		ACORD,M CERTI	FICATE OF LIABILIT	ΓΥ Ι	INSURAN	CE									
	PRODUCER				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											
Name and Address of Subcontractor				INSURERA Insurer A INSURERS: Insurer B INSURER C' INSURER D: INSURER E:											
								POL	ICIES. A	GGREGATE LIMITS SHOWN MAY HAVE BEEN R	ANY REQUIREMENT, TERM OR COM MAY PERTAIN, THE INSURANCE AFF	IDITION OF ANY CONTR	RACT OR OTHER DOCUMENT WIT	ABOVE FOR THE POLICY PERIOD INDIC TH RESPECT TO WHICH THIS CERTIFICA ECT TO ALL THE TERMS, EXCLUSIONS A	TE MAY BE ISSUED OR
								ITR		TYPE OF INSURANCE	POLICY NUMBER	PDATE EFFECTIVE	PO DATE (MIDDIY)		LIMITS
								В		BENERAL LIABILITY		01/01/05	01/01/06	EACH OCCURRENCE	\$1,000,000
		COMM MERCIALGENERAL LIABILITY CLAIMS MADE OCCUR				DAMAGE TO RENTED PREMISES (EA OCCURANCE) MED EXP (Anyone person) PERSONAL & ADV INJURY	\$50,000 \$5,000 00 \$1,000,000								
			_			GENERAL AGGREGATE	\$2000,000								
	GEN	AGGREGATE LIMITAPPLIES PER:	_			PRODUCTS COMP/OPAGG	\$2,000,000								
		TOLIOTATINO													
	AUT	OMOBILE LIABILITY	DEF67890	01/01/05	01/01/06	COMBINED SINGLE LIMIT	\$1,000,000								
	Х	ANY AUTO				(Ea accident)									
		ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per person)									
		NON-OW NED AUTOS				BODILY INJURY (Per accident)									
						PROPERTY DAMAGE (Per accident)									
		GARAGE				AUTO ONLY EAACCIDENT									
		LIABILITY				OTHER THAN EAACC —AUTO ONLY: AGG	\$								
						EACH OCCURRENCE	\$								
	EXC ESS	OCCUR LIABILITY CLAIMS MAD				AGGREGATE	\$								
		DEDUCTIBLE													
		RETENTION					\$								
		L KERS COMPENSATION AND LOYERS'UABILTTY	GHI 111213	01/01/05	01/01/06	A WC STA I U TORY E.L EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE	\$500,000 \$500,000								
						E.L DISEASE POLICY LIMIT	\$500,000								
	ОТН	ER					, , , , , , , , , , , , , , , , , , , ,								
DESC	RIPTION	NOFOPERATIONSLOCATIONSNEHIO FSIEXC	LUSIONSADDED BYENDORSEMENTISPECIALPROVISIONS	<u> </u>											
Clar polic as re	k & L cies a espec	bove. Such policies will apply a cts claims arising from the insu	re included as <mark>additional insureds</mark> under th s primary insurance for Clark and Leatherv red's.												
					SHOULD ANYOF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION										
		Clark and Leatherwood PO Box 556	d, Inc		DATE THEREOF, THE ISSUING INSURER WILL A38N8000M MAIL 3(k DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, B X {e CX										
		Waynesville, NC 28786	5												

AUTHORIZED REPRESENTATIVE

CBG

ACORD 25-S (7/97)1 of 3

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