

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name:	Date:		
Site Address:	Phone: State of the land of th		
Subdivision:	Lot:		
Description of Proposed Work:	Total Job Cost:		
General Contractor Information	on 20 - 10-		
Fred + Katharine Adams - owners	910.705.5643		
Building Contractor's Company Name	Telephone		
1158 Cypress Church Rd. Cameron, NC 28324	Kathy 71273@gmail.com		
Address	Email Address		
HEATED SQ FT GARAGE S	SQ FT		
License #			
Description of Work Service Size	<u>ion</u> : <u>⋧⋼⋼</u> Amps T-Pole:YesNo		
Electrical Contractor's Company Name	919 · 917 · 1016		
7434 Capital Blvd. Raleigh, NC 27616	bprelectricile@gmail.		
Address	Email Address		
L.25278	- Use une (i) e manu subcombino		
License #	angit)		
Mechanical/HVAC Contractor Infor	mation		
Description of Work			
	 		
Mechanical Contractor's Company Name	Telephone		
A data as a final first of any and any transfer of a figure or transfer of	Email Address		
Address			
Plumbing Contractor Informat			
Description of Work	# Baths		
Plumbing Contractor's Company Name	Telephone		
Totales and the second state of the second se	System color • The planters con		
Address	Email Address		
License #			
Insulation Contractor Informat	<u>tion</u>		
Land the Control of Co	Talankana		
Insulation Contractor's Company Name & Address	Telephone		

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

	447887		
Affidavit The undersigned applicant being		mpensation N.C.	G.S. 87-14
General Contractor	Owner	Officer/Agent of th	e Contractor or Owner
Do hereby confirm under penaltie set forth in the permit:	es of perjury that the p	person(s), firm(s) or co	orporation(s) performing the work
Has three (3) or more emp	oloyees and has obtain	ined workers' compen	sation insurance to cover them.
Has one (1) or more subco	ontractors(s) and has	obtained workers' cor	mpensation insurance to cover
Has one (1) or more subcoovering themselves.	ontractors(s) who has	their own policy of w	orkers' compensation insurance
Has no more than two (2)	employees and no su	ubcontractors.	
While working on the project for working on the permit may to issuance of the permit and at a carrying out the work.	ay require certificates	of coverage of worke	r's compensation insurance prior
Sign w/Title: Kell Col	in / owner	daed and 1965	Date: 05 · 26 · 2021

LICENSE NUMBER

L.25278

STATE OF NORTH CAROLINA BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

EXPIRATION DATE 07/01/2021

THIS IS TO CERTIFY THAT:

BPR Electric LLC

Leslie Dillard Branch IV

is duly registered and entitled to practice Electrical Contracting in the

Limited Classification License

Limitation: No one project to exceed \$60,000.00 and 600 volts maximum

BPR Electric LLC 7434 Capital Blvd. Raleigh, NC 27616 Witness our hands and sewl of the Board

Gerald Harvell

Chairman

Witness our hands and sewl of the Board

Chairman

Sandary Transco



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2021

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(les) 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).

