Ą	CORD [®] CERT	FIF	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY)	
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).											
PRODUCER CONTACT Felicia Thomas											
Hewitt Agency, Inc.						PHONE (A/C. No): (770) 834-7631 FAX (A/C. No): (770) 834-3550					
DBA Southland Insurance Agency						siafeli	cia@bell	south.net			
PO Box 156										NAIC #	
Carrollton GA 30112						INSURER(S) AFFORDING COVERAGE					
INSURED										32700	
Felton Anthony, DBA: Felt Anthony Painting &						INSURER C :					
174 Rocky D Road						INSURER D :					
					INSURER E :						
Temple GA 30179					INSURER F :						
				NUMBER:CL14350805							
_	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI									ICY 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	INSR	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	GENERAL LIABILITY								\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	30,000	
	CLAIMS-MADE X OCCUR			48061022-13		1/20/2014	1/20/2015	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	X POLICY PRO- JECT LOC								\$		
в	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS X SCHEDULED			4906102200		2/24/2014	2/24/2015	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$	50,000	
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000	
A	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000	
	DED RETENTION \$	1		49061022-01		1/20/2014	1/20/2015		\$		
в	WORKERS COMPENSATION							WC STATU- TORY LIMITS X OTH- ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)	N/A		48092320		1/20/2014	1/20/2015	E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedul	e, if more space i	is required)				
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Paradise Business Consulting LLC						EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B	E DE	LIVERED IN	
PO Box 1264						ACCORDANCE WITH THE POLICY PROVISIONS.					
Villa Rica, GA 30180											
Phone: (404) 963-8774						ORIZED REPRES	ENTATIVE				
Fa	x: (224) 216-1801										
1				Belinch Sen Hout							

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Belinda Hewitt/CSR