

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/22/2022

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/ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to		terms	•	licy, ce	rtain policies		an endorseme	ent. A state	ement	on .	
_	DUCER	CONTACT Nicole Poteat										
Mountcastle Insurance						PHONE (336) 240-4051 FAX						
Mount Airy Office						(A/C, No, Ext): (A/C, No):  E-MAIL  ADDRESS:						
PO Box 1937						INSURER(S) AFFORDING COVERAGE NAIC						
Lexington NC 27293-1937						INSURER A: The Travelers Insurance Co.					25674	
INSURED						INSURER B:						
Carolina Carports, Inc.					INSURER C :							
					INSURER D :							
PO Box 1263				INSURER E :								
Dobson			NC 27017			INSURER F :						
COVERAGES CER			ATF	NUMBER: CL219150666								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	4.00	2000	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT	TED	φ .	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$			,000	
١,			620 46404456			40/04/0004	40/04/0000	MED EXP (Any one person) \$			000	
A			630-16192	630-1G194456		10/01/2021	10/01/2022	FERSONAL & ADV INSORT			00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							CENTER/ACTACOMECTATE \$				
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		Ψ	0,000	
_	OTHER: AUTOMOBILE LIABILITY				<del></del>			00450455		\$ 1,00	10,000	
A						10/01/2021	10/01/2022	(Ea accident)  BODILY INJURY (Per person) \$			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ANY AUTO OWNED SCHEDULED			810-5P066374				BODILY INJURY (Per accident) \$				
^	AUTOS ONLY AUTOS NON-OWNED			010-31 000374		10/01/2021	10/01/2022	PROPERTY DAMAGE &				
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ 1,00	10 000	
-	✓ UMBRELLA LIAB     ✓ OCCUR							combined singl	C III III	OC	0,000	
A	- VOECOK			CUP-6J430173	10	10/01/2021	10/01/2022	27.011.0000111.21102		φ ·	0,000	
^`	CLAIWS-WADE			001 00400170	10/01/2021	10/01/2022	AGGREGATE		φ .	,0,000		
_	DED RETENTION \$ 10,000	N/A					10/01/2022	➤ PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					10/01/2021			· '	. 1.00	0,000	
Α			UB-1L552699					E.L. EACH ACCIDENT		4.00	0,000	
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE		φ .	0,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	Ψ	0,000	
А	Leased/Rented Equipment			630-1G194456		10/01/2021	10/01/2022			,	-,	
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)	<u> </u>				
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CERTIFICATE HOLDER						CANCELLATION						
Harnett County						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	420 McKinney Pkwy	AUTHORIZED REPRESENTATIVE										
Lillington NC 27546						1, 7/						