

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/14/2020

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 noticy(les) must have ADDITIONAL INSURED provisions or be endorsed

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | to th | ne te | rms and conditions of th | e polic | y, certain p | olicies may ı | | | . As | tatement on |
|--|--|---|-----------------------|---|--|---|--------------------|--------------------------------------|---------------------|--------|-------------|
| | DUCER | | . 0011 | modic noider in ned or se | CONTA NAME: | CT US Ce | ntralized Services | <u> </u> | | | |
| MARSH USA INC. | | | | | | | 66-4664 | FAX (A/C, No): 212-948-0770 | | | |
| | 540 W. MADISON CHICAGO, IL 60661 | | | | E-MAIL ADDRE | ee. Chicac | go.CertRequest@ | marsh.com | (A/C, NO). | | |
| | | | | | | | | | | NAIC # | |
| | 16928299-Other-GAWU-20-21 | | | | 10054 | | | | NAIC # 10851 | | |
| INSU | | | | | INSURER A : Everest Indemnity Insurance Company | | | | 16535 | | |
| "" | Isosceles Holdings, LLC | | | | MOOKEN B. Earlow, and real and semparty | | | | | | |
| | dba Venturi Restoration 2046 Skibo Rd. | | | | INSURER C: | | | | | + | |
| | Fayetteville, NC 28314 | | | | INSURER D: | | | | | | |
| | | | | | INSURER E : | | | | | | |
| <u> </u> | | | | | INSURER F: | | | | | | |
| | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES | | | E NUMBER: | | -009559327-01 | | REVISION NUM | | | LIOV DEDICE |
| IN CI E) | DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | EQUIR PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN' | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I | OCUMENT WITH | RESPE | CT TO | WHICH THIS |
| INSR LTR | | INSD | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | |
| A X COMMERCIAL GENERAL LIABILITY | | | | EF4ML06247-201 | | 08/31/2020 | 08/31/2021 | EACH OCCURRENCE | | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | irrence) טב | \$ | 300,000 |
| | X CPL (Pollution) | | | | | | | MED EXP (Any one p | person) | \$ | 5,000 |
| | X E&O (Claims-Made) | | | | | | | PERSONAL & ADV II | NJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | ATE | \$ | 2,000,000 |
| | POLICY X PRO- JECT LOC | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | | | | \$ | |
| В | AUTOMOBILE LIABILITY | | | BAP 0235677-03 | | 08/31/2020 | 08/31/2021 | COMBINED SINGLE (Ea accident) | LIMIT | \$ | 1,000,000 |
| | X ANY AUTO | | | | | | | BODILY INJURY (Pe | | \$ | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Pe | er accident) | \$ | |
| | HIRED NON-OWNED | | | | | | | PROPERTY DAMAG (Per accident) | E | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Fer accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | `= | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | <i>,</i> | \$ | |
| | DED RETENTION\$ | | | | | | | AGGREGATE | | \$ | |
| В | WORKERS COMPENSATION | | | WC 0235676-03 | | 08/31/2020 | 08/31/2021 | X PER STATUTE | OTH- ER | Ψ | |
| | AND EMPLOYERS' LIABILITY ANY DEPONDE TO PARTICIPATION Y/N | | | AZ,CA,CO,DC,DE,GA,IL,MA,MO, | NC | | | | • | | 1,000,000 |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | N/A | | NJ,OR,PA,SC,TN,UT, WA, WI VA | | | | E.L. EACH ACCIDEN | | \$ | 1,000,000 |
| | | | | | | | | E.L. DISEASE - EA E | | | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | .,,,,,,,,, |
| | | | | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, mav be | e attached if mor | e space is require | ed) | | l | |
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| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANO | ELLATION | | | | | |
| Isosceles Holdings, LLC dba Venturi Restoration 2046 Skibo Road Fayetteville, NC 28314 | | | | | 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 of Marsh USA Inc. | | | | | | | | | |
| 1 | | Manashi Mukherjee Manashi Mukherjee | | | | | | | | | |

AGENCY CUSTOMER ID: CN116928299

Loc #: Chicago



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY MARSH USA INC. | NAMED INSURED Isosceles Holdings, LLC dba Venturi Restoration 2046 Skibo Rd. Fayetteville, NC 28314 | | | | | | |
|-----------------------|--|-----------------|--|--|--|--|--|
| POLICY NUMBER | | | | | | | |
| CARRIER | NAIC CODE | | | | | | |
| | | EFFECTIVE DATE: | | | | | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | | | | | | | |
|---|---------------|-----------------------------------|--|--|--|--|--|
| FORM NUMBER: 25 | FORM TITLE: C | ertificate of Liability Insurance | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| NAMED INSURED: | | | | | | | |

Emergency Reconstruction, LLC
Emergency Restoration Experts, LLC
Empire Construction & Technologies, LLC
JFS Construction Group, LLC
Poole's Reconstruction and Restoration, LLC
RT1 National Services, LLC
RT1 Restoration Services, LLC
SOS Builders, LLC
Venturi National Services, LLC

Cary Reconstruction Company, LLC