ACORD <sup>®</sup> CER			TIFICATE OF LIA				BILITY INSURANCE				DATE (MM/DD/YYYY) 04/10/2019			
C B	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.													
te	rms	s and con	ditions of		ertai	n poli	TIONAL INSURED, the p cies may require an en							
	DUCI						-	NTACT KATE HICKS						
SOUTHERN INSURANCE PARTNERS									PHONE FAX (A/C, No, Ext): 478-238-1199 (A/C, No):					
PO BOX 168									ADDRESS: KATE@SOUTHINSURANCEPARTNERS.COM					
FORSYTH, GEORGIA 31029									INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : MESA UNDERWRITERS SPECIALTY INS CO 36838					
INSURED									INSURER A : IVIESA UNDERWITTERS SPECIALITY INS CO 50050					
NAME AND ADDRESS									INSURER C :					
OF VENDOR								INSURER D :						
									INSURER E :					
				050	TIEL	CATE								
_		RAGES					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		TYF	E OF INSU	RANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
		NERAL LIABI	LITY								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00	00,000	
	X				x	X					PREMISES (Ea occurrence)	\$ 100		
A	-	CLAIMS-MADE X OCCUR			Λ		MP0010004000690		04/09/2019	04/09/2020	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,00	00,000	
				<u>.</u>	1.				04/00/2010	0-1100/2020	GENERAL AGGREGATE		00,000	
	GE	N'L AGGREG	ATE LIMIT /	APPLIES PER:							PRODUCTS - COMP/OP AGG		00.000	
	×	POLICY	PRO- JECT	LOC								\$		
	AU	TOMOBILE LI	ABILITY		$\square$						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO ALL OWNE		SCHEDULED						e	BODILY INJURY (Per person)			
	-	AUTOS		AUTOS NON-OWNED							BODILY INJURY (Per accident	() \$ \$		
	-	HIRED AUT	US	AUTOS						8	(Per accident)	\$		
		UMBRELLA	LIAB	OCCUR							EACH OCCURRENCE	\$		
			AB	CLAIMS-MADE	-						AGGREGATE	\$		
	14/0	DED	RETENTIO								WC STATU- OTH	\$		
	AN	RKERS COM	RS' LIABILI	Y Y/N						,	TORY LIMITS ER			
	OFI	FICE/MEMBER	REXCLUDE	R/EXECUTIVE	N/A					÷	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$ := e		
	Ìf ye	Indatory in NH es, describe ur SCRIPTION O	nder								E.L. DISEASE - POLICY LIMIT			
A				ON COVERAGE	x	x	MP0010004000690		04/09/2019	04/09/2020	\$25,000/\$50,000			
					LES (	Attach	ACORD 101, Additional Remarks	Schedule	e, if more space is	s required)				
		ET ADDITIO	-			ONAL	INSURED CG 20 26							
CERTIFICATE HOLDER									CANCELLATION					
				F JOHNS CREE	K			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		<mark>113</mark>	60 LAKE	FIELD DRIVE				ACCORDANCE WITH THE POLICY PROVISIONS.						
JOHNS CREEK, GA 30097								AUTHORIZED REPRESENTATIVE						
									HICKS, AGE	NT 3139286				

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