

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/9/2016

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

	conditions of the policy er in lieu of such endor	•	olicies may require an er	ndorsen	nent. A stat	ement on th	is certificate do	es not co	nfer ri	ghts to the
PRODUCER		CONTACT Monica Roberts								
JONATHAN ROE	ONATHAN ROBERTS INSURANCE AGENCY					PHONE (A/C, No, Ext): (770) 213-3230 FAX (A/C, No): (404) 393-7490				
111 Mountair	Brook Drive	E-MAIL ADDRESS: COI@AgentRoberts.com								
Suite 200	uite 200					INSURER(S) AFFORDING COVERAGE				
Canton	GA 30	115		INSURER	RA:Wester:	n World I	nsurance Co	ompany		13196
INSURED				INSUREF	RB:Techno	logy Insu	rance Compa	any		42376
Superior Ced	ar Solutions LLC	INSURER C:								
2295 Towne Lake Parkway					INSURER D:					
Suite 116-25	5			INSURE	RE:					
Woodstock	GA 30	189		INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:CL1611900655 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 TYP	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
X COMMERC	IAL GENERAL LIABILITY						EACH OCCURRENC		\$	1,000,000
							DAMAGE TO RENT	⊢I) l		

LIK	.TR THE OF INCOMMOL		INSD	WVD	POLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	Limit	<u> </u>
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					NPP1450422	11/9/2016	11/9/2017	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:						Professional Liability	\$ INCLUDED
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE			TARGA47923-03	9/7/2016	9/7/2017	E.L. EACH ACCIDENT	\$ 100,000
В	B (Mandatory in NH) If yes, describe under		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

**CERTIFICATE HOLDER** CANCELLATION

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

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FOR INFORMATION PURPOSES ONLY	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				
	Jonathan Roberts/JR				