

**ACANNON** 



DATE (MM/DD/YYYY) 2/23/2024

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.

	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t							require an endorsemen	t. As	tatement on						
PRODUCER Brand & Britt Insurance Agency 20 Grayson New Hope Rd. Suite A Grayson, GA 30017						CONTACT Amanda Cannon PHONE (A/C, No, Ext):  E-MAIL ADDRESS: acannon@brandandbritt.com										
												INSURER(S) AFFORDING COVERAGE NAIC #				
												INSURER A : Acuity Insurance				14184
						INSURED						R B : Builder		3		10704
						Cutting Edge Painting Inc					INSURER C :					10704
	1911 Grayson Highway															
	Suite 8-250 Grayson, GA 30017				INSURE											
Grayson, GA 30017					INSURER E : INSURER F :											
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:										
	HIS IS TO CERTIFY THAT THE POLICI				ΠV/Ε Β	EEN ISSUED			LE DC	NICY BEDIOD						
	NDICATED. NOTWITHSTANDING ANY F															
	ERTIFICATE MAY BE ISSUED OR MAY								O ALL	THE TERMS,						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE  INSR						POLICY FEE POLICY EXP										
LTR A	I TPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000						
_				7844054		0/04/0004	0/04/0005	EACH OCCURRENCE DAMAGE TO RENTED	\$	300,000						
	CLAIMS-MADE X OCCUR			ZM4854		3/24/2024	3/24/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000						
								MED EXP (Any one person)	\$	1,000,000						
								PERSONAL & ADV INJURY	\$	2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000						
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000						
	OTHER:							COMBINED SINGLE LIMIT	\$							
	AUTOMOBILE LIABILITY							(Ea accident)	\$							
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$							
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$							
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$							
									\$							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$							
_	DED RETENTION \$							DED OTH	\$							
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WCV 0230841 07		4/45/0004	4/45/0005	X PER STATUTE OTH-		F00 000							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCV 0230841 07		1/15/2024	1/15/2025	E.L. EACH ACCIDENT	\$	500,000 500.000						
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	,						
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000						
Plea ope	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ise note due to directives received from rations field on the certificate. The only nded "Description of Operations/Locati	the word	Georg	gia Department of Insurand hat can be entered in this f	ce we a	re no longer a	allowed to en	ter any special wording in	ı the d	lescription of						
	nded Description of Operations/Locati	J113/\	CITIC	160 .												
	DTIFICATE LIGI DED				0411	OFILIATION										
CERTIFICATE HOLDER						CANCELLATION										
Cutting Edge Painting, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
1911 Grayson Highway Suite 8-250					ACCORDANCE WITH THE POLICY PROVISIONS.											
					AUTHORITE DEPOSALTATIVE											
Grayson, GA 30017						Authorized representative  Amanda Cannon										
					VV	mundle	Canno	n								