

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY)
3-25-2026

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 Acrisure, LLC. 6850 Catawba Lane Richmond, VA 23226	CONTACT NAME: Ed Richards PHONE (A/C No. Ext): (804) 288-6993 FAX (A/C No. Ext): (804) 285-0679 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: RLI TRANSPORTATION NAIC # 13056 INSURER B: MANUFACTURERS ALLIANCE INS CO 36897 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED GEORGIA COACH LINES INC 405 ETHAN DRIVE FAYETTEVILLE GA 30214	

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.

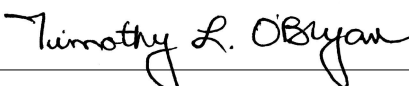
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☒ Commercial General ☐ Claims ☒ Occur ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC.	☒	☐	LGB0018401	3-5-2026	3-5-2027	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
	MED. EXP. (Any one person)						\$ 5,000	
	PERSONAL & ADV. INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 2,000,000	
	PRODUCTS-COMP/OP AGG.						\$	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ ☐	☒	☐	LFB0021581	3-5-2026	3-5-2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS MADE ☐ DED ☐ RETENTION \$	☐	☐				EACH OCCURRENCE	\$
	AGGREGATE						\$	
							\$	
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	☐	202601-0869222	3-18-2026	3-18-2027	☒ Statutory ☐ Othe	
	E.L. EACH ACCIDENT						\$ 1,000,000	
	E.L. DISEASE-EA EMPLOYEE						\$ 1,000,000	
	E.L. DISEASE-POLICY LIMIT						\$ 1,000,000	
		☐	☐					
		☐	☐					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required.)

CERTIFICATE HOLDER AND THEIR OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ASSIGNS ARE NAMED ADDITIONALS INSURED WITH RESPECTS TO AUTO AND GENERAL LIABILITY POLICIES. COVERAGE IS PRIMARY AND NON CONTRIBUTORY

CERTIFICATE HOLDER

CANCELLATION

Fax Number: DEKALB COUNTY SCHOOL DISTRICT ATTN: VENDOR SERVICES-DIVISION OF FINANCE 1701 MOUNTAIN INDUSTRIAL BLVD STONE MOUNTAIN GA 30083	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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