2/8/2021 7:36:01 PM

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 2/8/2021		
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 If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the ter	rms and conditions of the	e policy	, certain po	licies may r				
Sinsureon				NAME: FAX PHONE (A/C, No, Ext): (800) 688-1984 FAX (A/C, No, Ext): (800) 688-1984 (A/C, No): E-MAIL ADDRESS: ADDRESS:					
Insureon (BIN Insurance Holdings LLC.) 30 N. LaSalle, 25th Floor, Chicago, IL 60602				INS	URER(S) AFFOF	DING COVERAGE		NAIC #	
· · · · · · · · · · · · · · · · · · ·				INSURER A : CHUBB				12777	
INSURED Averette Technologies 805 South Glynn Street ste. 127-240, Fayetteville, GA, 30214				INSURER B: Hartford Insurance Company of Illinois				38288	
				INSURER C :					
				INSURER D :					
				INSURER E :					
				INSURER F :					
COVERAGES CERTI	FICATE	NUMBER:				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.									
	DDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	;		
COMMERCIAL GENERAL LIABILITY				((((())))))))))))))))))))))))))))))))))		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 100,000 PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000			
A		D95528818		8/1/2020	8/1/2021	PERSONAL & ADV INJURY \$ 1,000,000		000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000			
✓ POLICY PRO- JECT LOC							\$ 2,000,		
OTHER:							<u>ψ</u> \$		
						COMBINED SINGLE LIMIT	\$		
						(Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per accident) \$			
AUTOS AUTOS NON-OWNED	NON-OWNED						\$		
HIRED AUTOS						(Per accident)			
							\$		
							\$		
EXCESS LIAB CLAIMS-MADE							\$		
DED RETENTION \$ WORKERS COMPENSATION Image: Compension of the second s							\$		
AND EMPLOYERS' LIABILITY Y / N						V STATUTE ER			
B ANY PROPRIETOR/PARTNER/EXECUTIVE No OFFICER/MEMBER EXCLUDED? N/ A 46WECAH5PMS				9/2/2020	9/2/2021	E.L. EACH ACCIDENT \$ 1,000,0			
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,00			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORE	D 101, Additional Remarks Schedul	le, may be	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER				CANCELLATION					
Insured copy				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHOR	AUTHORIZED REPRESENTATIVE							
				Nita					
© 1988-2014 ACORD CORPORATION. All rights reserv								te recorved	

The ACORD name and logo are registered marks of ACORD