAS(15)55891737		11/18/2014	11/18/2015	BODILY INJURY (Per person) BODILY INJURY (Per accider	-		
	x	AUTOS HIRED AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
			AUTOS							(Per accident) Medical payments	\$	1,000	
	х	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000	
в		EXCESS LIAB	CLAIMS-MAD	DE						AGGREGATE	\$	1,000,000	
			ENTION \$ 10,0	00		USO55891737		11/18/2014	11/18/2015	wc statu- oti	\$		
C	AN	DRKERS COMPENS	BILITY Y/	N							2		
	OF	Y PROPRIETOR/PAP FICER/MEMBER EXC		N//	4	IJUB8D163975		11/18/2014	11/18/2015	E.L. EACH ACCIDENT	\$	500,000	
	Ìfye	andatory in NH) es, describe under SCRIPTION OF OPE	BATIONS bolow			100000100075				E.L. DISEASE - EA EMPLOY E.L. DISEASE - POLICY LIMI		<u>500,000</u> 500,000	
в		stallation				BM055837256		2/13/2014	2/13/2015	\$50,000	Ιφ		
в		ansit Cove				BM055837256		2/13/2014		\$5,000			
						h ACORD 101, Additional Remark Kennesaw, GA 30		lle, if more space	is required)				
	יידס		ED				CAN						
			juli State Bank			hamiltonstateba	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in Accordance with the policy provisions.						
		1355 Peac Atlanta,	htree St., GA 30305	Ste.	42	0	AUTHORIZED REPRESENTATIVE						
	William Skeeles/MIR With H Dkeeles												

	/										г		
Ą		DRD [®]		CERT	ΓIF	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 23/2014
		TIFICATE DOE DW. THIS CER	s n Rtif	IOT AFFIRMAT	IVEL	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
1	MPO	RTANT: If the	cei	rtificate holder	is ar	n ADI	DITIONAL INSURED, the						
				ns of the policy I of such endor		-	oolicies may require an e	ndorse	ement. A sta	tement on th	his certificate does not	confer	rights to the
	DUC							CONTA NAME:	Maria	Rivera-Yo	ung		
Po	int	eNorth In	ısu	rance Grou	ıp,	LLC	!	PHONE (A/C, N	o, Ext): (770)	858-7540			58-7545
PC	Bo	ox 724728						É-MAIL ADDRE	SS: Mrivera	a-young@p	ointenorthins.com	n	1
	7			G1 21	1 2 0						RDING COVERAGE		NAIC #
	lar JRED			GA 31	.135	,					Insurance Comp	any	
			nte	rprises, I	Inc.	. E	BA: FASTSIGNS				<u>Insurance Co</u> mnity of Illnoi	g	25674
				way, Suite				INSURE		<u>1015 140</u>			
								INSURI	ER E :				
KENNESAW GA 30144 INSURE F: COVERAGES CERTIFICATE NUMBER: CL14102333964 DEVISION NUMBER:													
COVERAGES CERTIFICATE NUMBER:CL14102333964 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE													
	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.												
		TYPE OF	INSU	RANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
	GE	NERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	х	COMMERCIAL GE	Г						11/18/2014	11/19/2015	PREMISES (Ea occurrence)	\$	300,000
A		CLAIMS-MAI	DE	XOCCUR	x		BZS(15)55891737		11/10/2014	11/10/2015	MED EXP (Any one person)	\$	15,000
											PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	GE	N'L AGGREGATE LI		APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PF	RO-	LOC								\$	
		TOMOBILE LIABILI	TΥ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	x	ANY AUTO ALL OWNED		SCHEDULED			BAS(15)55891737		11/19/2014	11/18/2015	BODILY INJURY (Per person)	\$	
	x	AUTOS	x	AUTOS NON-OWNED			DR5(15)55691757		11/10/2014	11/10/2015	PROPERTY DAMAGE	\$ \$	
		HIRED AUTOS		AUTOS							(Per accident) Medical payments	\$	1,000
	x	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	1,000,000
в		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	1,000,000
			ENTIC				USO55891737		11/18/2014	11/18/2015		\$	
C	AN	RKERS COMPENS	BILI	ΓΥ Y/N							X WC STATU- TORY LIMITS OTH- ER		
	OF	Y PROPRIETOR/PAR FICER/MEMBER EX(andatory in NH)		R/EXECUTIVE C	N / A		IJUB8D163975		11/18/2014	11/18/2015	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$	500,000
	Ìfye	es, describe under SCRIPTION OF OPE	RAT	IONS below							E.L. DISEASE - POLICY LIMIT		<u> </u>
в		stallation					ВМО55837256		2/13/2014	2/13/2015	\$50,000	, v	
в		ansit Cove					ВМО55837256		2/13/2014	2/13/2015	\$5,000		
DES	CRIP	TION OF OPERATIO	DNS /	LOCATIONS / VEHIC	CLES	(Attach	ACORD 101, Additional Remarks	s Schedu	lle, if more space	is required)			
CE	RTI	FICATE HOLD	ER										
				ord Lincol	n		ennessyford.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		5675 Peac Atlanta,		ree Indust 30341	ria	1 в	lvd	AUTHORIZED REPRESENTATIVE					
							iam Skeel	es/MIR	Within Ho	2	hallos		

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Ą	CC	DRD [®]			CER1	TIF	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY)		
					_			_				_		23/2014		
C B	ERT ELO	IFICATE DOE W. THIS CEF	S N RTIF		AFFIRMAT	IVEL URA	Y OF NCE	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES		
								DITIONAL INSURED, the	policy(ies) must be	e endorsed.	IF SUBROGATION IS V	VAIVED	, subject to		
tł	ne te		itior	ns of	the policy	, cert	tain p	oolicies may require an er								
-			neu	IOIS	ach endors	seme	ent(S)		CONTA	CT Mamia T	Rivera-Yo					
		eNorth In		ran	ce Grou	m	т.т.с	1	NAME:	Maria		•	(770)0	E9 7E4E		
		x 724728	10 U.	Lan	ce grou	P,			PHONE (A/C, No. Ext): FAX (A/C, No): FAX (A/C, No): E-MAIL ADDRESS: mrivera-young@pointenorthins.com							
10	DO	A /21/20							ADDRE					NAIO #		
At	lan	ta			GA 31	.139)					Insurance Comp	anv	NAIC #		
	JRED											Insurance Comp	any			
Vi	swa	m Bala En	ite	rpr	ises, I	nc.	, D	BA: FASTSIGNS				mnity of Illnoi	s	25674		
		arrett Pa		-					INSURE							
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KE	NNE	SAW			GA 30	144			INSURE							
со	VER	AGES			CER	TIFI	CATE	ENUMBER:CL1410233	3964			REVISION NUMBER:				
IN C	COVERAGES CERTIFICATE NUMBER:CL14102333964 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,															
								. LIMITS SHOWN MAY HAVE	: BEEN							
INSR LTR		TYPE OF I	INSU	RANCE	E	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	-	1 000 000		
												EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
А	x	COMMERCIAL GE	Г					BZS(15)55891737		11/18/2014	11/18/2015	PREMISES (Ea occurrence)	\$	15,000		
A		CLAIMS-MAI		X	JUCUR			B2B(15)55691757				MED EXP (Any one person)	\$	1,000,000		
												PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000		
	GEN	L'L AGGREGATE LI										PRODUCTS - COMP/OP AGG	· ·	2,000,000		
			RO- ECT									PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OMOBILE LIABILI			100							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
А	х	ANY AUTO										BODILY INJURY (Per person)	\$			
A		ALL OWNED AUTOS		SCH	EDULED OS			BAS(15)55891737		11/18/2014	11/18/2015	BODILY INJURY (Per accident)\$			
	х	HIRED AUTOS	х		I-OWNED							PROPERTY DAMAGE (Per accident)	\$			
												Medical payments	\$	1,000		
	Х	UMBRELLA LIAB		0	OCCUR							EACH OCCURRENCE	\$	1,000,000		
в		EXCESS LIAB		C	CLAIMS-MADE							AGGREGATE	\$	1,000,000		
		DED X RET			10,000	þ		USO55891737		11/18/2014	11/18/2015		\$			
C		RKERS COMPENS			Y/N							X WC STATU- TORY LIMITS OTH ER	-			
	ANY	PROPRIETOR/PAP		R/EXE(ED?		N/A						E.L. EACH ACCIDENT	\$	500,000		
	(Mai	ndatory in NH) s, describe under						IJUB8D163975		11/18/2014	11/18/2015	E.L. DISEASE - EA EMPLOYE	E \$	500,000		
	DÉS	CRIPTION OF OPE	RAT	IONS b	below							E.L. DISEASE - POLICY LIMIT	\$	500,000		
в	In	stallation	I F]	loat	er			ВМО55837256		2/13/2014		\$50,000				
в	Tr	ansit Cove	erag	ge				ВМО55837256		2/13/2014	2/13/2015	\$5,000				
DES			DNS /	1004	TIONS / VEHIC		(Attack	ACORD 101, Additional Remarks	s Schedu	le if more snace	is required)					
020			, ,	2004			(Alluoi		oneuu	io, il more opuoe	in required)					
CE	RTIF	ICATE HOLD	ER						CANC	ELLATION						
					cobbl	est	one	landingmgr@herc	STC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		Hercules 1				Ser	vic	es, Inc.		ORDANCE W		T PROVISIONS.				
		Managed							AUTHORIZED REPRESENTATIVE							
	168 Business Park Dr. Suite 103															

Virginia Beach, VA 23462

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William Skeeles/MIR

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ĄC	CC			(CERT	ΊF	IC	ATE OF LIA	BIL	ITY IN	SURA	NCE		(MM/DD/YYYY) 23/2014	
C B	ERT	IFICATE DOE	S N RTIF		ED AS A AFFIRMATI E OF INS	MAT VEL	TER Y OR NCE	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICA VERAGE AFFORDED		LDER. THIS E POLICIES	
IN th	IPOF e te	RTANT: If the rms and cond	cer itior	rtifica ns of	te holder the policy	is an cert	ADD ain p	DITIONAL INSURED, the olicies may require an er							
	DUCE	cate holder in	lieu	l of s	uch endors	seme	ent(s)		CONTA						
		« eNorth In	su	ran	ce Grou	p,	LLC		NAME:	o Maria F D. Ext): (770)	livera-You 858-7540	FAX (A/C, No):	(770)8	58-7545	
РО	Во	x 724728							E-MAIL ADDRESS: mrivera-young@pointenorthins.com						
At:	lan	ta			GA 31	139			INCLIDE			DING COVERAGE Insurance Comp	anv	NAIC #	
INSU												Insurance Comp	211 <u>7</u>		
								BA: FASTSIGNS	INSURE	Rc: Trave	lers Ider	mnity of Illnoi	s	25674	
44) В	arrett Pa	rk	way	, Suite	33			INSURE						
KEI	INE	SAW			GA 30	144			INSURE						
								NUMBER:CL1410233		кг.		REVISION NUMBER:		<u> </u>]	
COVERAGES CERTIFICATE NUMBER: CL14102333964 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 THI 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.												WHICH THIS			
INSR LTR		TYPE OF I	NSU	RANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		IERAL LIABILITY										EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
А	х	COMMERCIAL GE	Г			x		BZS(15)55891737		11/18/2014	11/18/2015	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	300,000	
л				<u>~</u> (л						PERSONAL & ADV INJURY	\$	1,000,000	
												GENERAL AGGREGATE	\$	2,000,000	
				APPLIE	1							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	X AUT				LOC							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
А	х	ANY AUTO ALL OWNED	r	1 604	EDULED					11/10/0014	11 /10 /001 -	BODILY INJURY (Per person)	\$		
	v	AUTOS	v	AUT				BAS(15)55891737		11/18/2014	11/18/2015	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
	x	HIRED AUTOS	x	AUTO	OS							(Per accident)	\$ \$	1 000	
	х	UMBRELLA LIAB			OCCUR							Medical payments EACH OCCURRENCE	\$	1,000 1,000,000	
в		EXCESS LIAB	F		LAIMS-MADE							AGGREGATE	\$	1,000,000	
		DED X RETE			10,000			USO55891737		11/18/2014	11/18/2015		\$		
C	AND	RKERS COMPENS	BILIT	ΓY	Y/N							X WC STATU- TORY LIMITS ER	 		
	OFF	PROPRIETOR/PAR				N / A		IJUB8D163975		11/18/2014	11/18/2015	E.L. EACH ACCIDENT	\$	500,000	
	If ve	ndatory in NH) s, describe under CRIPTION OF OPE	RAT	IONS P	pelow			100202100975				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		500,000 500,000	
в		stallation						ВМО55837256		2/13/2014	2/13/2015	\$50,000	Ψ		
в		ansit Cove						вмо55837256		2/13/2014	2/13/2015	\$5,000			
DES	RIPT	ION OF OPERATIO	NS /	LOCA	TIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedu	le, if more space	is required)				
	ocation: 440 Barrett Parkway, Suite 33, Kennesaw, GA 30144														
		ICATE HOLD					110								
(77	770)428-7912 pblackwell@westfin.com Main Street at Town Center Westwood Financial Corp.									EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.			
	Westwood Financial Corp. 11440 San Vicente Blvd, Ste. 200									AUTHORIZED REPRESENTATIVE					

Los Angeles, CA 90049

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	CERT	TIFICATE DOE DW. THIS CER	s n Rtif	OT AFFIRMAT	IVEL URA	Y OF	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
	MPO he te	RTANT: If the erms and cond	cer ition	tificate holder	is ar , cer	n ADE tain p	DITIONAL INSURED, the policies may require an end						
-			lieu	of such endor	seme	ent(s)		CONTA	CT.				
				-				CONTA NAME:	Maria r	Rivera-Yo	-		
		ceNorth In ox 724728	ısu	rance Grou	ıp,	LLC		(A/C. N	o. Ext): (770)	858-7540	(A/Ĉ, No)	(770)8	58-7545
	вс	DX /24/28						ADDRE			ointenorthins.co RDING COVERAGE	m	NAIC #
	lar			GA 31	.139)					Insurance Comp	any	
· ·	URED		ite	rprises, 1	nc.	, D	BA: FASTSIGNS	INSURER B:Ohio Casualty Insurance Co INSURER C: Travelers Idemnity of Illnois					25674
				way, Suite				INSURER D :					
INSURER E :													
KENNESAW GA 30144 INSURER F:													
COVERAGES CERTIFICATE NUMBER:CL14102333964 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 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.												
	۲ ۱	TYPE OF	INSU	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
	GEI	NERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	1,000,000
A	^	CLAIMS-MAI	Г				BZS(15)55891737		11/18/2014	11/18/2015	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	15,000
											PERSONAL & ADV INJURY	s	1,000,000
											GENERAL AGGREGATE	\$	2,000,000
	GE	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PF	RO- CT	LOC								\$	
		TOMOBILE LIABILI	TΥ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	х	ANY AUTO ALL OWNED		SCHEDULED			BAS(15)55891737		11 /10 /001 4	11/18/2015	BODILY INJURY (Per person)	\$	
	x	AUTOS	x	AUTOS NON-OWNED			DAS(15)55691757		11/10/2014	11/18/2015	PROPERTY DAMAGE) \$	
		HIRED AUTOS	-	AUTOS							(Per accident)	\$	1,000
	x	UMBRELLA LIAB		OCCUR							Medical payments EACH OCCURRENCE	\$	1,000,000
в		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	\$	1,000,000
		DED X RET	ENTIC	DN\$ 10,000)		USO55891737		11/18/2014	11/18/2015		\$	
C		RKERS COMPENS	ΑΤΙΟ	N							X WC STATU- TORY LIMITS ER	-	
	AN	Y PROPRIETOR/PAP FICER/MEMBER EXC	RTNE		N/A						E.L. EACH ACCIDENT	\$	500,000
	(Ma	andatory in NH) es, describe under					IJUB8D163975		11/18/2014	11/18/2015	E.L. DISEASE - EA EMPLOYE	E \$	500,000
F.	DÉ	SCRIPTION OF OPE							0 /10 /0000	0 /1 0 /0000	E.L. DISEASE - POLICY LIMIT	\$	500,000
B		stallation					BM055837256		2/13/2014		\$50,000		
В	Tr	ansit Cove	erag	Je			BM055837256		2/13/2014	2/13/2015	\$5,000		
DE	SCRIP	TION OF OPERATIO	ONS /	LOCATIONS / VEHIC	CLES	(Attach	ACORD 101, Additional Remarks	s Schedu	lle, if more space	is required)			
	RTI	FICATE HOLD	ER					CAN	CELLATION				
		Physician	's	blwil Immediate			7@gmail.com c	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Brandy Wi						AUTHO	RIZED REPRESE				
