

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/18/2021

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.

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												
		ertificate does not confer rights to	o the	cert	ificate holder in lieu of su	UCh end	<u>СТ</u>					
PROI	DUCE	ER .				NAME:	NAME: WIIIIAM GITTIN					
Four C Sons Insurance Agency, Inc							(A/C, No, Ext): 919-266-6533 (A/C, No): 252-9				2-991-7457	
PO Box 263							E-MAIL address: griffin.carey@gmail.com					
							INSURER(S) AFFORDING COVERAGE					
Sims NC 27880							INSURER A: CRUM & FORSTER SPECIALTY INSURANCE					
INSURED							INSURER B: LM INSURANCE CORPORATION					
Home Work Services, Inc.							INSURER C:					
6911 Capital Blvd							INSURER D:					
						INSURER E :						
		Raleigh			NC 27616	INSURER F:						
					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 PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											O WHICH THIS	
INSR LTR		TYPE OF INSURANCE	PE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
Α		COMMERCIAL GENERAL LIABILITY	Х	Х	BAK-48559-2		03/13/2021	03/13/2022	EACH OCCURRENCE	\$	1,000,000	
		X CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO		2,000,000	
	•	OTHER:							111020010 0011117017100	\$	_,,,,,,,,,,	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per accider	t) \$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
									AGGREGATE	\$		
В	WOF	DED   RETENTION \$ RKERS COMPENSATION			WC5-39S-755666-010		08/12/2021	08/12/2022	PER OTH- STATUTE ER	- J		
		EMPLOYERS' LIABILITY  PROPRIETOR/PARTNER/EVECUTIVE  Y/N							· · · · · ·	+	1,000,000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	\$	1,000,000		
								E.L. DISEASE - EA EMPLOYE				
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	\$	1,000,000	
		TION OF OPERATIONS / LOCATIONS / VEHICL				ile, may b	e attached if more	space is require	od)			
HARNETT COUNTY IS INCLUDED AS CERTIFICATE HOLDER												

WILL CROCKER 74 OAKRIDGE DUNCAN RD. FUQUAY VARINA, NC 27526

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 W. Carey Griffin, Jr.

**CANCELLATION** 

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**CERTIFICATE HOLDER**