

EXHIBIT A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX / XX / XXXX

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).

certificate holder in lieu of such endorsement(s).	, ,				
PRODUCER		CONTACT Insurance or Brokerage Contact Information			
Insurance Co. Name or Brokerage Name		PHONE FAX (A/C, No, Ext): (A/C, No):			
Address, City, State, Zip		IL RESS:			
Contact Number / Fax		INSURER(S) AFFORDING COVERAGE			NAIC #
			r Name		
INSURED		INSURER B: Insurer Name			
Vendor Name and DBA Name (if applicable) Address, City, State, Zip		INSURER C: Insurer Name			
			r Name		
		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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	xxxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	0,000
A CONVINERCIAL GENERAL LABILITY CLAIMS-MADE X OCCUR				MED EXP (Any one person) \$	
				` ' ' ' '	00,000
				GENERAL AGGREGATE \$ 2.00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2.00	00.000
POLICY PRO- JECT LOC				\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1.00	00,000
B X ANY AUTO	xxxxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
				\$	
X UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$6,00	00,000
C EXCESS LIAB CLAIMS-MADE	xxxxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	AGGREGATE \$6,00	00,000
DED RETENTION \$				\$, and the second
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			xx/xx/xxxx	X WC STATU- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	xxxxxxxxxxxxxxxx	xx/xx/xxxx		E.L. EACH ACCIDENT \$1.00	0.000
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$ 1.00	000,00
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$ 1.00	00.000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Attaway Construction is listed as additional insured with respect to the General Liability policy.					
Thanks Constitution is listed as additional list	aroa with respect to the Gene	этаг шаршту ро	oney.		
CERTIFICATE HOLDER	CAN	ICELLATION			
Attaway Construction 3810 Oak Dr	TH		DATE THE	ESCRIBED POLICIES BE CANCELLE EREOF, NOTICE WILL BE DEL Y PROVISIONS.	
Martinez, GA 30907					

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AUTHORIZED REPRESENTATIVE