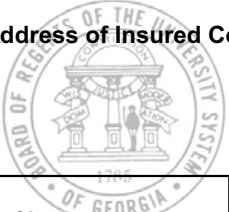


INSTRUCTIONS TO PRODUCING AGENT: COMPLETE THE SHADED PORTIONS OF THIS CERTIFICATE OR SIMILAR FORM AND RETURN TO THE INSURED, WITH ADDITIONAL INSURED ENDORSEMENTS ATTACHED. NO CONDITION, TERM, QUALIFICATION, LIMITATION, EXCEPTION, EXEMPTION, MODIFICATION, OR PROVISIO SHALL APPEAR ON THE CERTIFICATE.

Certificate of Insurance

Name, Address and Telephone Number of Producing Agent		PROJECT NO.: PROJECT NAME:		
 Name and Address of Insured Contractor (CM/GC)		Certificate Holder(Owner): Board of Regents of the University System of Georgia 270 Washington Street, SW, 6 th Floor Atlanta, Georgia 30334 Attn: Director of Contracts & Services		
Type of Insurance	Policy No.	Company Affording Coverage	Policy Expiration Date	Limits
Commercial General Liability(1993 ISO Occurrence Form or its equivalent); Includes XCU Coverage				Each Person \$1,000,000.00 Each Occurrence \$1,000,000.00 Products-Co./Op Agg \$1,000,000.00 Personal & Adv injury \$1,000,000.00 Contractual \$1,000,000.00 General Aggregate \$2,000,000.00
Commercial Business Automobile Liability				Bodily Injury \$1,000,000.00 Property Damage \$1,000,000.00 Combined Single Limit \$1,000,000.00
Commercial Umbrella Liability				Each Occurrence \$2,000,000.00 Aggregate \$4,000,000.00
Workers Compensation				W C Statutory Limits
Employers' Liability				Each Accident \$1,000,000.00 Disease Each Employee \$1,000,000.00 BI - Disease-Aggregate \$1,000,000.00
Builders' Risk written on 1991 Cause of Loss-Special Form or its equivalent				Cost of Project
The insured contractor has provided the contract provisions concerning insurance to the Undersigned, and the Undersigned had reviewed the insurance coverages required for the project referenced above and makes the following certifications, which shall serve to bind the various insurance carriers as follows:				
1. Such insurance as is herein certified (i) are written in accordance with the company's regular policies and endorsements, subject to the company's applicable manuals or rules and rates in effect, (ii) have been issued to the insured named above, and (iii) are in force at this time. 2. With the exception of the Workers Compensation policy, the Officers, Members, Agents, & Employees of the Owner and the State of Georgia are included as additional insureds as their interests may appear and a copy of the additional insured endorsement(s) is attached hereto. The undersigned certifies that he has so notified each Insurer that Georgia law requires that the Attorney General of Georgia shall represent and defend the state entities and Indemnities named herein remains in full force and effect and is not waived by issuance of any policy of insurance. 3. Each policy either provides or has been endorsed to meet Georgia law that the policy shall not be canceled, changed, allowed to lapse, or allowed to expire for any reason until thirty (30) days (10 days for non-payment of premium) after the Certificate holder has received written notice thereof as evidenced by return receipt of certified or overnight letter.				
Authorized Representative: _____ Date: _____				
Typed Name: _____				