



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2013

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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>Townley - Kenton Insurance<br>125 Clairemont Ave, Ste 520<br>Decatur, GA 30030<br>Joel W Carlton |  | Phone: 404-377-7774<br>Fax: 404-377-8517  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS:<br>FAX (A/C, No): |
| <b>INSURED</b><br>Bayhill Ent DBA Awnings Above<br>Jerry French<br>2885 N Berkeley Lake Rd,#14<br>Duluth, GA 30096  |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : <b>Grange Insurance</b> NAIC # <b>14060</b><br>INSURER B : <b>Bridgfield Casualty</b> NAIC # <b>34169</b><br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |  |

**COVERAGES**

CERTIFICATE 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  |           |          |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X         | X        | CPP2629756    | 06/20/2013              | 06/20/2014              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY   |           |          |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   | X         | X        | CPP2629756    | 06/20/2013              | 06/20/2014              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | UMBRELLA LIAB  |           |          |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10000   |           |          | CUP2629757    | 06/20/2013              | 06/20/2014              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         |  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       | X        | 0196-21573    | 06/20/2013              | 06/20/2014              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                            |
| A        | Owned-Small Tools  |           |          | CPP2629756    | 06/20/2013              | 06/20/2014              | Owned 20,000   |
| A        | Rent/Leased Equip  |           |          | CPP2629756    | 06/20/2013              | 06/20/2014              | Rent/Leas 10,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: Destin Commons Buildings G, H & J (Destin, FL). Elkins Constructors, Inc. & Destin Commons Phase III, LLC, Aventura, FL are named as Additional Insureds, including Completed Operations, on a Primary & Non-contributory basis in respects to General Liability and Auto Liability. All policies include a Waiver of Subrogation in favor of Elkins Constructors, Inc.

**CERTIFICATE HOLDER****CANCELLATION****ELKINSC**

Elkins Constructors, Inc.  
 701 West Adams Street  
 Jacksonville, FL 32204

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

*Joel W Carlton*

Grange Mutual Casualty Company  
P.O. Box 1218  
Columbus, Ohio 43216-1218

**COMMERCIAL SPECIAL ENDORSEMENT  
SE 02**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

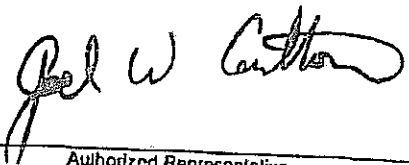
|  |      |   |                           |
|--|------|---|---------------------------|
| Named Insured/Mailing Address:<br>BAYHILL ENT DBA AWNINGS ABOVE<br>2885 N BERKELEY LAKE RD NW STE<br>DULUTH GA 30096 |      | Agency Name/Address/Code Number:<br>TOWNLEY KENTON INCORPORATED<br>125 CLAIREMONT AVE #520<br>DECATUR, GA<br>30030<br>10-107-00 |                           |
| Policy Number:<br>CPP 2629756-02   | Mod: | Effective Date of Change:<br>06/20/12   | at 12:01 AM Standard Time |

This endorsement modifies insurance provided under the following:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

- 1) A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INSURED REQUIRES THIS INSURANCE TO BE PRIMARY AND NONCONTRIBUTORY TO OTHER INSURANCE AVAILABLE TO THE ADDITIONAL INSURED; AND
- 2) PRIMARY AND NONCONTRIBUTORY COVERAGE FOR THE ADDITIONAL INSURED UNDER THIS ENDORSEMENT SHALL BE PROVIDED SUBJECT TO THE SAME TERMS AND CONDITIONS AS THE APPLICABLE ADDITIONAL INSURED ENDORSEMENT(S) MENTIONED ABOVE.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

  
\_\_\_\_\_  
Authorized Representative

Issue Date: 06/12/12

Grange Mutual Casualty Company  
P.O. Box 1218  
Columbus, Ohio 43216-1218

**COMMERCIAL SPECIAL ENDORSEMENT  
SE 03**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

|  |      |   |                           |
|--|------|---|---------------------------|
| Named Insured/Mailing Address:<br>BAYHILL ENT DBA AWNINGS ABOVE<br>2885 N BERKELEY LAKE RD NW STE<br>DULUTH GA 30096 |      | Agency Name/Address/Code Number:<br>TOWNLEY KENTON INCORPORATED<br>125 CLAIREMONT AVE #520<br>DECATUR, GA<br>30030<br>10-107-00 |                           |
| Policy Number:<br>CPP 2629756-02   | Mod: | Effective Date of Change:<br>06/20/12   | at 12:01 AM Standard Time |

