	ACORD. CERTI	FICATE OF LIAE	BILITY II	NSURA	NCE OPID TG	DATE (MM/DD/YY)	
PR	ODUCER		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				
	* 5						
INS	URED		INSURER A:				
			INSURER B:		3.		
			INSURER C:				
			INSURER D:				
CC	OVERAGES		INSURER E:				
T A A	HE POLICIES OF INSURANCE LISTED BELOY NY REQUIREMENT, TERM OR CONDITION O IAY PERTAIN, THE INSURANCE AFFORDED I OLICIES. AGGREGATE LIMITS SHOWN MAY	V HAVE BEEN ISSUED TO THE INSURED NAMED FANY CONTRACT OR OTHER DOCUMENT WITH BY THE POLICIES DESCRIBED HEREIN IS SUBJE HAVE BEEN REDUCED BY PAID CLAIMS.					
NSI LTR	R TYPE OF INSURANCE POLICY NUMBER		POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY) DATE (MM/DD/YY) LIMITS				
	GENERAL HABILITY	*			EACH OCCURRENCE	\$ 1000000	
A	X COMMERCIAL GENERAL LIABILITY	37.	04/11/04	04/11/05	FIRE DAMAGE (Any one fire)	\$ 500000	
	GLAIMS MADE X OCCUR	GLAIMS MADE X OCCUR			MED EXP (Any one person)	\$ 10000	
		1		(1)	PERSONAL & ADV INJURY	\$ 1000000	
	GEN'L-AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2000000	
	POLICY PRO- LOC	1			PRODUCTS - COMP/OP AGG	\$ 2000000	
A	AUTOMOBILE LIABILITY X ANY AUTO	0	04/11/04	04/11/05	COMBINED SINGLE LIMIT (Ea accident)	s 1000000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODIEY INJURY (Per person)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY-INJURY (Per accident)	s	
_	GARAGE LIABILITY	9			PROPERTY DAMAGE (Per accident)	\$	
	ANY AUTO				AUTO ONLY - EA ACCIDENT	S	
			1		OTHER THAN EA ACC	\$	
A	EXCESS LIABILITY		04/11/04	04/11/05	EACH OCCURRENCE	\$ 2000000	
	OCCUR CLAIMS MADE	AGGREGATE			\$ 2000000		
						\$	
	DEDUCTIBLE					\$	
-	RETENTION \$					s	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		07/01/03	07/01/04	TORY LIMITS OTH-		
					E.L. EACH ACCIDENT	\$500000	
					E.L. DISEASE - EA EMPLOYEE		
	OTHER				E.L. DISEASE - POLICY LIMIT	s 500000	
A.	-		**	9		× 12	
	TIFICATE HOLDER N ADDIT	IONAL INSURED; INSURER LETTER: PIEDMO4	CANCELLATIO SHOULD ANY OF DATE THEREOF, 1	YN THE ABOVE DESCRIB THE ISSUING INSURER	ED POLICIES BE CANCELLED E	10 DAYS WRITTEN	
Piedmont Technical College FAX #864-941-8642			NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
	Brenda Holland		IMPOSE NO OBLIG	SATION OR LIABILITY	OF ANY KIND UPON THE INSUF	RER, IT'S AGENTS OR	
P. O. Box 1467 Greenwood SC 29648				REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
	ereemmond ac 5864	* ©	AUTHORIZED REPR	COENTATIVE		- market	