

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be

	SUBROGATION IS WAIVED, subject this certificate does not confer rights to							uire an endorsement. A	sta	tement on	
	DUCER				CONTAC NAME:			port.thimble.com/			
	Verifly Insurance Services, LLC DBA Thimble	Insura	ance S	Services	PHONE FAX						
	174 West 4th Street, Suite 204				(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: support@thimble.com						
	New York, NY 10014 https://support.thimble.com/										
https://support.thimble.com/						INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company				NAIC # 22608	
	JRED				INSURER B:						
	Eunhee Choi 3687 Knox Pk Overlook, Duluth, GA, 30097				INSURER C :						
	eunhee.choi@mtgmac.com				INSURE						
					INSURE						
					INSURE		/www.thimb	le.com/check-policy-stati	us/		
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES ON NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEINCLUSIONS AND CONDITIONS OF SUCHI	UIRE RTAII POLIC	MEN N, THI CIES.	T, TERM OR CONDITION OF E INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE	F ANY C BY THE	ONTRACT OF POLICIES DE	OTHER DOC SCRIBED HER	UMENT WITH RESPECT TO YREIN IS SUBJECT TO ALL THI	WHICH	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY					06/05/2023	09/20/2023	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR					12:00 AM	12:00 PM	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000	
						EDT	EDT	MED EXP (Any one person) \$	;	5,000	
Α		Υ	Υ	IBL-FK7CDZTPL				PERSONAL & ADV INJURY \$	;	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	;	1,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG \$		1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$	;		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$	;		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	;		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE (Per accident) \$	;		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	;		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	;		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$	;		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	;		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	;		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								\$	;		
								\$ \$			
								\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	ule, may b	e attached if mor	e space isrequire		n't on fr	orm Acord 101)	
CE	PTIFICATE HO! DED				CANO	FILATION		(cor	i i on fo	omi Acord 101)	
North Gwinnett High School 20 Level Creek Rd Suwanee, GA 30024					CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE						
						LD REI REGE		Shall !			

AGENCY CUSTOWER ID. Cultiloc.cholesiniginac.com	AGENCY CUSTOMER ID:	eunhee.choi@mtgmac.coi	η
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LOC #: 1



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Verifly Insurance Services, LLC DBA Thimble Insurance	e Services	NAMED INSURED Eunhee Choi 3687 Knox Pk Overlook, Duluth, GA, 30097		
POLICY NUMBER IBL-FK7CDZTPL		eunhee.choi@mtgmac.com		
CARRIER	NAIC CODE			
National Specialty Insurance Company	22608	EFFECTIVE DATE: 06/05/2023 12:00 AM EDT		

# ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance Description of Operations (con't) Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-FK7CDZTPL until 09/20/2024 12:00 PM EDT

ACORD 101 (2008/01)

# DESIGNATED ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PROFESSIONAL LIABILITY COVERAGE FORM

#### SCHEDULE

Name of Designated Person or Organization (including its departments and attached agencies, its directors, officers, officials, employees, representatives and agents):

Any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy.

#### E-Mail Address:

- A. SECTION II WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE above, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" or "wrongful acts" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to **LIM-ITS OF INSURANCE** section of the coverage form

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance shown in the Declarations;

whichever is less.

- **C.** If this policy is cancelled or nonrenewed for any reason, we will deliver notice of the cancellation or non-renewal to any Designated Person or Organization shown in the **SCHEDULE** above at the email address shown above.
- **D.** This endorsement shall not increase the applicable limits of insurance shown in the Declaration All other terms and conditions remain unchanged.

POLICY NUMBER: IBL-FK7CDZTPL

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## **SCHEDULE**

# Name Of Person Or Organization:

Any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy.

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

# **DESIGNATED ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PROFESSIONAL LIABILITY COVERAGE FORM

#### SCHEDULE

Name of Designated Person or Organization (including its departments and attached agencies, its directors, officers, officials, employees, representatives and agents):

North Gwinnett High School

# E-Mail Address:

Stephanie.Clower@gcpsk12.org

- A. SECTION II WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE above, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" or "wrongful acts" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

## However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to **LIM-ITS OF INSURANCE** section of the coverage form

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance shown in the Declarations; whichever is less.
- **C.** If this policy is cancelled or nonrenewed for any reason, we will deliver notice of the cancellation or non-renewal to any Designated Person or Organization shown in the **SCHEDULE** above at the email address shown above.
- **D.** This endorsement shall not increase the applicable limits of insurance shown in the Declaration

All other terms and conditions remain unchanged.

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

# **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

## POLICY NUMBER: IBL-FK7CDZTPL

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## **SCHEDULE**

Name Of Person Or Organization: North Gwinnett High School
Stephanie.Clower@gcpsk12.org
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.