			Client	#: 1703	3409			02SP	SAGICENT			
	40	ORD	CERTI	FIC	ATE OF LIABI	ILIT	Y INSU	JRANO	CE		1/2018	
C B R IM	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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER McGriff Insurance Services						CONTACT NAME: PHONE 010 716 0777 FAX						
3605 Glenwood Ave							(A/C, No, Ext): 919710-9777 E-MAIL (A/C, No):					
Raleigh, NC 27612						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
919 716-9777						INSURER A : National Union Fire Ins Co of Pitt. PA					19445	
INSURED							INSURER B : Wesco Insurance Company				25011	
Sagicor Enterprises LLC						INSURER C : Allmerica Financial Benefits					41840	
4153 Flat Shoals Pkwy, Bldg. B, Ste. 202 Decatur, GA 30034							INSURER D :					
		Decatur, GA	30034			INSURER E :						
-						INSURER F :						
		AGES	-	-					REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										HICH THIS		
INSR LTR		TYPE OF INSUF		ADDL SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS		
		COMMERCIAL GENER							EACH OCCURRENCE	\$		
		CLAIMS-MADE	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						GENERAL AGGREGATE	\$		
		POLICY JECT	LOC						PRODUCTS - COMP/OP AG	G\$ \$		
С		OTHER:			AW6A72577203		0/04/2019	00/04/2010	COMBINED SINGLE LIMIT (Ea accident)	•	0 000	
C	X	ANY AUTO			AW0A/23//203		J9/U4/2010	09/04/2019	(Ea accident) BODILY INJURY (Per person	T .	0,000	
	~	OWNED AUTOS ONLY	SCHEDULED						BODILY INJURY (Per accide			
	Х	HIRED AUTOS ONLY X	AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
			AUTOS UNET							\$		
Α		UMBRELLA LIAB	X OCCUR		EBU067936474	1	10/20/2018	10/20/2019	EACH OCCURRENCE	\$5,00	0,000	
	Χ	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,00	0,000	
		DED RETENTIO	DN \$							\$		
в		KERS COMPENSATION	v		WWC3388034	C	01/05/2019	01/05/2020	X PER OT STATUTE EF	H-		
	ANY	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE	R/EXECUTIVE	N/A					E.L. EACH ACCIDENT	· · ·	0,000	
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOY		,	
	DÉS	CRIPTION OF OPERATIO	ONS below						E.L. DISEASE - POLICY LIM	⊤ \$ 1,00	0,000	
DES	CRIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (ACO	DRD 101, Additional Remarks Schedu	ule, mav h	e attached if mo	ore space is requ	ired)			
		ers Comp Infor		,	,	,.			,			
Pro	prie	etors/Partners/Ex	xecutive Offic	ers/Me	mbers Excluded:							
Michael Coleman, Member												
Nadine Marsh Coleman, Member												
(Se	۵ ۵+	tached Descript	ions)									
(See Attached Descriptions) CERTIFICATE HOLDER CANCELLATION												
						CANU						
Servpro Industries Inc. PO Box 1978						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Gallatin, TN 37066						AUTHORIZED REPRESENTATIVE						

Hair	Burbette
------	----------

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)

** Supplemental Name ** Sagicor Enterprises LLC DBA Servpro of Panthersville

Complete Name of Certificate Holder:

Servpro Industries, Inc., Servpro Holding Company, Inc., Servpro Commercial, LLC and Servpro Catastrophe, LLC, their affiliates and their respective directors, officers, employees and agents.