ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE CARRIER OF INSURED	CONTACT NAME: PHONE (A/C, No, Ext): (877) FAX (A/C, No): (888) E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED VENDOR OR PARTICIPATING PROGRAM/SCHOOL	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR			DO2-070115	07/01/2015	07/01/2016	EACH OCCURRENCE $	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) $	500,000
							MED EXP (Any one person) $	2,500
							PERSONAL & ADV INJURY $	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE $	
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $	1,000,000
	OTHER						$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $	1,000,000
A	X ANY AUTO			DO2-070115	07/01/2015	07/01/2016	BODILY INJURY (Per person) $	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $	
	X $1,000 Comp ded / X $1,000 Coll ded						$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE $	2,000,000
A	X EXCESS LIAB CLAIMS-MADE			DO2-070115	07/01/2015	07/01/2016	AGGREGATE $	2,000,000
	DED RETENTION $						$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N / N/A			DO2W070115	07/01/2015	07/01/2016	E.L. EACH ACCIDENT $	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $	1,000,000
							E.L. DISEASE - POLICY LIMIT $	1,000,000
A	Property			DO2-070115	07/01/2015	07/01/2016	Replacement Cost/Ded	100,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sample
General Aggregate is Unlimited.

DESCRIPTION OF ACTIVITY BEING COVERED
Dorchester School District Two is named as additional interest as their interest may appear, and loss payee.

CERTIFICATE HOLDER

Dorchester School District Two
Attn:
102 Green Wave Blvd.
Summerville, SC 29483

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

Williams

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