

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID GB
GREEN-3

DATE (MM/DD/YYYY)
03/11/09

PRODUCER
Paragon Insurance Service Inc.
2945 Horizon Park Drive Ste C
Suwanee GA 30024
Phone: 770-831-5669 Fax: 770-831-3363

INSURED
Greenleaf Env. Group, Inc.
Greenleaf Treatment Svcs, LLC
Greenleaf Env. Svcs, LLC
4943 Austin Park Ave
Buford GA 30518

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	NAIC #
INSURER A: Nautilus Insurance Company	
INSURER B: Great Divide Insurance Co.	17370
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A			GENERAL LIABILITY	ECPO 1503486-11	03/10/09	03/10/10	EACH OCCURRENCE	\$ 1,000,000	
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
			<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 25,000	
			<input checked="" type="checkbox"/> Cont. Poll-Occ.				PERSONAL & ADV INJURY	\$ 1,000,000	
			<input checked="" type="checkbox"/> Prof- Claims Made				GENERAL AGGREGATE	\$ 2,000,000	
			GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
			<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B			AUTOMOBILE LIABILITY	BAP 1503484-11	03/10/09	03/10/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
			<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
			<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
			GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
			<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$	
							AGG	\$	
A			EXCESS/UMBRELLA LIABILITY	FFX 1503485-11	03/10/09	03/10/10	EACH OCCURRENCE	\$ 6,000,000	
			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 6,000,000	
			<input type="checkbox"/> DEDUCTIBLE					\$	
			<input checked="" type="checkbox"/> RETENTION \$10,000					\$	
B			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCA 1504063-11	03/10/09	03/10/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000	
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
			OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Professional Liability Retro Date: 8/8/02 Auto: MCS-90 & CA 9948 Endorsement Included. Excess Liability includes Contractors Pollution and Professional Liability Coverage.

CERTIFICATE HOLDER

EVIDENCE
Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

