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DATE (MM/DD/YYYY)
10/05/2018

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ACORD C	EK	TIFICATE OF LIA	BILI	Y INSU	JRANC	E	10/	05/2018		
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 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 CONTACT NAME:										
Willis of Tennessee, Inc. c/o 26 Century Blvd	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378									
P.O. Box 305191				E-MAIL ADDRESS: certificates@willis.com						
Nashville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE NAIC INSURER A: National Union Fire Insurance Company of P 1944						
INSURED				INSURER B :						
Sedgwick, Inc. and subsidiaries 1100 Ridgeway Loop Road		INSURER C :								
Suite 200			INSURER D :							
Memphis, TN 38120			INSURER E :							
	INSURER F :									
		CATE NUMBER: W8408142				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		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
COMMERCIAL GENERAL LIABILITY					<u></u>	EACH OCCURRENCE DAMAGE TO RENTED	\$			
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$			
						PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$			
OTHER:						COMBINED SINGLE LIMIT	۶ \$			
						(Ea accident) BODILY INJURY (Per person)	\$			
OWNED SCHEDULED						BODILY INJURY (Per accident)				
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
DED RETENTION \$							\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$			
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT				
A Professional Liability		B080142705P18		9/30/2018	09/30/2019		\$20,00			
						Aggregate Limit	\$20,00	10,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD 101, Additional Remarks Schedu	ıle, may be	attached if more	e space is require	ed)				
Name Insured includes: Robins Da	vies	s Australia Finance Pty.	LTD,	Suite 1, 1	Level 6, 1	56 Pacific Highway	Green	which NSW		
2065, Cunningham Lindsey US Inc.	, 30	30 N. Rocky Point Drive	W., S	uite 530,	Tampa, FL	33607				
CERTIFICATE HOLDER 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.									
	AUTHOR	AUTHORIZED REPRESENTATIVE								
Sergon Building Consultants Level 6, 156 Pacific Highway	Dunii N. Nex									
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