

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2023

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)

this certificate does not come rights to the certificate notice in fied of such chaofsement(s).							
PRODUCER		CONTACT NAME: Betsy Darst					
Bankers Insurance, LLC 128 NC-65		PHONE (A/C, No, Ext): 336-280-0316 FAX (A/C, No): 800		9-0146			
Reidsville NC 27320		E-MAIL ADDRESS: bdarst@bankersinsurance.net					
		INSURER(S) AFFORDING COVERAGE		NAIC#			
	License#: 6387078	INSURER A: StarStone Specialty Insurance Compa	44776				
INSURED	APPLRES-01	ınsurer в : Owners Insurance Company	32700				
Applied Resource Management, PO Box 882	PC	INSURER c: Frankenmuth Mutual Insurance Comp	13986				
Hampstead NC 28443		INSURER D:					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 505958685	REVISION NUI	MBFR.				

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.

NSR LTR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY		P81639220AEM	10/15/2022	10/15/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:					COMPINED OINOLE LIMIT	\$
3		OMOBILE LIABILITY		5411644900	10/15/2022	10/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
4		UMBRELLA LIAB X OCCUR		P81640220AEM	10/15/2022	10/15/2023	EACH OCCURRENCE	\$2,000,000
	Х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 2,000,000
		DED X RETENTION \$ 0						\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N		6720127	10/15/2022	10/15/2023	X PER OTH- STATUTE ER	
		DRODRIETOR/DARTNER/EYECHTIVE -	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α		essional Liability		P81639220AEM	10/15/2022	10/15/2023	Prof Ea Wrongful Act Prof Agg	1 mil 2 mil
	Pollu	ution Liability					Poll Each Cond/Agg	1 mil / 2 mil

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

CERTIFICATE HOLDER	CANCELLATION			
Harnett County Health Dept	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
307 W Cornelius Harnett Boulevard Lillington NC 27546	Butsur G. Darst			