ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2027

											08/	/08/2027			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIA REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.													E POLICIES		
tł	ne te	rms and condit		, cert	tain p	olicies m						If SUBROGATION IS W is certificate does not c			
PRODUCER InsureSouth, Inc. PO Box 630									NAME: PHONE (A/C, No	PHONE (A/C, No, Ext): 1-334-745-3585 FAX (A/C, No): 1-334-742-9935					
708 AVE. D Opelika, Al 36803-0630							E-MAIL ADDRES	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE							
334-745-3585 INSURED								INSURER A: ATLANTIC CASUALTY INSURER B: ALABAMA HOMEBUILDERS							
CALDWELL CONTRACTING LLC 1780 HYDEN PARK LANE AUBURN, AL 36830								INSURER C: SAFETY NATIONAL CASUALTY CORP							
								INSURE	INSURER E :						
								INSURE	INSURER F :						
COVERAGES CERTIFICATE NUMBER:											REVISION NUMBER:				
IN C	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 IN	SURANCE	ADDL	SUBR WVD		POLIC	Y NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GEI	NERAL LIABILITY	IERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
А		CLAIMS-MADE	e 🖌 occur			L30000	0838			08/02/24	08/02/25	MED EXP (Any one person)	\$	5,000	
											,,	PERSONAL & ADV INJURY	\$	1,000,000	
												GENERAL AGGREGATE	\$	2,000,000	
	~	N'L AGGREGATE LIM	D- LOC									PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	AUT	ANY AUTO										COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$		
		ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS									BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
													\$		
		UMBRELLA LIAB	OCCUR									EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE	-								AGGREGATE	\$		
	wo	DED RETEN	NTION \$									WC STATU- OTH-	\$		
	AN	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								01/01/24	12/31/24	E.L. EACH ACCIDENT	\$	1,000,000	
BC	C OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		36858 & SP4065837		57	E.L. DISEASE - EA EMPLOYEE	, i			1,000,000			
	lf ye DES	es, describe under SCRIPTION OF OPER	ATIONS below									E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)															
CERTIFICATE HOLDER CANCELLATION															
CALDWELL CONTRACTING LLC 1780 HYDEN PARK LANE AUBURN, AL 36830							THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
								AUTHO	AUTHORIZED REPRESENTATIVE						

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