

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)
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 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).				
PRODUCER		CONTACT NAME:		
Insured's Agent Info		PHONE (A/C, No. Ext):		FAX (A/C, No.):
		E-MAIL ADDRESS:		
		PRODUCER CUSTOMER ID #:		
		INSURER(S) AFFORDING COVERAGE		
INSURED		INSURER A : Name of Ins Co		
Name of Contractor or Service Provider		INSURER B : AM Best Rating of		
		INSURER C : A-VII or Better		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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.		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			ABCD	00/00/11	00/00/12	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						Check appropriate Agg Limit	DAMAGES TO RENTED PREMISES(Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000			
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS-COMP/OP AGG	\$2,000,000			
A	AUTOMOBILE LIABILITY			ABCD	00/00/11	00/00/12	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						If no owned vehicles, only Hired & Non-Owned will apply.	BODILY INJURY(Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY(Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS								\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR		ABCD	00/00/11	00/00/12	EACH OCCURRENCE	\$5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$5,000,000	
								\$	
								\$	
	DEDUCTIBLE RETENTION \$						\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	VA	N/A	ABCD	00/00/11	00/00/12	<input checked="" type="checkbox"/> WC/STAIL TOPY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$100,000	
							E.L. DISEASE - POLICY LIMIT	\$500,000	
	OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1455 Lincoln, LLC (Property Owner), Parmenter, LLC, and Parmenter Realty & Investment Co (Property Manager) will be named as additional Insured on General Liability per Form ____ (Please indicate form providing additional insured status and provide a copy of form. Waiver of subrogation applies to general liability and workers compensation.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
1455 Lincoln, LLC Parmenter, LLC Parmenter Realty and Investment Company 1455 Lincoln Parkway Suite 550 Atlanta, GA 30346	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