

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2021

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 (770)945–1557 Ext. Findley Insurance Agency, Inc.					CONTACT NAME: CHRIS BOWN FAX PHONE (A/C, No, Ext): (A/C, No):					
PO Box 526					ADDRESS:					
4860 South Lee St.					INSURER(S) AFFORDING COVERAGE				NAIC #	
Buford, GA 30515					INSURER A: AUTO OWNERS INS CO					
CHRIS BOWEN DBA BOWEN TRIM					INSURER B : ZUR I CH					
3389 HEARTWOOD LN					INSURER C:					
DORAVILLE, GA 30340					INSURER D:					
					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 LTR		ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY	T						EACH OCCURRENCE \$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	10,000	
Α				104618-80421684-20	0	05/19/16	05/19/22	PERSONAL & ADV INJURY \$	1,000,000	
								GENERAL AGGREGATE \$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000	
	X POLICY PRO- JECT LOC							\$, ,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	NON-OWNED							PROPERTY DAMAGE \$		
	HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	- June - Occor							·		
	CLAIIVIG-IVIADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					07/10/22		100,000	
В	OFFICER/MEMBER EXCLUDED?			6ZZUB-5R95517-3-21	0	07/10/21		E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$	100,000 500.000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A	ACORD 101. Additional Remarks S	Schedule, it	f more space is	required)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CERTIFICATE HOLDER					CANCELLATION					
Northcrest Civic Association					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
mjeffirs@hotmail.com						Valerie Armstrong				