

CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)

8/3/2009

PRODUCER

Parks Insurance & Financial
8316-B Medical Plaza Drive
Charlotte, NC 28262

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.

Insurers Affording Coverage

INSURED

CORAL CONSTRUCTION INC.
1801 THE PLAZA
CHARLOTTE, NC 28205-3058

INSURER A:	Nationwide Mutual Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
A	General Liability	ACP 2213273843	5/25/2009	5/25/2010	Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Fire Damage (Any one fire)	100,000
	<input type="checkbox"/> Claims Made				Med Exp (Any one person)	5,000
	<input checked="" type="checkbox"/> Occur				Personal & Adv Injury	1,000,000
	<input type="checkbox"/>				General Aggregate	2,000,000
	General Aggregate Limit Applies Per:				Products - Comp/Op Agg	2,000,000
	<input type="checkbox"/> Policy <input type="checkbox"/> Project					
	<input type="checkbox"/> Location					
A	Automobile Liability	ACP 2213273843	5/25/2009	5/25/2010	Combined Single Limit (Each Accident)	\$1,000,000
	<input type="checkbox"/> Any Auto				Bodily Injury (Per Person)	
	<input type="checkbox"/> All Owned Autos				Bodily Injury (Per Accident)	
	<input checked="" type="checkbox"/> Scheduled Autos				Property Damage (Per Accident)	
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
<input type="checkbox"/> Oth						
<input type="checkbox"/> Oth						
	Garage Liability				Auto Only - Each Accident	
	<input type="checkbox"/> Any Auto				Other Than Auto Only	Ea Acc Agg
	<input type="checkbox"/>				Each Occurrence	
	Excess Liability				Aggregate	
	<input type="checkbox"/> Occurrence					
	<input type="checkbox"/> Claims Made					
	<input type="checkbox"/> Deductible					
	<input type="checkbox"/>					
	Workers Compensation and Employers' Liability				<input type="checkbox"/> WC Statutory Limits	
					<input type="checkbox"/> Other	
					E.L. Each Accident	
					E.L. Disease - Ea Employee	
					E.L. Disease - Policy Limit	
A	BUSINESS PERSONAL PROP.	ACP 2213273843	5/25/2009	5/25/2010	DED. \$500	\$12,400

Description Of Operations/Locations/Vehicles/Exclusions Added By Endorsement/Special Provisions

Certificate Holder

Additional Insured: Insurer Letter: _____

JAN BOYLSTON
6522 LONG MEADOW ROAD
CHARLOTTE, NC 28210

Cancellation

Should any of the above described policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Ron Parks