



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/13/2018

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 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).

<b>PRODUCER</b> Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	<b>CONTACT NAME:</b> Kelli R. Starr <b>PHONE (A/C, No., Ext):</b> (910)295-1121 <b>E-MAIL ADDRESS:</b> kelli@rineyagency.com <b>FAX (A/C, No.):</b> (910)295-8980
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Erie Insurance Exchange INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> J. Brent Smith Construction, Inc. 455 Charles Riddle Road Sanford NC 27330-	<b>NAIC #</b> E28

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

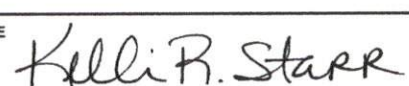
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Q40-0155342	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q04-0140736	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			Q28-0172348	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q88-5101738	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	J. Brent Smith is excluded from worker's compensation coverage.						

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

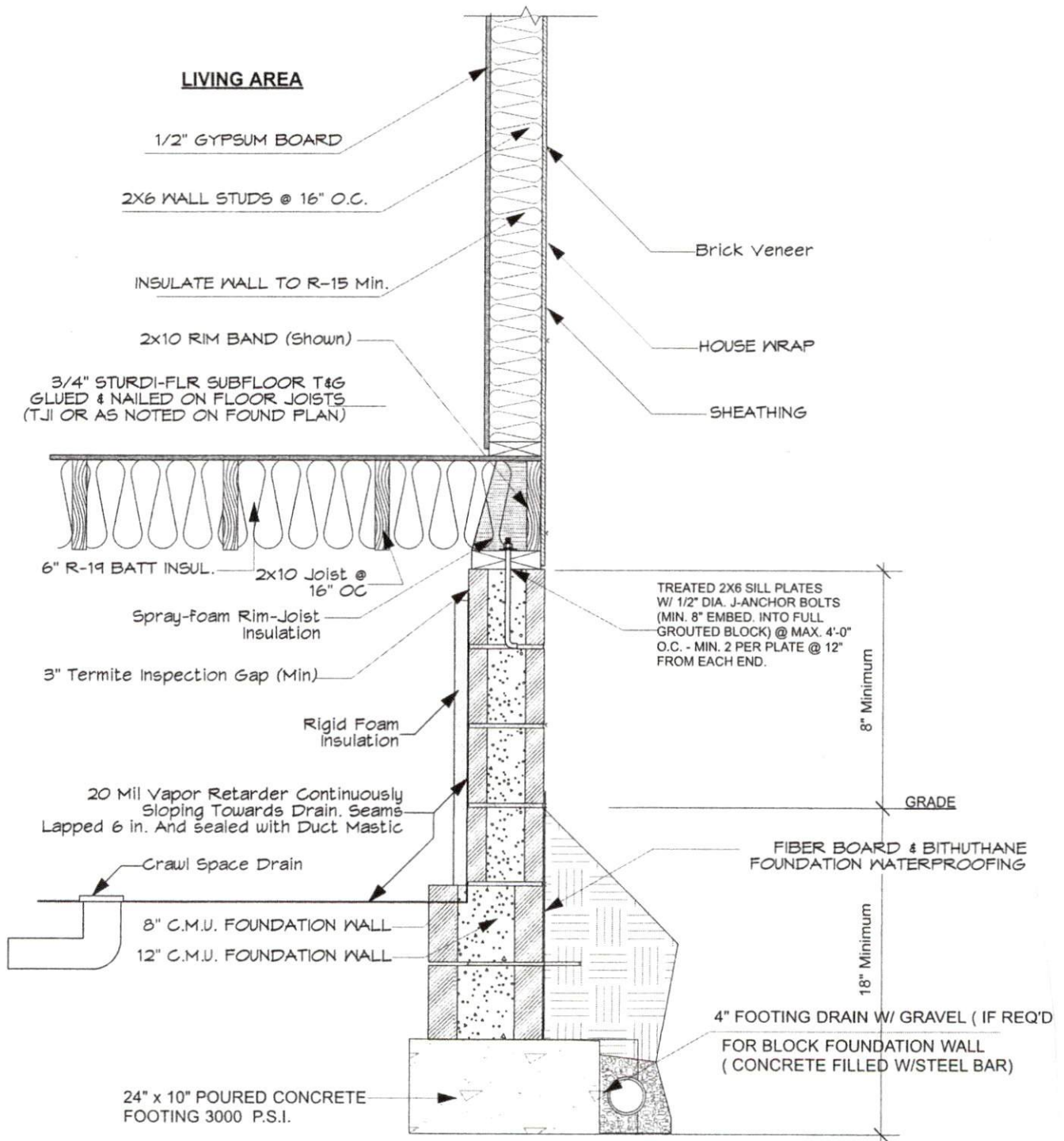
**CERTIFICATE HOLDER****CANCELLATION**

AI 2ND6SF

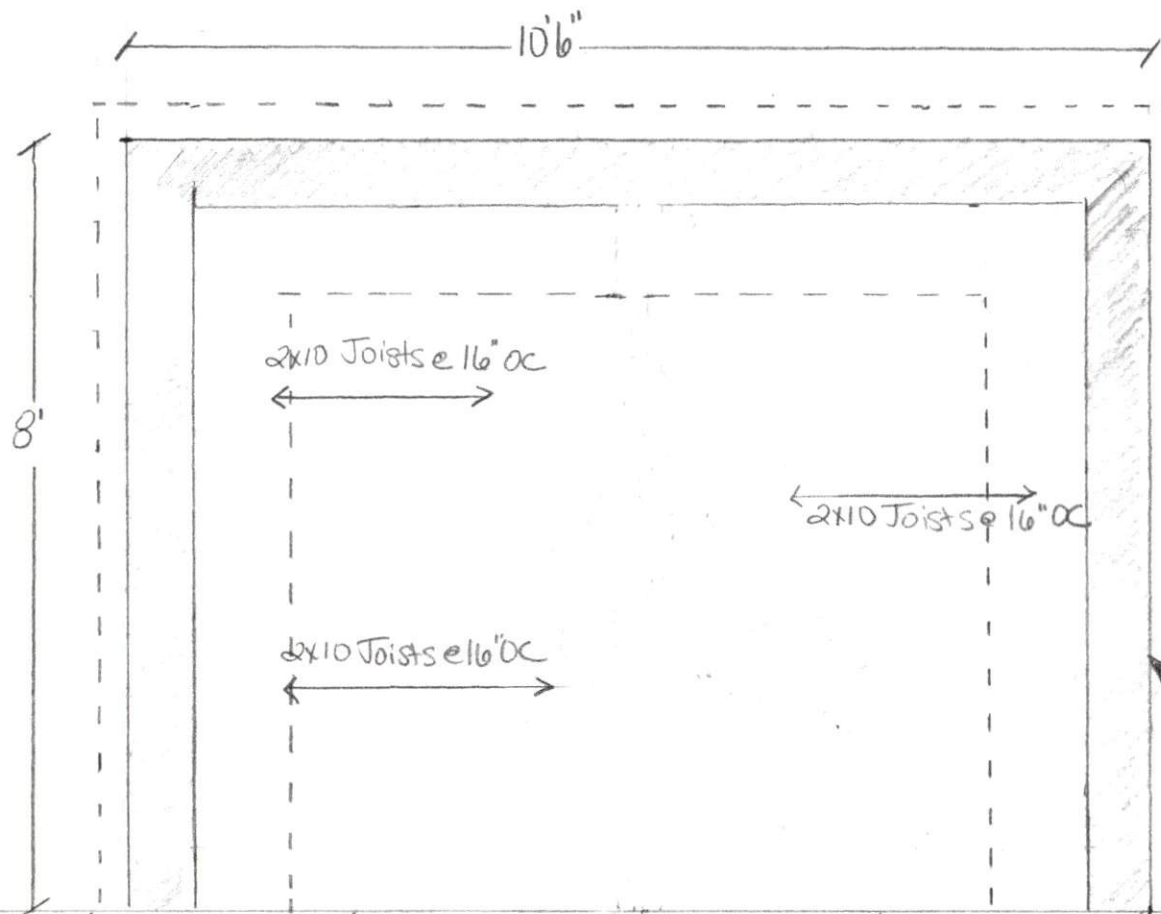
Harnett County NC Inspection Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Fax: ( ) -

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2 TYP. SECTION THRU EXTERIOR CMU/SIDING WALL  
Scale: 3/4" = 1'-0"



10'6"