		2481 Geor Kennesaw,		Busbee Pk A 30144	wy.								
									iam Skeel	es/MIR	Within 16	こと	parla

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	-		-				OF INFORMATION ONLY					TE HO	LDER. THIS	
В	ELC	W. THIS CER	RTIF	ICATE OF INS	URA	NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT							
							ERTIFICATE HOLDER.	policy	(ies) must b	e endorsed.	IF SUBROGATION IS W		subject to	
tl	ne te	erms and cond	litior	ns of the policy	, cer	tain p	oolicies may require an e							
	ertif DUCI		lieu	l of such endor	seme	ent(s)			CT Maria I	Rivera-Yo	100			
· · · ·			ısu	rance Grou	ın,	LLC	1	NAME:	Maria 1 o. Ext): (770)		•	(770)8	58-7545	
		ox 724728				-		É-MAIL	SS: mrivera	a-young@p	ointenorthins.com			
									INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #	
-	-	nta		GA 31	.139)					Insurance Comp	any		
	IRED			moniaca 1		F					Insurance Co		05684	
				way, Suite			BA: FASTSIGNS	INSURI		lers lde	mnity of Illnoi	S	25674	
	-					•		INSURI						
KE	NNE	ESAW		GA 30	144	۱.		INSURI						
COVERAGES CERTIFICATE NUMBER:CL14102333964 REVISION NUMBER:														
T 	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													
C	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.													
		TYPE OF	-		ADDL	SUBR				POLICY EXP (MM/DD/YYYY)	LIMI	TS		
		NERAL LIABILITY									EACH OCCURRENCE	\$	1,000,000	
	х	COMMERCIAL GE		AL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
A		CLAIMS-MAI	DE	X OCCUR			BZS(15)55891737		11/18/2014	11/18/2015	MED EXP (Any one person)	\$	15,000	
											PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										PRODUCTS - COMP/OP AGG	\$	2,000,000	
			RO-	LOC								\$		
		TOMOBILE LIABILI	ТΥ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	x	ANY AUTO ALL OWNED		SCHEDULED			BAS(15)55891737		11/19/2014	11/18/2015	BODILY INJURY (Per person)	\$		
	х	AUTOS HIRED AUTOS	x	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		HIRED AUTOS		AUTOS							(Per accident) Medical payments	\$	1,000	
	х	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	1,000,000	
в		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	1,000,000	
C	wo						USO55891737		11/18/2014	11/18/2015	↓ ↓ WC STATU- ↓ OTH-	\$		
	AN	D EMPLOYERS' LIA	BILI								X WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT	\$	500,000	
	OF	FICER/MEMBER EX			N/A		IJUB8D163975		11/18/2014	11/18/2015	E.L. DISEASE - EA EMPLOYE		500,000	
	If ye	es, describe under SCRIPTION OF OPE	ERAT	IONS below							E.L. DISEASE - POLICY LIMIT		500,000	
в	In	stallation	ı F	loater			ВМО55837256		2/13/2014	2/13/2015	\$50,000			
в	Tr	ansit Cove	erag	ge			ВМО55837256		2/13/2014	2/13/2015	\$5,000			
DES		TION OF OPERATIO	ONS /	LOCATIONS / VEHIC	CLES	(Attach	ACORD 101, Additional Remark	s Schedu	le, if more space	is required)				
									· ·	. ,				
CE	RTI	FICATE HOLD	ER					CAN	CELLATION					
											ESCRIBED POLICIES BE (EREOF, NOTICE WILL			
				alth Syste	m			ACC	CORDANCE W	ITH THE POLIC	CY PROVISIONS.			
		805 Sandy						AUTHO	RIZED REPRESI	ENTATIVE				
		Marietta,	GA	9000C A										
								יווּש	iam Skeel	es/MTP	Within 16	· >	bert	
1								1	-am pycet					