

CERTIFICATE OF INSURANCE	ISSUE DATE
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PRODUCER Your Agent's Name and Address	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.
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COMPANIES AFFORDING COVERAGE	
COMPANY LETTER	A

INSURED Your Name and Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY LETTER</td> <td style="width:5%;">B</td> </tr> <tr> <td>COMPANY LETTER</td> <td>C</td> </tr> <tr> <td>COMPANY LETTER</td> <td>D</td> </tr> <tr> <td>COMPANY LETTER</td> <td>E</td> </tr> </table>	COMPANY LETTER	B	COMPANY LETTER	C	COMPANY LETTER	D	COMPANY LETTER	E
COMPANY LETTER	B								
COMPANY LETTER	C								
COMPANY LETTER	D								
COMPANY LETTER	E								

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	Policy #	Date	Date	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXPENSE (Any one person)	\$ 10,000
B	AUTOMOBILE LIABILITY	Policy #	Date	Date	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
	OTHER					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy #	Date	Date	STATUTORY LIMITS <input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$ 500,000
					DISEASE-POLICY LIMIT	\$ 500,000
					DISEASE EACH EMPLOYEE	\$ 500,000
	OTHER:					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Niscayah, Inc., and Customer, and the parent, affiliates officers, directors, agents, and employees of any of the foregoing are named as additional insureds under the General Liability policy in the performance of the Insured's ongoing operations and included in the products-completed operations, and named in the Automobile Liability policy; on the Workers Compensation insurance policy Subcontractor's insurer(s) will waive all rights of recovery, under subrogation or otherwise, against Niscayah, Inc. and Customer and the parent, affiliates, officers, directors, agents, and employees of any of the foregoing. Insurance evidenced herein is primary to any other insurance held by Niscayah or customer.

CERTIFICATE HOLDER Niscayah, Inc. 2400 Commerce Ave. Bldg 1100, Suite 500 Duluth, GA 30071 Attn: Susan Zuniga, Purchasing Dept.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Niscayah, Inc. and Customer, and their parent, affiliates, officers, directors, agents and employees
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description of Completed Operations
Niscayah, Inc. and Customer, and their parent, affiliates, officers, directors, agents and employees	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or property damage” caused, in whole or in part, by “your work” at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard”.

POLICY NUMBER:

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured			Endorsement Number	
Policy Symbol	Policy Number	Policy Period	to	Effective Date of Endorsement
Insured By (Name of Insurance Company)				

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO POLICY
TRUCKERS POLICY
GARAGE POLICY**

Additional Insured(s): Niscayah, Inc. and Customer, and their parent, affiliates officers, directors, agents,
and employees

- A. For a covered "auto," Who is Insured is changed to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your employees or agents.
 3. Any person operating a covered "auto" with permission from You, any of your employees or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Agent