ACORD	

Exhibit B - Sample Certificate of Insurance CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

											MM/DD/YYYY			
CI Bi	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.													
th	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).													
South Risk Management, LLC								PHONE	PHONE 902 722 5294 +217 FAX 002 522 5005					
2711 Middleburg Drive, Suite 304								E-MAIL	(A/C, No, Ext): 803.733.5284 XSI7 (A/C, No): 803.733.5287 E-MAIL ADDRESS: jmyers@southrisk.com (A/C, No): 803.733.5287 (A/C, No): (A/C, No): 803.733.5287 (A/C, No): 803.733.5287 (A/C, No):					
Columbia, SC 29204								ADDRE	ADDRESS: 5					
								INCLIDE						
INSURED									INSURER A: CARRIERS MUST HAVE MINIMUM A- RATING BY AM BEST					
Vendor/Subcontractor Name									INSURER C :					
Vendor/Subcontractor Address									INSURER D :					
								INSURE						
									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														
CE E>	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 I	NSUF	RANCE		SUBR WVD	POLICY NUME	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	х	COMMERCIAL GE									EACH OCCURRENCE	\$	1,000,000	
Α		CLAIMS-MAD	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
					x	х	POLICY NUMBER		MM/DD/YYYY	MM/DD/YYYY	MED EXP (Any one person)	\$	5,000	
											PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LI		APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PR	CT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:										COMBINED SINGLE LIMIT	\$		
в											(Ea accident)	\$	1,000,000	
	х	ANY AUTO ALL OWNED									BODILY INJURY (Per person)	\$		
		AUTOS		AUTOS NON-OWNED	x	х	POLICY NUMBER		MM/DD/YYYY	MM/DD/YYYY	BODILY INJURY (Per accident)	\$		
	x	HIRED AUTOS	x	AUTOS							PROPERTY DAMAGE (Per accident)	\$		
												\$		
	x	UMBRELLA LIAB	+	X OCCUR							EACH OCCURRENCE	\$	1,000,000	
С		CLAIMS-MADE									AGGREGATE	\$	1,000,000	
	WOR	DED A RETE			x	X	POLICY NUMBER		MM/DD/YYYY	MM/DD/YYYY	v PER OTH-	\$		
	AND	EMPLOYERS' LIAE	BILITY	Y Y/N	1						X PER OTH- STATUTE ER	•		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N / A	x	POLICY NUMBER		MM/DD/YYYY	MM/DD/YYYY	E.L. EACH ACCIDENT	\$	500,000	
							TOBICI NOMBER						500,000	
											E.L. DISEASE - POLICY LIMIT	پ	500,000	
DESC	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks	Schedule, may l	be attached if mo	re space is requi	red)			
Pro	jeo	t: <u>INCLL</u>	JDI	E_PROJEC	CT N	IUN	IBER, NAME,	AND LC	CATION					
							-		_	-	ing and products/	_		
-					-			-		-	ation applies in			
				-			-		-		mpensation, and us maintained by ce			
hol		-	00	crayes are	Ρr.1	ma r	y and non-cont		to any 1	naurance	maincained by Ce		cale	
CERTIFICATE HOLDER									CANCELLATION					
		T Muc1		Con a +		-	'n a		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
		J Musselm PO Box 31	an 436	Construct	lon	, 1	nc.		ACCORDANCE WITH THE POLICY PROVISIONS.					
Charleston, SC 29417														

AUTHORIZED REPRESENTATIVE

The

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