ACORD.

CERTIFICATE OF LIABILITY INSURANCE

OATE (MM/DD/Y	YYY)

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).

CONTACT NAME		
PHONE (A/C, No, Ext)	FAX (A/C, No)	
E-MAIL		
INSURER(S) AFFORD	NG COVERAGE	NAIC#
NSURER A		
NSURER B		
NSURER C		
NSURER D		
NSURER E		
NSURER F		
	CONTACT NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS	CONTACT NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS INSURER (S) AFFORDING COVERAGE INSURER B INSURER C INSURER D INSURER E

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.

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TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
X COMMERCIAL GENERAL LIABILITY			05/11/2018			\$3,000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000
X					MED EXP (Any one person)	\$10,000
					PERSONAL & ADV NJURY	\$1,000,000
GEN'L AGGREGATE L MIT APPL ES PER:					GENERAL AGGREGATE	\$3,000,000
POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
OTHER:						\$
AUTOMOBILE LIABILITY			05/11/2018	05/11/2019	COMB NED S NGLE L MIT (Ea accident)	\$1,000,000
ANY AUTO		_			BOD LY INJURY (Per person)	\$
AUTOS ONLY AUTOS					BOD LY INJURY (Per accident)	\$
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		,			PROPERTY DAMAGE (Per accident)	\$
						\$
X UMBRELLA LIAB X OCCUR			05/11/2018	05/11/2019	EACH OCCURRENCE	\$10,000,000
EXCESS LIAB CLAIMS-MADI					AGGREGATE	\$10,000,000
DED X RETENTION \$ \$0						\$
AND EMPLOYEDELLIABILITY			05/11/2018	05/11/2019	X PER STATUTE OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE					E L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)	N/A				E L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCR PTION OF OPERATIONS below					E L. DISEASE - POLICY LIMIT	\$1,000,000
E&O Liability			05/11/2018			
Cyber Liability			05/11/2018	05/11/2019	\$10,000,000 Aggreg	ate
					\$100,000 Retention	Each
	CLAIMS-MADE X OCCUR COTHER: ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE N NY PR	CLAIMS-MADE X OCCUR COUNTER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below E&O Liability	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GEN'L AGGREGATE L MIT APPL ES PER: POLICY JECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X CCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below E&O Liability	X CLAIMS-MADE X OCCUR X GEN'L AGGREGATE L MIT APPL ES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X AUTOS ONLY X MON-OWNED EXCESS LIAB CLAIMS-MADE DED X RETENTION \$\$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N ANY PROPRIETOR/PARTNER/EXECUTIVE N If yes, describe under DESCR PTION OF OPERATIONS below E&O Liability 05/11/2018	TYPE OF INSURANCE INSTANCE INS	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENL AGGREGATE L MIT APPLES PER: POLICY PROPERTY DAMAGE AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND PROPERTY DAMAGE (Per accident) N/A WORKERS COMPENSATION SO OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 DED X RETENTIONS OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 DED COMPENSATION SO OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 DED COMPENSATION SO OS/11/2018 DED COMPENSATION SO OS/11/2018 WORKERS COMPENSATION SO OS/11/2018 DED COMPENSATION SO OS/11/2018 DED COMPENSATION SO OS/11/2018 DED COMPENSATION OF OPERATIONS below DESCR PTION OF OPERATIONS DESCRIBED OF ONE OF OPERATIONS DESCRIBED OF ONE OF OPERATIONS DESCRIBED OF ONE OF OPERATIONS DESCRIBED OF OPERATIONS DESCRIBED OF ONE OPERATIONS DESCRIBED OF OPERATIONS DESCRI

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

The following policies are not included on the Umbrella underlying:

Reference: Any and all operations to which this insurance applies.

CERTIFICATE HOLDER

Georgia Technology Authority Contract Management 47 Trinity Ave. Atlanta, GA 30334

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.

AUTHORIZED REPRESENTATIVE

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