ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (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 NAME:					
XYZ Insurance Agency					PHONE FAX (A/C, No, Ext): (A/C, No):						
Address					E-MAIL ADDRESS:						
City, State, Zip										NAIC #	
						INSURER A : AM Best Rated A or Higher					
					INSURER B :						
Contractor/Vendor					INSURER C :						
Address					INSURER D :						
City, State, Zip					INSURER E :						
						INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURE	REVISION NUMBER:					
_					VE 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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	GENERAL LIABILITY	X		POLICY NUMBER		XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	_{\$} 1,00	0,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	_{\$} 5,00	0	
	X 00001							PERSONAL & ADV INJURY	_{\$} 1,00		
									\$2,00		
								GENERAL AGGREGATE	\$2,00 \$2,00		
								PRODUCTS - COMP/OP AGG	•	0,000	
	POLICY X PRO- JECT LOC	v						COMBINED SINGLE LIMIT	\$	0.000	
Α		Х		POLICY NUMBER		XX/XX/XX	XX/XX/XX	(Ea accident)	_{\$} 1,00	J,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			POLICY NUMBER	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	_{\$} 5,00	0,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$5,00	0.000	
	V 10.000	1						AUGINEUATE	ψ,	,	
Α	DED RETENTION \$ 10,000 WORKERS COMPENSATION		x	POLICY NUMBER			XX/XX/XX	X WC STATU- TOPY LIMITS OTH-	\$		
	AND EMPLOYERS' LIABILITY		^		ſ				_{\$} 1,00	000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$1,000	0,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space	is required)	oporal Liphility			
	Ganaway Contracting Company							-			
policy applies for both ongoing and completed operations (attach copy of endorsement(s). Such insurance											
shall be primary and non-contributory to any other insurance that may be available to the Additional											
Insureds. A Waiver of Subrogation applies in favor of the certificate holder, the owners and others as											
required by written contract with respect to Workers' Compensation. Business Auto Liabiltiy with limits of											
(See Attached Descriptions)											
CERTIFICATE HOLDER CANCELLATION											
AJP SOLUTIONS, LLC P.0. BOX 286					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
LADSON, SC 29456					AUTHORIZED REPRESENTATIVE						

DESCRIPTIONS (Continued from Page 1)

at least \$1,000,000 each accident. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. General Contractor, Owner and all other parties required of the General Contractor, shall be included as Additional Insured on the Auto Policy.