



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2021

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(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).

CONTACT NAME:

Cody Jackson

Alliance Insurance Services, LLC				PHONE (A/C, No. Ext): 336-786-1133 FAX (A/C, No): (336)377-2003				
134 S Renfro St				E-MAIL ADDRESS: cody@myallianceinsurance.com				
Mount Airy, NC 27030				INSURER(S) AFFORDING COVERAGE			N	IAIC#
				INSURER A: West	field Grou	D	241	12
INSU	RED			INSURER B :				
	TOL Buildings, Inc			INSURER C:				
PO Box 542			INSURER D:					
Toast, NC 27049			INSURER E :					
				INSURER F :				
CO	/ERAGES CER	TIFICA	TE NUMBER: 00058408-8			REVISION NUMBER:	21	
IN	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PECLUSIONS AND CONDITIONS OF SUCH	QUIREM RTAIN,	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED E ES. LIMITS SHOWN MAY HAVE	ANY CONTRACT OF BY THE POLICIES DE	OTHER DOC SCRIBED HER	UMENT WITH RESPECT TO	O WHICH THIS	
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY		CWP070153Q	02/06/2020	02/06/2021	EACH OCCURRENCE DAMAGE TO RENTED		00,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	s 50	00,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE		00,000
	X POLICY JECT LOC					PRODUCTS - COMP/OP AGG	-	00,000
	OTHER:					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY					(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$					PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	Rented/Leased Equip		CWP070153Q	02/06/2020	02/06/2021			00,000
Α	Cargo		CWP070153Q	02/06/2020	02/06/2021		10	00,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACC	DRD 101, Additional Remarks Schedul	le, may be attached if mor	e space is requin	ed)		
CERTIFICATE HOLDER			CANCELLATION					
General COI				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				
				(sd)	V lo	M		(CD-I)