2022

60267

Forth Carolina

Licensing Board for General Contractors

This is to Certify That:

Showcase Restoration, Inc.

Fayetteville, NC

is duly registered and entitled to practice

General Contracting

Limitation: Unlimited

Classification: Building; PU (Water Lines & Sewer Lines)



December 31, 2022

when this Certificate expires. Witness our hands and seal of the Board. Dated, Kaleigh, N.C.

January 01, 2022

This certificate may not be altered.

Tu E. Numorou Chairman

C. Grank Wies Secretary-Treasurer



Client#: 1675074

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

8/31/2

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE 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 end if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

th	is c	ertificate does	not co	onfer any righ	nts to	the	certificate holder in lieu of	such endors	eme	nt(s).				
PRO	DUCE	ER						CONTACT NC Certificate Team						
McGriff Insurance Services								PHONE (A/C, No, Ext): FAX (A/C, No): 88883						
3318 West Friendly Ave.,								E-MAIL ADDRESS: NCCertificateTeam@McGriff.com						
Ste	. 40	00						INSURER(S) AFFORDING COVERAGE						
Gre	ens	sboro, NC 27	7410					INSURER A : Everest Indemnity Insurance Company						
INSU	RED			20.0				INSURER B : Berkley Casualty Company						
Showcase Restoration, Inc 5845 D Yadkin Rd								INSURER C: The Cincinnati Insurance Company						
								INSURER D:						
		Fayettevi	ille, N	C 28303			-	INSURER E :						
								INSURER F:						15.8
CO	VER	AGES		CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
. C	DICA	FICATE MAY B	HSTANE E ISSUI	DING ANY RED OR MAY P	QUIRE	MEN IN,	RANCE LISTED BELOW HAVI T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	ANY CONTRA	CT O	DESCRIBED I	CUMENT WITH HEREIN IS SU	RESP	ECT '	TO WHI
INSR		TYPE OF INSURANCE			ADDL		POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)		4	LIMITS	3
A	X COMMERCIAL GENERAL LIABILITY						EF4ML06461211			09/01/2022	EACH OCCURRE	NCE		\$1,000
		CLAIMS-MADE X OCCUR						1			DAMAGE TO REPREMISES (Ea o	NTED	e)	\$50,00
											MED EXP (Any one person)		2.250	\$5,000
	X BI/PD Ded: \$5,000						PERSONAL I				PERSONAL & AD	V INJUR	Y	\$1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE			\$2,000
	POLICY X PRO- JECT X LOC						PRODUCTS-COM				MP/OP	AGG	\$2,000	
	OTHER:													\$
С	AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						EBA0550116	09/01/2	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident)		T	\$1,000
										BODILY INJURY (Per person)		son)	\$	
										BODILY INJURY (Per accident)		ident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY									PROPERTY DAMAGE (Per accident)			\$	
														\$
Α		UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		X OCCUR			EF4CU01500211	09/01/2	021	09/01/2022	EACH OCCURRE	NCE		\$3,000
	X									AGGREGATE			\$3,000	
	DED X RETENTION \$0												\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BNUWC0148972	09/01/2	021	09/01/2022	X PER STATUTE		OTH- ER	
					N/A					E.L. EACH ACCID	DENT		\$1,000	
										E.L. DISEASE - E	A EMPL	OYEE	\$1,000	
									4	E.L. DISEASE - POLICY LIMIT		TIMI	\$1,000	
Α	A CPL*						EF4ML06461211	09/01/2	021	09/01/2022	\$1,000,000	*		
A Professional Liab							EF4ML06461211	09/01/2	09/01/2021 09/01/2022		\$1,000,000	**		
** V Pro Mai Tor	Vorl prie ry E n E	kers Comp Ir	rs/Exe Presi s/Sec	ation ** cutive Offic dent			0 101, Additional Remarks Schedule	e, may be attached	d if mo	ore space is requ	ired)			

CERTIFICATE HOLDER

CANCELLATION

Showcase Restoration Inc 5845 D Yadkin Rd SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIGACCORDANCE WITH THE POLICY PROVISIONS.