

TMILLER



DATE (MM/DD/YYYY) 1/19/2024

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.

li ti	SUI nis c	BROGATION IS Wertificate does not	VAIVED, subject confer rights t	ct to	the cert	terms and conditions of ificate holder in lieu of รเ	ich end	lorsement(s)		require an er	dorsemen	t A	statement on	
	DUCE						CONTACT Jamie Pope							
The Complete Insurance Source, Inc P.O. Box 1299 Fayetteville, GA 30214								PHONE (A/C, No, Ext): (770) 371-8248 FAX (A/C, No): (770) 33						
								E-MAIL ADDRESS: jamie@complete-insurance.com						
-							INSURER(S) AFFORDING COVERAGE						NAIC#	
							INSURER A : Markel Corporation							
INSURED								INSURER B : Auto Owners Insurance						
Georgia Water Tanks, LLC 3731 Northcrest Rd Ste 28							INSURER C:							
							INSURER D :							
		Doraville, GA	30340					INSURER E :						
							INSURER F:							
CC	VFR	RAGES	CFR	TIFI	CATE	E NUMBER:	REVISION NUMBER:						l	
						SURANCE LISTED BELOW	HAVE B	FEN ISSUED				HF P	OLICY PERIOD	
11	IDIC	ATED. NOTWITHST	ANDING ANY R	REQU	IREM	ENT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT V	VITH RESPE	ECT T	O WHICH THIS	
						THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE				ED HEREIN IS	SUBJECT 1	O AL	L THE TERMS,	
INSF	_				SUBR		DELITI	POLICY EFF POLICY EXP						
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY			INSD	WVD	FOLICT NOWIBER		(MIM/DD/YYYY)	(MIM/DD/YYYY)			\$	1,000,000	
	-		X OCCUR			2AA393315		10/19/2023	10/19/2024				100,000	
								10, 10,2020	10, 10, 2024	T NEWIOLO (La occurrence)		\$	5,000	
										MED EXP (Any o		\$	1,000,000	
	051	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC								PERSONAL & ADV INJURY		\$	2,000,000	
	GEN									GENERAL AGGREGATE		\$	2,000,000	
										PRODUCTS - CC	MP/OP AGG	\$	_,,	
В	A117	OTHER:			+					COMBINED SINGLE LIMIT		\$	1,000,000	
	X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					5289203400	290202400		10/19/2024	(Ea accident)		\$	-,,	
					5209203400		10/19/2023	10/19/2024	, , , , , , , , , , , , , , , , , , ,					
										BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
		ÄÜTÖS ONLY	AUTOS ONLY							(Per accident)		\$		
Α			X OCCUR									\$	5,000,000	
	X	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE			EZXS3134329	XS3134329		10/19/2024	EACH OCCURRENCE		\$	5,000,000	
	_			-				10/19/2023	10/10/2021	AGGREGATE		\$	3,000,000	
	WOE	DED RETENTION	•							PER STATUTE	OTH-	\$		
	AND	EMPLOYERS' LIABILITY	Y/N								ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCII		\$			
	If ves, describe under									E.L. DISEASE - EA EMPLOYEE				
Α	DES	CRIPTION OF OPERATION OPERATION OF OPERATION OP	ONS below			2AA393315		10/10/2023	10/19/2024	E.L. DISEASE - F	OLICY LIMIT	\$	52,500	
^	10	perty				244333313		10/13/2023	10/13/2024	BFF			32,300	
DES	CRIPT	TION OF OPERATIONS / L	_OCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
CERTIFICATE HOLDER							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						
							Pulpora Miller							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2024

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).

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).												
	UCER	,	0011111		CONTACT Steve Gehhardt							
	hern Insurance Associates of Dunwoody,	NAME: PHONE (770) 392-1818 FAX (770) 392-1870										
	· Mount Vernon Road		(A/C, No, Ext): (170) 662 1616 E-MAIL store@ciacfdunycody.com									
			E-MAIL ADDRESS: steve@siaofdunwoody.com									
Suite 150 Dunwoody GA 30338						INSURER(S) AFFORDING COVERAGE						
	voody	INSURER A: Carolina Casualty Insurance Co										
INSUF					INSURER B:							
	Georgia Water Tanks, LLC	INSURER C:										
	3731 Northcrest Road				INSURER D :							
	Suite 28				INSURER E :							
	Atlanta			GA 30340	INSURER F:							
COVERAGES CERTIFICATE NUMBER: CL2411138157 REVISION NUMBER:												
INI CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER' CLUSIONS AND CONDITIONS OF SUCH P	IREME AIN, T OLICIE	ENT, TI HE IN: S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$		
	_							MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	SE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					10/25/2023	10/25/2024	➤ PER STATUTE	OTH- ER			
ایا	ANY PROPRIETOR/PARTNER/EXECUTIVE	l N/A	Y	BNUWC0155424				E.L. EACH ACCIDE	NT	\$ 1,00	0,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	^ '"اا	'	BN0W00133424				E.L. DISEASE - EA I	EMPLOYEE	\$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)		'			
Work	Work Comp policy provides a blanket waiver of subrogation											
CER	TIFICATE HOLDER		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.						
					Stone Cohbondt							