

## CERTIFICATE OF LIABILITY INSURANCE

Reso 23-046

03/09/2023

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 rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		CONTACT Laurie Sirene					
Dimond Bros. Insurance, LLC		PHONE (317) 853-3500 FAX (A/C, No): (317) 853-3501					
11708 North College Avenue	E-MAIL ADDRESS: laurie.sirene@dimondbros.com						
		INSURER(S) AFFORDING COVER	AGE	NAIC#			
Carmel	IN 46032	INSURER A: Cincinnati Specialty Underwriters In	nsurance Company	13037			
INSURED		INSURER B: Cincinnati Insurance Co		10677			
Gracie Gray Contractors, Inc.		INSURER C: The Burlington Insurance Company	y	23620			
110 Bluffs Parkway, Ste. 207		INSURER D: PinnaclePoint Insurance Company		15137			
		INSURER E :					
Canton	GA 30114	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 22-23 Master w/ 22-23 WC 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 INCTIVITALISTANDING ANY DECLUIDEMENT TERM OF CONDITION OF ANY CONTRACT OF 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,

E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDLS INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	COMMERCIAL GENERAL LIABILITY			CSU0179770	12/02/2022	12/02/2023	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	Combined BI and PD Deductible:						MED EXP (Any one person)	\$ Excluded
	\$1,000 Per Claim						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY			EBA0637314	12/02/2022	12/02/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB  ✓ OCCUR			413BE04812-01	12/02/2022	12/02/2023	EACH OCCURRENCE	\$ 2,000,000
С	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED X RETENTION \$ 0							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		A	WCP7006143	09/23/2022	09/23/2023	PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	"'^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
				, p				

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

Subject to the terms and conditions of the policies, City of Powder Springs, Georgia is added as additional insured on the General Liability including completed operations and Automobile Liability but only if required by written contract and only with respects to liability arising out of the work performed by or on behalf of the named insured for the Certificate Holder.

Umbrella is following form in regards to the Additional Insured that has been added to the General Liability and/or Automobile Liability.

CERTIFICATE HOLDER		CANCELLATION			
City of Powder Springs, Georgia		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
4484 Marietta St.		AUTHORIZED REPRESENTATIVE			
Powder Springs	GA 30127	stechal Erell			