2/28/2018 8:38:00 PM

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 2/28/2018	
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								
	PHONE (A/C, No, Ext): (800) 668-7020 FAX (A/C, No): 877-826-9067							
TechInsurance			ADDRESS:					
30 N. LaSalle,	25th Floor	, Chicago, IL 60602					NAIC #	
INSURED	INSURER A : The Hartford INSURER B :				30104			
NMB GEEK TECHNOLOGY SERVICES	INSURER C :							
11476 Highway 90	INSURER D :							
Little River, SC 29566								
	INSURER F :							
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							1	
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 SUB		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	NITS		
COMMERCIAL GENERAL LIABILITY				<u>, ((((((()))))))</u>	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE CCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000		
					MED EXP (Any one person)	\$ 10,00	0	
A		46SBM7175CI	2/28/2018	2/28/2019	PERSONAL & ADV INJURY	\$ 1,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000		
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AG	g \$ 2,000	,000	
OTHER:						\$		
					COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO					BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accider	nt) \$		
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION \$						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOY				
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	Т \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
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.							
	AUTHORIZED REPRESENTATIVE							
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