CONSTRUCTION PROJECTS

ACC	ACORD* CERTIFICATE OF LIABILITY INSURANCE									DATE (MMDD/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(les) 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).												
PRODUCES	R				CONTA	CONTACT						
						PHONE FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ACORESS:						
						INSURER(S) AFFORDING COVERAGE NAIC						
						INSURER A :						
INSURED						INSURER B :						
						INSURER C :						
						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	TYPE OF INSURA		ADOL SUBR	POLICY NUMBER	POLICY EV POLICY EXP							
	COMMERCIAL GENERAL		INSO WYO	POLICI HUMBER		(MIN/DD/YYY)	(MM/DONTITY)	EACH OCCURRENCE		00.000		
	CLAIMS-MADE	OCCUR					. · · · · · · · · · · · · · · · · · · ·	DAMAGE TO RENTED PREMISES (Ea occurrence)	* 1,00	10,000		
x	Includes XCU Co						· · · · ·	MED EXP (Any one person)	\$ 1,00	0,000		
	Inclusio Acce Co							PERSONAL & ADVINJURY	\$ 1,00	0,000		
GEN	LAGGREGATE LIMIT AP	PLIES PER:						GENERAL AGGREGATE	\$ 2,00	0,000		
	POLICY PRO-	LOC						PRODUCTS - COMP/OP AGG	\$ 1,00	0,000		
	OTHER								\$			
AUT	OMOBILE LIABILITY				× .			COMBINED SINGLE LIMIT (Es accident)	\$ 1,0	00,000		
	ANY AUTO							BODILY INJURY (Per person)	\$ 1,0	00,000		
X		SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident	\$ 1,00	00,000		
X		AUTOS						PROPERTY DAMAGE (Per accident)	\$ 1,0	00,000		
\square									\$			
x	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$ 2,0	00,000		
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$			
DED RETENTION \$				Contract		nbrella Agg		X PER OTH-	\$			
AND EMPLOYERS' LIABILITY ANYPROPRETORPARTNER/EXECUTIVE					t value <\$5M: \$4,0 value \$5M+: \$10,0			stati	tory limits			
OFFICER/MEINBEREXCLUDED?			NIA	Contract	Value 35/01+. \$10,000,000			EL. EACH ACCIDENT \$				
If yes, describe under DESCRIPTION OF OPERATIONS below								EL DISEASE - EA EMPLOYEE \$				
Builders' Risk									•			
БЦІ	IGETS KISK							Cost of Project				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
Insert Project No. and Project Name -OR- "All Jobs"												
CERTIFICATE HOLDER CANC							ANCELLATION					
Send via email to: BOR_Facilities Contracts@usg.edu					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Board of Regents of the University System of Georgia												
Attn: Director of Contracts & Services, Office of Facilities						AUTHORIZED REPRESENTATIVE						
	ashington Street S	W, 6th Floor										
Atlanta, Georgia 30334												
						@ 19	999-2014 AC	ORD CORPORATION	All rigi	to record		

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