

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/26/2018

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.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights					may require	an endorsement	A statement of	on	
	DUCER			CONTACT Charlotte Boren CIC						
Sutter, McLellan, & Gilbreath, Inc.					PHONE (770) 246-8200 FAX			AX (678) 8	302-3971	
	4 North Brown Road			(A/C, No, Ext): (770) 240-0300 (A/C, No): (070) 002-3971 E-MAIL						
Suit	te 300			INSURER(S) AFFORDING COVERAGE				NAIC #		
Lawrenceville GA 30043-8107					INSURER A: Cincinnati Casualty Co.				28665	
INSURED					INSURER B:					
The Outdoor Lights, Inc. & Outdoor Lighting Warehouse					INSURER C:					
3335 Hutchinson Road					INSURER D:					
Suite A-2					INSURER E :					
Cumming				GA 30040	INSURER F:					
CO	VERAGES C	RTIFIC	CATE	NUMBER: 18/19 Certifica	icate 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	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	CLAIMS-MADE OCCUR					03/26/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre	\$ 500,		
	Contractors E&O	$- _{Y}$	FNP	ENP 0316746	03/26/2018		MED EXP (Any one per	1.00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	- '	2141 0010110		00/20/2010	00,20,20.0	PERSONAL & ADV INJ	2.00	\$ 2,000,000	
	POLICY PRO- LOC						PRODUCTS - COMP/O	2.00	2,000,000	
	OTHER:						Consultants E & C		0,000	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE L (Ea accident)	MIT \$ 1,00	0,000	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS				03/26/2018	03/26/2019	BODILY INJURY (Per p	erson) \$	\$	
				ENP 0316746			BODILY INJURY (Per a	ccident) \$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	✓ UMBRELLA LIAB ✓ OCCUR				03/26/2018	03/26/2019	EACH OCCURRENCE	_{\$} 10,0	00,000	
	EXCESS LIAB CLAIMS-MA	DE		ENP 0316746			AGGREGATE	_{\$} 10,0	\$ 10,000,000	
	DED RETENTION \$ 10,000							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N					➤ PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N			EWC 0377863	03/26/2018	03/26/2019	E.L. EACH ACCIDENT	Ψ	0,000	
	(Mandatory in NH) If yes, describe under	-					E.L. DISEASE - EA EM	FLOTEL \$.	0,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	i Επνιτι ψ	0,000	
Α	Leased/Rented Equipment			ENP 0316746	03/26/2018	03/26/2019	Limit: Ded: \$1,000	25,0	00	
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (A	CORD 1	01, Additional Remarks Schedule,	may be attached if more s	pace is required)	I			
Document-Code 5A9FC65115BAB251233148 Bridge Property Management and its respective owners, officers, agents, employees and any individual or entity which has an ownership interest in any real property managed or owned by Bridge Property Management are additional insured's as defined by the General Liability policy on a primary and non-contributory basis when required by written contract.										
CEF	RTIFICATE HOLDER		CANCELLATION	CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.) BEFORE	

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AUTHORIZED REPRESENTATIVE