

ACORD CERTIFICATE OF LIABILITY INSURANCE

INSURED'S AGENT

DATE (MM/DD/YY)
06/26/2009

PRODUCER MCHUGH INSURANCE, INC TELEPHONE #: 770-442-8990 PO BOX 1312 ALPHARETTA, GA 30009-1312		Serial # 104853	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.
INSURED ZEST RESTAURANTS, INC., D/B/A NINE 946 CANTON ST. ROSWELL, GA 30075		INSURERS AFFORDING COVERAGE	NAIC# SOCROSS
		INSURER A: CAPITOL INDEMNITY CORPORATION	
		INSURER B:	
		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 POLICES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CP01301165	6/12/09	6/12/10	EACH OCCURRENCE \$ 100000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
		<input checked="" type="checkbox"/> LIQUOR LIABILITY				PERSONAL & ADV INJURY \$ 1000000
						GENERAL AGGREGATE \$ 2000000
						PRODUCTS - COMP/OP AGG \$ 2000000
						LIQUOR LIABILITY 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXXXXXX
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXXXXXX
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXXXXXXX
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ XXXXXXXXXXXX
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ XXXXXXXXXXXX
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$ XXXXXXXXXXXX
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ XXXXXXXXXXXX
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ XXXXXXXXXXXX
		<input type="checkbox"/> DEDUCTIBLE				\$ XXXXXXXXXXXX
		<input type="checkbox"/> RETENTION \$				\$ XXXXXXXXXXXX
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT \$ XXXXXXXXXXXX
						EL DISEASE - EA EMPLOYEE \$ XXXXXXXXXXXX
						EL DISEASE - POLICY LIMIT \$ XXXXXXXXXXXX
		OTHER				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
						XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
						XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 THE CERTIFICATE HOLDER IS SHOWN AS AN ADDITIONAL INSURED ON THE ABOVE CAPTIONED GENERAL LIABILITY POLICY.

CERTIFICATE HOLDER THE CITY OF ROSWELL GEORGIA 38 HILL STREET ROSWELL, GA 30075	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 MCHUGH INSURANCE, INC. <i>Richard T. McHugh</i>
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