



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2025

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).

<b>PRODUCER</b> The Tabb Insurance Agency Inc. 2435 Wall Street, Suite 102 Conyers GA 30013	<b>CONTACT NAME:</b> Crystal Pulliam <b>PHONE (A/C. No. Ext):</b> 770-483-1800 <b>FAX (A/C. No):</b> 770-785-4185 <b>E-MAIL ADDRESS:</b> crystalpulliam@tabbinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Raymond Global, Inc. Raymond Engineering-Georgia, Inc. 1035 Green Street Suite A Conyers GA 30012	<b>INSURER A :</b> Hanover Insurance Company	<b>NAIC #</b> 22292
	<b>INSURER B :</b> Massachusetts Bay Insurance Co	22306
	<b>INSURER C :</b> Allmerica Financial Benefit Insurance Co	41840
	<b>INSURER D :</b> Hanover American Insurance Co	36064
	<b>INSURER E :</b> Global Aerospace, Inc.	
	<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1107392953

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZDAJ706750	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWAJ707031	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UHAJ706751	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WZAJ706814	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A E	Professional & Pollution Liab Aviation Liability			LHA H315507 9045359	7/15/2024 5/1/2024	7/15/2025 5/1/2025	PER CLAIM/AGGREGATE \$ 3,000,000 AGGREGATE/DED \$25,000 2,000,000

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

Project: RFQu 24-752-017, A/E Continuing Contract for Professional Services

Blanket Additional Insured including on-going and completed operations (Primary & Non-Contributory) with Waiver of Subrogation regarding General Liability per form 421-2915 06 15 COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT.

General Liability per project and location aggregate per form 421-3635 07 16 AGGREGATE LILITS OF INSURANCE PER PROJECT AND PER LOCATION WITH CAP.

Blanket Additional Insured (Primary & Non-Contributory) regarding Automobile Liability per form 461-0478 12 12 BLANKET ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

DeKalb County School District  
 DeKalb County Board of Education  
 Sam A. Moss Service Center  
 1780 Montreal Road  
 Tucker GA 30084

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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY The Tabb Insurance Agency Inc.		NAMED INSURED Raymond Global, Inc. Raymond Engineering-Georgia, Inc. 1035 Green Street Suite A Conyers GA 30012	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Blanket Waiver of Subrogation applies to Automobile Liability per form 461-0155 (9-97) BUSINESS AUTO COVERAGE BROADENING ENDORSEMENT.  
 Blanket Waiver of Subrogation applies to Workers Compensation per form WC 00 03 13 WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT.  
 475-0001 12 22 HANOVER COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY.