

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2020

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 rights to the certificate holder in liqu of such endorsement(s).

|   | SUBROGATION IS WAIVED, subject to<br>nis certificate does not confer rights to   |              |        | •                                | •        | icy, certain policies may require an endorsement. A statement on endorsement(s).   |                            |  |            |                    |          |  |
|---|--|--------------|--------|----------------------------------|----------|--|----------------------------|--|------------|--------------------|----------|--|
| _   | DUCER  | CONTACT      |        |                                  |          |  |                            |  |            |                    |          |  |
| Your agent's name and adress  |  |              |        |                                  |          | NAME: PHONE FAX  |                            |  |            |                    |          |  |
| Tour agents hanne and adiess  |  |              |        |                                  |          | (A/C, No, Ext): (A/C, No):   |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          | ADDRESS:  INSURER(S) AFFORDING COVERAGE  |                            |  |            |                    | NAIC #   |  |
|   |  |              |        |                                  |          | INSURER A:   |                            |  |            |                    | TOTAL OF |  |
| INSURED   |  |              |        |                                  |          | INSURER B:   |                            |  |            |                    |          |  |
| Your Company Name and Address   |  |              |        |                                  |          | INSURER C:   |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          | RD:  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          | INSURER E:   |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          | INSURER F:   |                            |  |            |                    |          |  |
| COVERAGES CERTIFICATE NUMBER: CL2010728536 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<br>LTR   |  |              | SUBR   | POLICY NUMBER                    |          | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |            |                    |          |  |
|   | COMMERCIAL GENERAL LIABILITY   |              |        |                                  |          |  |                            | EACH OCCURRENCE \$ 1,00  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100, |            |                    | 0,000    |  |
| А   | CLAIMS-MADE OCCUR  |              | Y      |                                  |          |  |                            |  |            |                    | 000      |  |
|   |  |              |        |                                  |          |  | 12/01/2025                 | <del> </del>   |            | \$ 5,00            | 0        |  |
|   |  | Υ            |        | #########-GL                     |          | 12/01/2024   |                            | ( ) , , , , , , , , , , , , , ,  |            | 0,000              |          |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |              |        |                                  |          |  |                            |  |            | 0,000              |          |  |
|   | POLICY PRO-<br>JECT LOC  |              |        |                                  |          |  |                            | ·  |            | 0,000              |          |  |
|   | OTHER:   |              |        |                                  |          |  |                            | \$   |            |                    |          |  |
|   | AUTOMOBILE LIABILITY  ANY AUTO   |              |        |                                  |          |  |                            | COMBINED SINGLE LIMIT \$ 1,00  |            | 0,000              |          |  |
| В   |  |              |        |                                  |          |  |                            | BODILY INJURY (Per person) \$  |            |                    |          |  |
|   | OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY   | Y            | Y      | Y                                |          |  |                            | BODILY INJURY (Per accident) \$  |            |                    |          |  |
|   |  |              |        |                                  |          | PROPERTY DAMAGE (Per accident)   |                            | E  | \$         |                    |          |  |
|   | AG 100 GAZ   |              |        |                                  |          |  |                            | (* 5: 5:5:5:5:1)   |            | \$                 |          |  |
|   | ✓ UMBRELLA LIAB     ✓ OCCUR  |              |        |                                  |          |  |                            | EACH OCCURRENC   | E          | \$ 2,00            | 0,000    |  |
| Α   | EXCESS LIAB CLAIMS-MADE  |              |        |                                  |          |  |                            | AGGREGATE \$ 2,  |            | \$ 2,00            | 0,000    |  |
|   | DED RETENTION \$   |              |        |                                  |          |  |                            |  |            | \$                 |          |  |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) |              |        |                                  |          |  |                            | ➤ PER STATUTE  | OTH-<br>ER |                    |          |  |
| A   |  |              | Υ      | #############-WC                 |          | 12/01/2024   | 12/01/2025                 | E.L. EACH ACCIDEN  | IT         | <sub>\$</sub> 1,00 | 0,000    |  |
| l '`  |  |              | •      |                                  |          |  |                            | L.L. DISLASE - LA LIVIFLOTEL   \$  |            | 0,000              |          |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below   |              |        |                                  |          |  |                            | E.L. DISEASE - POLICY LIMIT \$ 1,  |            | \$ 1,00            | 0,000    |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL  | ES (AC       | ORD 1  | 01, Additional Remarks Schedule, | may be a | ttached if more sp   | ace is required)           |  |            |                    |          |  |
|   | lease READ the attached endorsements car   |              |        |                                  | eking is | provided in the  | policy. **                 |  |            |                    |          |  |
|   | neral Liability has a blanket ongoing and cor<br>o policy has a blanket AI & WOS.  | npiete       | a opei | rations at & WOS.                |          |  |                            |  |            |                    |          |  |
| Work Comp has a blanket WOS   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
|   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
| CE  | RTIFICATE HOLDER   | CANCELLATION |        |                                  |          |  |                            |  |            |                    |          |  |
| YMH Construction, LLC   |  |              |        |                                  |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |  |            |                    |          |  |
|   | 570 Piedmont Ave NE #54078   |              |        |                                  |          |  |                            |  |            |                    |          |  |
| AUTHORIZED REPRESENTATIVE   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |
| Atlanta GA 30308 Stone Cohbandt   |  |              |        |                                  |          |  |                            |  |            |                    |          |  |