

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2017

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 certificate holder in lieu of such endorsement(s).														rights to the	
			ieu	or such end	JI SCII	enii(э ј.			CONTACT					
PRODUCER The suppose Management Conquitonts The									NAME: PHONE (704)799-1600 FAX (A/C, No, Ext): (704)799-2955						
Insurance Management Consultants, Inc. P.O. Box 2490									(704)799-1600 (AC.No.Ext): (704)799-2955 E-MAIL ADDRESS: Cert@imcipls.com						
I.O. DOR EIJO															
Davidson NG 00036									INSURER(S) AFFORDING COVERAGE					NAIC#	
Davidson NC 28036									INSURER A: Continental Casualty Company				20443		
INSURED									INSURER B:						
Jennifer Thomas									INSURER C:						
P.O. Box 30334									INSURER D:						
Charlotte NC 28230									INSURER E :						
						7 7				INSURER F:					
		RAGES						NUMBER:7/7/17 Rei				REVISION NUMBER:	F BOLL	0// PEDIOD	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													WHICH THIS		
INSR LTR				ADD INS	L SUE	BR /D	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY									,	EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR										PREMISES (Ea occurrence)	\$			
					_							MED EXP (Any one person)	\$		
					_							PERSONAL & ADV INJURY	\$		
	GEN	N'L AGGREGATE LIM		PPLIES PER:								GENERAL AGGREGATE	\$		
		POLICY PROJEC	J- T	LOC								PRODUCTS - COMP/OP AGG	\$		
		OTHER:										COMBINED SINGLE LIMIT	\$		
	AUT	TOMOBILE LIABILITY	Y									(Ea accident)	\$		
		ANY AUTO ALL OWNED		SCHEDULED								BODILY INJURY (Per person)	\$		
		AUTOS		AUTOS NON-OWNED								BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		AUTOS								PROPERTY DAMAGE (Per accident)	\$		
													\$		
		UMBRELLA LIAB		OCCUR								EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MAI	DE							AGGREGATE	\$		
		DED RETEN		N \$								DED	\$		
		RKERS COMPENSAT EMPLOYERS' LIABI		V	N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/	A						E.L. EACH ACCIDENT	\$			
				_							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY LIMIT	\$		
A	Pr	ofessional L	iab	ility				EEH591877285		7/7/2017	7/7/2018	Per Claim		\$1,000,000	
												Aggregate		\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															
	TIE	ICATE HOLDE							CANC	ELLATION					
CEL		EVIDENCE C		INSURANC	!E				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					
									Jeff	Todd/NF		Jelled	12	20	