State Farm Travis Kivett State Farm 14 N F Rysetelies S PO Box 183 Liberty, NC 2798-183 NSURRD BPR Electric LLC BPR Electric LLC Rabeigh COVERAGES CERTIFICATE NUMBER Rabeigh NC 27616 NC 27616 NSURRR 1: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2518 MSURRR 3: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2517 MSURRR 2: State Farm Fire and Casualty Company 2518 MSURRR 3: State Farm Fire and Casualty Company 2518 MSURRR 2: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 2: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 2: MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 3: State Farm Fire and Casualty Company 2519 MSURRR 4: MSURRR 3: MSURRR 4: MSURRR 8: MSURRR 8: MSURRR 4: MSURRR 8: MSURRR 8: MSURRR 4: MSURRR 8: MS	PROD	UCER					NAME:	Kivett	T PAY		
DECRETARY OF THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE STOCKETTEY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE OF INSURANCE LISTED BY THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMS. THE OF INSURANCE LISTED BY THE POLICE TO ALL THE TERM IN SUBJECT TO	Sta	te Farm	Travis Kivett State Farm			-	PHONE 336			336-79	95-0234
PO Box 183 Liberty, NC 27298-183 BSURRA 1. Stafe Fram Multin Automobile Insurance Company 2517 BPR Electric LLC Regigner 8: Stafe Farm Fire and Casualty Company 2517 Regigner 9: Regi			114 N Fayetteville St				E-MAIL travis	kivett.y2vn@sta	tefarm.com		
INSURED BPR Electric LLC ASSURER 1. State Farm Mutual Automobile Insurance Company 2517 BSURER 1. State Farm Fire and Casually Company 2514 BSURER 2. State Farm Fire and Casually Company 2514 BSURER 2. State Farm Fire and Casually Company 2514 BSURER 3. State Farm Fire and Casually Company 2514 BSURER 5. State Farm Fire and Casually Company 2514 BSURER 5. State Farm Fire and Casually Company 2514 BSURER 6. SSURER 5. STATE FARM FIRE S	(90 .	and the same of the same of the same of				ADDITION,				NAIC #
BPR Electric LLC BPR Electric LLC BRURER 9: ASSURER							MEUDED A . State	Farm Mutual A	utomobile Insurance Comp	any	25178
BPR Electric LLC T434 Capital Blvd Raleigh NC 27616 RSURER 0: HSURER 1: HSURER 9: H	Melle	DED	Liberty, 110 E1 E00 100				Clote				
TA34 Capital Blvd Raleigh ROUTERAGES CERTIFICATE NUMBER 1 HISIBIS TO CERTIFICATE NUMBER CUITEMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLIUMENT WITH RESPECT TO WHICH THIS INDICATE NOT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITH TANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE POLICIES OF THE POLICY PER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY FAVOR BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY FAVOR BEEN RESPECT TO WHICH THE POLICIES LIMITS SHOWN MAY FAVOR BEEN REPORTED BY THE POLICIES DESCRIBED HERBARD SUBJECT TO A WHICH THE POLICY PER POLICY P	IIIQUI		DD Electric LLC				INSURER B: Oldie I differ to discounty company				
ROUTE RAISE COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ANY THE THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE ANY BE SUBJECT TO ALL THE TER COUNTY FOR THE POLICY PER INSURANCE AND COUNTY FOR THE POLICY PER INSURANCE AND COUNTY FOR THE POLICY PROVIDED TO THE POLICY		ь	PR Electric LLC								
Roleigh NC 27616 MILITER P. COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: NEW PART OF CONTROL OF CRITICATE NUMBER: NEW PART		-	40.4 Comited Dhud				3335				
COVERAGES THIS BY O GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDE ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT SHOWN ANY RECORD THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT SHOWN ANY PER CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INSURED TO THE INSURED TO THE INSURED HERE IN SHOWN HAVE ADDRESSED AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXECUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF NORMANCE ORIGINAL POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF NORMANCE ORIGINAL POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMENCIAL GENERAL LIMITITY X X X 93-ET-P440-0 F			Manager and Street			NC 27616					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MAMED ABOVE FOR THE POLICY PER MONCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COMMITTOR OF ANY COMMENTATION OF SUCH POLICIES. LIMITS SHOWN MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM SECULIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. TYPE OF INSURANCE COMMENCAL GENERAL LABBILITY COMMENCAL COMMENTATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. AND WORK OF THE POLICY PER POLICY FOR THE POLICY PER POLICY SECURITION OF THE ABOVE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM SECURITION OF THE INSURANCE TO ANY AUTO OF THE I							INSURER F:		DEVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENTS. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM SCALUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARD CLAMB. COMMERCIAL GENERAL LUBBUTY COMMERCIAL GENERAL LUBBUTY COMMERCIAL GENERAL LUBBUTY COMMERCIAL GENERAL LUBBUTY ANY AUTO ANY AUTO ANY AUTO ANY AUTO OWNED ONLY AUTOS ONLY VIN ONLY O	COI	VERAGES	CER	TIFIC	ATE	NUMBER:	VE BEEN ISSUES	TO THE INCHE	ED NAMED ABOVE FOR T	HE POI	ICY PERIOD
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY COMMERCIAL COM	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,										
COMMERCIAL GENERAL LIABILITY CLAMS-MADE COLOR CLAMS-MADE COCUR CLAMS-MADE COCUR CLAMS-MADE COCUR COMMERCIAL GENERAL LIABILITY CLAMS-MADE COCUR COMMERCIAL GENERAL LIABILITY COMMED CLAMS-MADE COMPODITION COMPODITION COMPODITION COMPODITION CLAMS-MADE CLAMS-MADE CLAMS-MADE CLAMS-MADE CLAMS-MADE CLAMS-MADE CLAMS-MADE COMPODITION COMPODITIO	INSR			ADDL.	SUBR		POLICY E	F POLICY EXP	LIMITS		
CLAIMS-MADE	LIR			INSU	nvu	TOLIOT HUMBER	THE PARTY OF THE P		EACH OCCURRENCE	\$ 2,00	0,000
B							1		DAMAGE TO RENTED	s 100,	000
B GENT AGGREGATE LIMIT APPLIES PER:			AIMS-MADE OCCUR					1		\$ 5,00	0
GENT. AGGREGATE LIMIT APPLIES PER: POLICY		H		x	x	93-ET-P440-0 F	06/25/20	20 06/25/2021			
Sent Aggregate LIMIT APPLES PER PRODUCTS - COMPROP AGG \$ 2,000.000				^`	~`	AND THE RESERVE OF THE PARTY OF					
POLICY JEET LOC OTHER AUTOMOBILE LIABILITY ANY AUTO AUTOS ONLY AUTOS O							-			2.00	
ANTONOMEL LABILITY ANY AUTO ANY AUTO ANY AUTO OWNED AUTOS ONLY AUTOS ONL		POLICY	JECT LOC	8					PRODUCTS - COMPACE AGG	-	
AUTOMOGILE LIBRITY AND AUTOS ONLY AUTOS ONL								00/05/0004	COMBINED SINGLE LIMIT		0,000
A OWNED AUTOS ONLY SERVEN SER				X	X	93-ET-P440-0 F	06/25/20	20 06/25/2021			
AUTOS ONLY							1	1			
HRED AUTOS ONLY AUTOS ONLY AUTOS ONLY STATUS ONLY STAT	Α	AUTOS	ONLY AUTOS				1	1		100	
B EXCESS LIAB CLAIMS-MADE X X 93-ET-P444-8 F 06/25/2020 06/25/2021 EACH OCCURRENCE \$ 1,000,000 AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE AGGREGATE \$ 1,000,000 AGGREGATE AGGRE		X HIRED AUTOS	ONLY NON-OWNED AUTOS ONLY				1				
B EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' STATUTE											20.000
B EXCESS LIAB CLAMS-MADE Dear De		UMBRE	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	-	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (MANDSTOR) IN MI) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	В	EXCESS LIAB CLAIMS-MADE	XX	X	X 93-ET-P444-8 F	06/25/20	20 06/25/2021	AGGREGATE	\$ 1,00	00,000	
AND EMPLOYERS LABILITY AND PROPRIETOR ARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in MH) (If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required) CERTIFICATE HOLDER Katharine Adams Katharine Adams Katharine Adams Katharine Adams		DED	RETENTION \$						X SEED LOTH	\$	
B OFFICER/MEMBER EXCLUDED? (MANDSTORY IN INI) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER Katharine Adams Katharine Adams MY PROPRIESTOR 101, N/A						V 03.ET.P447-5.E	1	}	STATUTE ER		
Mandatory in NH)	_		NY PROPRIETOR/PARTNER/EXECUTIVE Y		١,		08/06/20	20 08/06/2021	E.L. EACH ACCIDENT		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	В	OFFICER/MEN			^	33-21-1 447-51	100,000				
Owners: Juan Patino, Mauro Berlanga, and Luis Morales DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.		If yes, describe	If yes, describe under				1		E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEEN THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					1			1			
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.		benanga,	and Luis Morales	1		if I		Ì			
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	DES	CRIPTION OF C	OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schad	ule, may be attached	more space is requ	ilred)		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	DES	Crar How Or C	OFERNIONS / LOCATIONS / VEING	,			PERSONAL PROPERTY OF A SECURITION OF THE SECURIT				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BETTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	ALMOST LATION										
Katharine Adams Katharine Adams ACCORDANCE WITH THE POLICY PROVISIONS.	CERTIFICATE HOLDER CANCELLATION										
1158 Cypross Church Rd	Katharine Adams										
1136 Cypress Church Rd Authorized Representative	GE .										
Cameron, NC 28326											
910 705 5643											
© 1988-2015 ACORD CORPORATION. All rights rese								1000 201E A	CORD CORPORATION	All rice	hts reserved.

