ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TESTC-1

DATE (MM/DD/YYYY) 01/01/08

PRODUCER

Graham-Naylor Agency, Inc.
1355 Terrell Mill Rd Bldg 1464
Marietta GA 30067
Phone: 770-952-1096

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

(1) SUBCONTRACTOR NAME AND ADDRESS

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Co Name (2)	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. (4)

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE (3)	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (5)	
A	(6)	GENERAL LIABILITY (1),(2),(3) X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X Additional Insd GEN'L AGGREGATE LIMIT APPLIES PER: (7) POLICY X PRO-JECT LOC	POLICY NUMBER	01/01/08	01/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	(8)	AUTOMOBILE LIABILITY (1),(2),(3) X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	POLICY NUMBER	01/01/08	01/01/09	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A	(9)	EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION $	POLICY NUMBER	01/01/08	01/01/09	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $ $ $
A	(10)	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (1) ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	01/01/08	01/01/09	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
	(11)	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

(12) Project Name:_____ Owner:_____

(13) 1) C.D. Moody Const. Co., Inc. and owner are additional insureds for operations performed under subcontract including completed operations for no less than 2 years. 2)Subcontractor's insurance to be primary and non-contributory as respects other valid existing insurance. 3)All policies to waive subrogation agains C.D. Moody Const Co., Inc. and owner (14) (15)

CERTIFICATE HOLDER

C.D. Moody Construction Co., Inc. (16)
6017 Redan Rd
Lithonia, Ga 30058

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~XXXX