8'

2x10 Joists @ 16" OC



2x10 Joists @ 16" OC



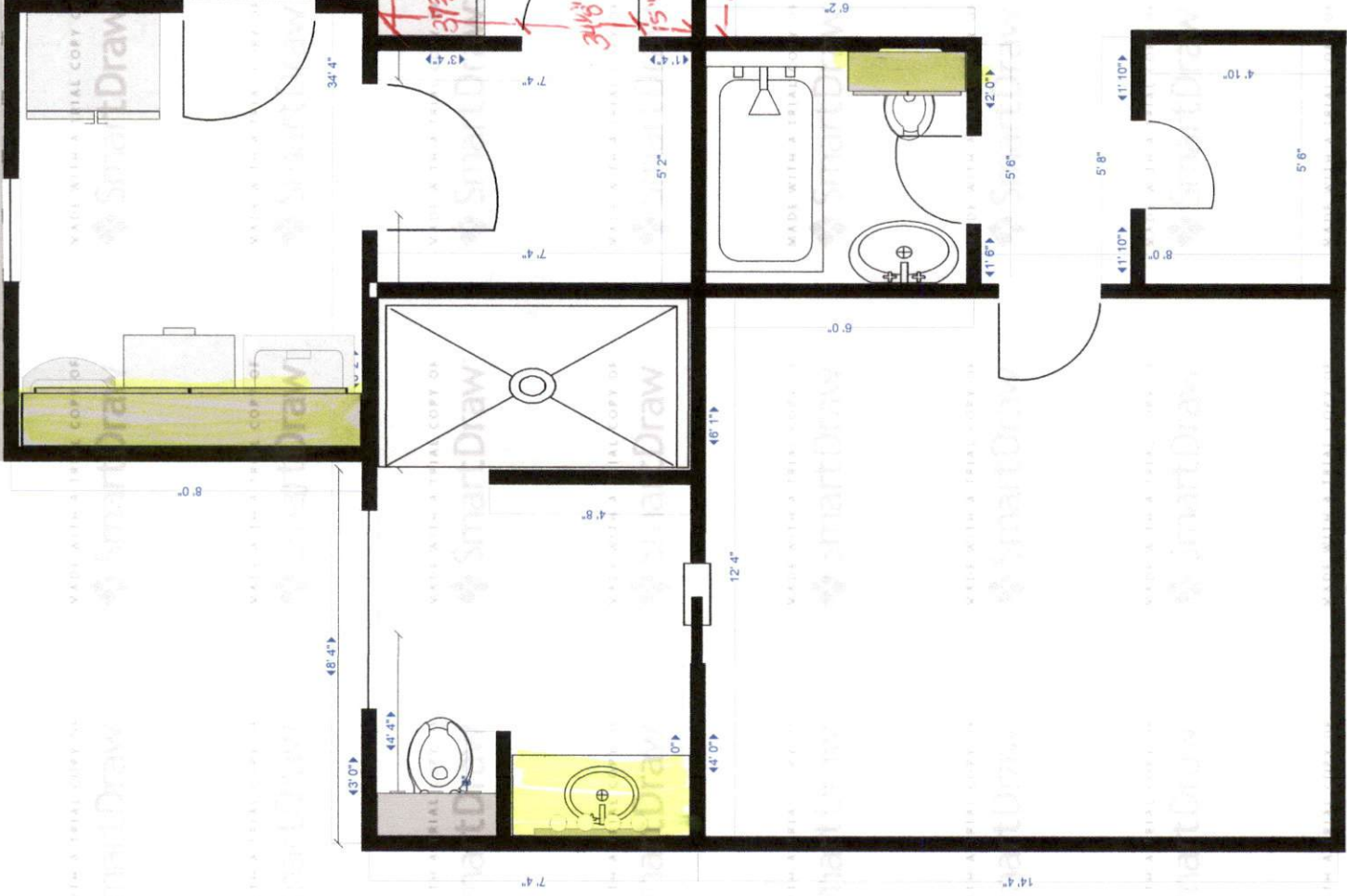
2x10 Joists @ 16" OC



$\frac{1}{2}'' = 1'$

8" CMU on 20x10  
Concrete Footer  
3,000 PSI

EXISTING HOUSE



Job SmartDraw  
 Kitchen Sink  
 Approx  
 Full Row  
 Swam

Range w/  
 MW hood  
 Combo

Built in Cabinet  
 to Staff

Pantry  
 Pass  
 Thru

Dining Area  
 Measured jamb to jamb

Ceiling void to 8'6"  
 Work area

48'4"