This endorsement modifies insurance provided under the following:  
GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

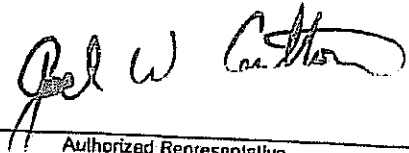
CG 2037 - ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

COVERAGE PROVIDED UNDER ENDORSEMENT CG 20 37 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS IS MODIFIED AS FOLLOWS:

NAME OF PERSON OR ORGANIZATION IS AMENDED TO READ:

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT, EXECUTED BY BOTH PARTIES PRIOR TO THE DATE OF LOSS, TO ADD AS AN ADDITIONAL INSURED TO THE POLICY FOR COMPLETED OPERATIONS.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

  
Authorized Representative

Issue Date: 06/12/12

Grange Mutual Casualty Company  
P.O. Box 1218  
Columbus, Ohio 43216-1218

**COMMERCIAL SPECIAL ENDORSEMENT  
SE 01**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

|  |      |   |                           |
|--|------|---|---------------------------|
| Named Insured/Mailing Address:<br>BAYHILL ENT DBA AWNINGS ABOVE<br>2885 N BERKELEY LAKE RD NW STE<br>DULUTH GA 30096 |      | Agency Name/Address/Code Number:<br>TOWNLEY KENTON INCORPORATED<br>125 CLAIREMONT AVE #520<br>DECATUR, GA<br>30030<br>10-107-00 |                           |
| Policy Number:<br>CPP2629756-02  | Mod: | Effective Date of Change:<br>06/20/12   | at 12:01 AM Standard Time |

This endorsement modifies insurance provided under the following:  
**GENERAL LIABILITY COVERAGE PART**

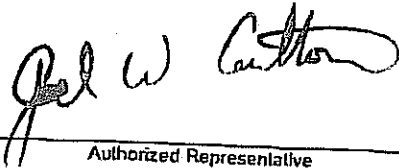
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

THE CG 2404 10 93 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US IS REVISED:

THE NAME OF THE PERSON OR ORGANIZATION COVERED BY THE CG 24 04 IS AS FOLLOWS:

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT, EXECUTED BY BOTH PARTIES PRIOR TO THE DATE OF LOSS, AND TO WHOM A CERTIFICATE OF INSURANCE HAS BEEN ISSUED SHOWING A WAIVER OF RIGHT OF RECOVERY AGAINST THAT PERSON OR ORGANIZATION.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED

  
\_\_\_\_\_  
Authorized Representative

Issue Date: 06/12/12

Grange Mutual Casualty Company  
P.O. Box 1218  
Columbus, Ohio 43216-1218

**COMMERCIAL SPECIAL ENDORSEMENT  
SE 02**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

|  |      |   |                           |
|--|------|---|---------------------------|
| Named Insured/Mailing Address:<br>BAYHILL ENT DBA AWNINGS ABOVE<br>2885 N BERKELEY LAKE RD NW STE<br>DULUTH GA 30096 |      | Agency Name/Address/Code Number:<br>TOWNLEY KENTON INCORPORATED<br>125 CLAIREMONT AVE #520<br>DECATUR, GA<br>30030<br>10-107-00 |                           |
| Policy Number:<br>CPP2629756-02  | Mod: | Effective Date of Change:<br>06/20/12   | at 12:01 AM Standard Time |

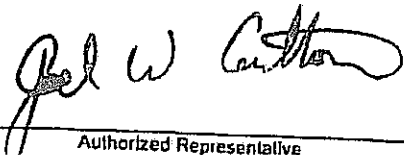
This endorsement modifies insurance provided under the following:  
BLANKET PRIMARY AND NONCONTRIBUTORY

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

INSURANCE PROVIDED UNDER THIS POLICY SHALL APPLY ON A PRIMARY BASIS AND SHALL NOT SEEK CONTRIBUTION FROM ANY OTHER INSURANCE AVAILABLE TO AN ADDITIONAL INSURED ADDED TO THE POLICY BY CG 20 10 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION ENDORSEMENT, CG 20 33 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT, IL-19 MANUFACTURERS' OPTIMUM ENDORSEMENT OR CG 20 37 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS ENDORSEMENT, SUBJECT TO THE FOLLOWING CONDITIONS:

  
Authorized Representative

Issue Date: 06/12/12