

CERTIFICATE OF INSURANCE

Date 1/21/2019

Producer

C.J. & Associates Insurance Agency
 P. O. Box 975
 Dallas, Ga. 30132

 Phone: 770-443-1978

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.

COMPANIES AFFORDING COVERAGE

Company Letter	A	HAULERS INSURANCE COMPANY
Company Letter	B	Technology Insurance
Company Letter	C	
Company Letter	D	
Company Letter	E	

Insured

1- Oak Roofing
 125 Townpark Dr NW Ste 300
 Kennesaw GA 30144

COVERAGES

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 herein is subject to all the terms, exclusions and conditions of such policies.

C0. Ltr	General Liability	Policy Number	Effective Date	Expiration Date	Liability Limit in Thousands	
					Each Occurrence	Aggregate
	<input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises/Operations <input type="checkbox"/> Underground Explosion/Collapse Hazard <input type="checkbox"/> Products/ Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independant Contractors <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> 					
	<p style="text-align: center;">Automobile Liability</p> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos (Priv. Pass.) <input checked="" type="checkbox"/> All Owned Autos (Other than Priv. Pass.) <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> 					
A		BA2017GA0121	11/16/2018	11/16/2019		
	<p style="text-align: center;">Excess Liability</p> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form <input checked="" type="checkbox"/> Worker's Compensation and Employers' Liability <input type="checkbox"/> Other 					
B		TARGA94007-01	11/5/2018	11/5/2019		
					Statutory	
					(Each Accident)	1,000,000
					(Disease-Policy Limit)	1,000,000
					(Disease-Each Employee)	1,000,000
					BI + PD Combined	100,000
					Personal Property	
					Bodily Injury (Per Person)	
					Bodily Injury (Per Accident)	
					Property Damage	
					BI + PD Combined	
					BI + PD Combined	

Description of Operations/Locations/Vehicles/Special Items

CERTIFICATE HOLDER
 PRH VA Webb Bridge Crossing LLC and
 TRG Management LLP
 5000 Webb Bridge Ct
 Alpharetta Ga 30009

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 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