45'0"

44'2"

7'4"

4'8"

4'0"

12'4"

46'1"

6'0"

7'4"

7'4"

4'3'4"

34'4"

3'4'6"

3'1'6"

3'5'4"

3'5'4"

2'6'3/4"

2'6'3/4"

6'8"

1'9"

1'6"

4'9"

1'2"

1'3'1/2"

4'11'6"

5'8"

4'10"

5'6"

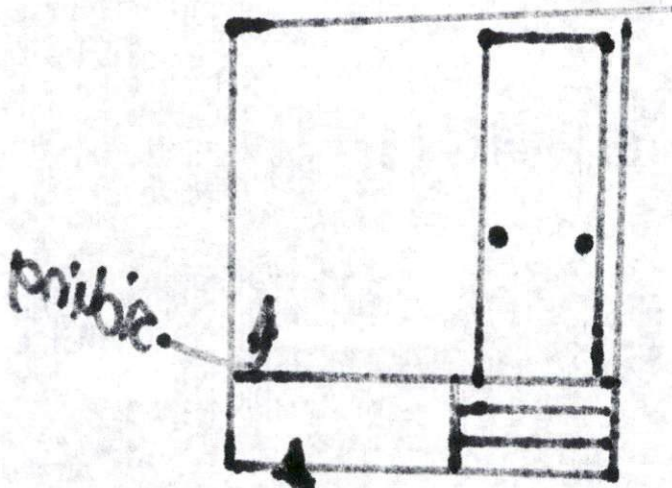
12'6"



foundation  
block

siding





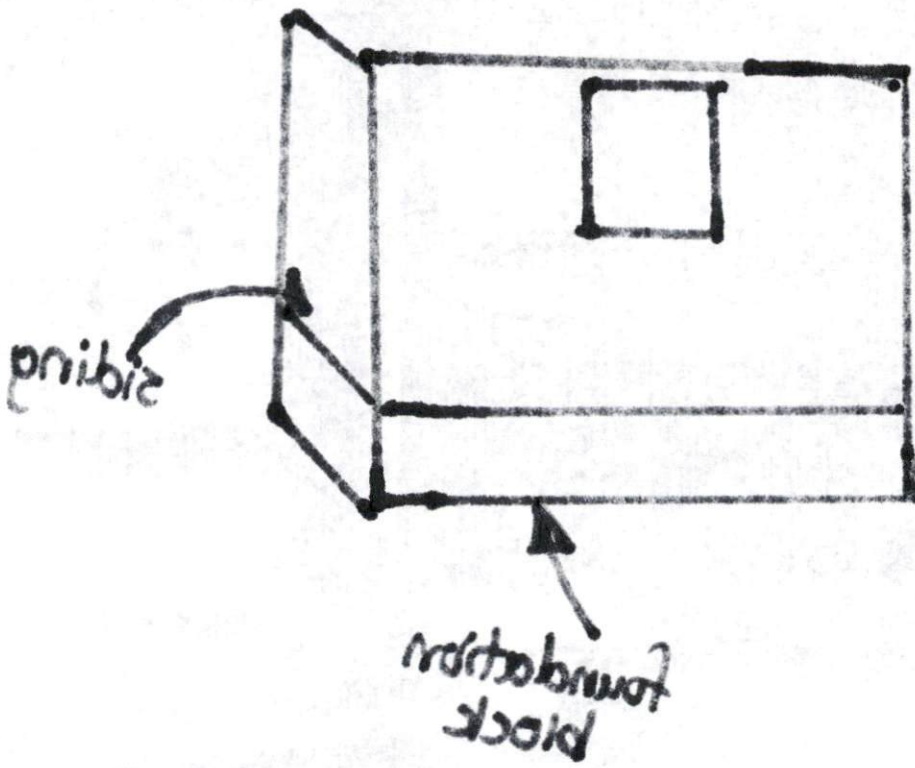
prubie

mirbawot  
plock



siding

foundation  
block





foundation  
block

siding



method of  
proof

prohibitive

