Client#: 112406 AMERHOM4

## $ACORD_{\scriptscriptstyle{\square}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/15/2022

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

uns certificate does not comer any rights to the certificate notice in ned of such endorsement(s).					
PRODUCER	CONTACT Stephanie Coleman				
CBIZ Insurance Services, Inc.	PHONE (A/C, No, Ext): 470 282-2547 FAX (A/C, No): E-MAIL ADDRESS: stephanie.coleman@cbiz.com				
2475 Northwinds Parkway					
Suite 500	INSURER(S) AFFORDING COVERAGE	NAIC#			
Alpharetta, GA 30009	INSURER A: Navigators Specialty Insurance Co. 423	307			
INSURED	INSURER B : Bridgefield Casualty Insurance Co. 103	335			
America's Home Place, Inc.	INSURER C: Travelers Casualty Ins. Co. of America 190	)46			
2144 Hilton Drive	INSURER D:				
Gainesville, GA 30501	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.

	TYPE OF INSURANCE	A	NDDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Χ	COMMERCIAL GENERAL LIABIL	ITY			GA22CGL219960IC	04/15/2022	04/15/2023	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCC	UR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
Χ	BI/PD Ded: \$10,000							MED EXP (Any one person)	\$Excluded
								PERSONAL & ADV INJURY	\$1,000,000
GEN		ER:						GENERAL AGGREGATE	\$2,000,000
X	POLICY PRO- LC	С						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				BA8M968206	04/15/2022	04/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY X NON-OW AUTOS O	/NED ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB X OCC	UR			GA22EXC901312QN	04/15/2022	04/15/2023	EACH OCCURRENCE	\$10,000,000
X	EXCESS LIAB CLAI	MS-MADE						AGGREGATE	\$10,000,000
	DED RETENTION \$0								\$
					19610502	11/30/2021	11/30/2022	X PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUT	IVE	ν / Δ					E.L. EACH ACCIDENT	\$1,000,000
(Mar	ndatory in NH)	L-1	.,,					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
DES	s, describe under CRIPTION OF OPERATIONS below	,						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	X  GEN  X  AUT  X  X  WOF  AND  GMar  If yee	CLAIMS-MADE X OCC X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES P OTHER: AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB DED RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y /N OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIRED  AUTOS ONLY  X AUTOS ONLY  X AUTOS ONLY  X EXCESS LIAB  DED  RETENTION \$0  WORKERS COMPENSATION  AND PROPORTIETOR PARTNER/EXECUTIVE  TYN  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  I INSR WYD  WOCCUR  X OCCUR  CLAIMS-MADE  Y/N  N/A  N/A  N/PROPRIETOR/PARTNER/EXECUTIVE  Y N/A  (Mandatory in NH)  I IYES, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS  X HIRED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$0  WORKERS COMPENSATION  AND PROPEITOR/PRATINER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  IT SECT NOMES OF THE MINER WITH THE MADE AUTOS ONLY  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC  GA22CGL219960IC   GA22CGL219960IC   GA22CGL219960IC   19610502	CLAIMS-MADE X OCCUR  BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  AUTOS ONLY  HIRED AUTOS ONLY  AUTOS ONLY  WIMBRELLA LIAB  UMBRELLA LIAB  CLAIMS-MADE  DED RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  WVD POLICY NUMBER (MM/DD/YYYY)  GA22CGL219960IC  04/15/2022  BA8M968206  04/15/2022  BA8M968206  04/15/2022  GA22EXC901312QN  04/15/2022  GA22EXC901312QN  04/15/2022  11/30/2021	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI/PD Ded: \$10,000  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  AUTOS ONLY AUTOS  OWNED AUTOS ONLY AUTOS  AUTOS ONLY X MON-OWNED AUTOS ONLY  WE EXCESS LIAB CLAIMS-MADE  DED RETENTION \$0  WORKERS COMPENSATION  AND REPRODUCT AND RETENTION \$0  WORKERS COMPENSATION  AND REPRODUCT AUTOS ONLY  MON-OWNED AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  THERE AUTOS ONLY  AUTOS ONLY  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETIOR/PARTNER/EXECUTIVE Y  N/A  (Mandatory in NH)  It yes, describe under	INSERTING OF INSURANCE   INSERTING   INSERTOR   INSERTING   INSE

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

CERTIFICATE HOLDER	CANCELLATION			
Evidence of Coverage	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			
	9-6-			

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