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

requester. Do not send to the IRS.

Give Form to the

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Internal Revenue Service 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BPR Electric LLC, 2 Business name/disregarded entity name, if different from above 3 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the 4 Exemptions (codes apply only to Specific Instructions on page certain entities, not individuals; see following seven boxes. instructions on page 3): S Corporation Partnership Trust/estate Individual/sole proprietor or ☐ C Corporation single-member LLC Exempt payee code (if any) Print or type. Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check Exemption from FATCA reporting LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is code (if any) another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. (Applies to accounts maintained outside the U.S.) Other (see instructions) Requester's name and address (optional) 5 Address (number, street, and apt. or suite no.) See instructions. Katharine Adams 910 705 5643 7434 Capital Blvd, 1158 Cypress Church Rd, Cameron, NC 6 City, state, and ZIP code kathy71273@gmail.com Raleigh, NC 27616 7 List account number(s) here (optional) Part I Taxpayer Identification Number (TIN) Social security number Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a or TIN, later. Employer identification number Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter. 8 5 0 9 5 3 2 3 0 Certification Part II Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	
Santa de la composición del composición de la composición de la composición del composición de la composición del composición de la composición de la composición del compos	100 NOV NOV	

Sign

Date >

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

. Form 1099-INT (interest earned or paid)

- . Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.