

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2012

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(les) 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

L	ertif	icate holder in	lieu	of such	endor	sem	ent(s)								
PRODUCER										CONTACT Betty Ezell						
Brock Insurance Agency									PHONE (A/C, No. Ext): (706) 866-3394 FAX (A/C, No); (706) 861-4619							
23 Chickamauga Avenue									E-MAIL ADDRESS: Bettye@brockins.com							
P.	P.O. Box 460									INSURER(S) AFFORDING COVERAGE					NAIC#	
Rossville GA 30741									INSURER A: Zurich American Insurance							
NSURED									INSURER B : American Guarantee & Liability							
4	rrv	Construc	ti	on Co.	, Ir	ıc.			INSURER C:							
	Mike Berry Construction Co., Inc.									ERD:						
l.	2525 Broad St., Suite 103								INSURER E :						· · · · · ·	
Chattanooga TN 37408							3		INSURER F :			N			<u> </u>	
		RAGES						E NUMBER:Master 12		<u> </u>		REVISION NU				
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INSI	1	TYPE OF INSURANCE				ADDI	SUBF	POLICY NUMBER	/MM/DD/YYYY		POLICY EXP	N LIMITS				
	7	NERAL LIABILITY										EACH OCCURREN		\$	1,000,000	
	X	X COMMERCIAL GENERAL LIABILITY										PREMISES (Ea occ		\$	300,000	
A		CLAIMS-MADE X OCCUR				x	x	CPO5342017-08		12/31/2012	12/31/2013	MED EXP (Any one	person)	\$	10,000	
İ							-					PERSONAL & ADV	INJURY :	\$	1,000,000	
												GENERAL AGGRE	GATE :	\$	2,000,000	
	GE	GEN'L AGGREGATE LIMIT APPLIES PER:						Docus	me	nt is		PRODUCTS - COM	P/OP AGG	\$	2,000,000	
l		POLICY X PE	₹O-	X LOC				Docui		110 15		nha.e		\$		
A	AUTOMOBILE LIABILITY						NOTOE		CTA	TI	COMBINED SINGL (Ea accident)	ERIMIT .	s i	1,000,000		
	X OTUA YMA					Ł,	MOI OF	T	CIA		BODILY INJURY (P	erson) -	15			
		ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS				X	BAP5342016-08 IS Document	is the property			(Per accident)					
	X				1											
	X	Hired Phys.Dam						the Lake Cou	inty	Kecor	der!	Undertraured motor	ist	\$	1,000,000	
В	Х	UMBRELLA LIAB		X occu	R							EACHTOCCURREN	ek :	ξŠ	4,000,000	
		EXCESS LIAB	Γ	CLAIM	IS-MADE							AGGREGATE	_ 2	5 D	4,000,000	
		DED X RETI	ENTIC	ON \$	0	X	X	AUC5342377-08		12/31/2012	12/31/2013	À	<u>:</u>	\$ Z		
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC5342018-07		12/31/2012	12/31/2013	W CALIATU- TORY LIMITS		,,		
	AN	ANY PROPRIETOR/PARTNER/EXECUTIVE				 		All States with the				E.L. EACH ACCIDE		\$	1,000,000	
	(Mandatory In NH)			N/A	1	exception of:ND,OH,W	A, WY	}		E.L. DISEASE - EA	EMPLOYEE :	\$	1,000,000			
	lifve	ss, describe under	under OF OPERATIONS below					and PR				E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000	
								THE	IR C	b			12	Ω	1/0	
		TION OF OPERATION: General				LES (Attach	AGORD 101, Additional Remarks	Scheduk	e, If more space i	s required)		138	12	3	
									الكب				4		. 0	
								Entry M.	ANALUM							
CE	RTI	ICATE HOLD	ER						CAN	CELLATION						
	kathysmith@berryconstructi									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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ACORD 25 (2010/05)

INS025 (201005).01

Crown Point, IN 46307

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AUTHORIZED REPRESENTATIVE