

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2017

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				dorser	nent. A state	ement on thi	s certificate does not co	nter rig	ints to the	
PRODUCER						CONTACT NAME:					
Insured's Agent Info					PHONE FAX						
						E-MAIL					
						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER(S) AFFORDING COVERAGE INSURER A: Name of Insurance Company					
INCLIDED						INSURER B: AM Best rating of A-VII or better					
INSURED											
Name of Contractor or Service Provider					INSURE	RC:					
					INSURE	RD:					
					INSURER E :						
						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	NSR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY		e de constituir			4000		EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
Α				ABCD		06/01/2017	05/31/2018	PERSONAL & ADV INJURY	\$	1,000,000	
							10	GENERAL AGGREGATE	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY X PRO- X LOC							\$	2,000,000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS			ABCD		06/01/2017	05/31/2018	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Per accident)	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	x	ABCD			06/01/2017	05/31/2018	AGGREGATE	\$	5,000,000	
	DED RETENTION \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s		
	WORKERS COMPENSATION	N/A	ABCD		06/		05/31/2018	WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					06/01/2017		E.L. EACH ACCIDENT	s	100,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		200,000	
	DESCRIPTION OF OPERATIONS BRIDW							E.L. DISEASE - FOLIGI LIWIT	J	200,000	
Α	OTHER	х		ABCD		06/01/2017	05/31/2018				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach /	ACORD 101, Additional Remarks	Schedule	, If more space Is	required)				
900 Atlanta Office, LLC (Property Owner), Parmenter, LLC, and Parmenter Realty & Investment Co (Property Manager) will be named as additional Insured on General Liability per Form (Please indicate form providing additional insured status and provide a copy of form. Waiver of subrogation applies to general											
liab	liability and workers compensation.										
CERTIFICATE HOLDER CANO							ANCELLATION				
PLANT CONTROL											
900 Atlanta Office, LLC, Parmenter, LLC Parmenter Realty and Investment Company					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
900 Ashwood Parkway, Suite 150					AUTHORIZED REPRESENTATIVE						
Atlanta GA 30338											