

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2022

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 policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

				ificate holder in lieu of su			/-				
PRODUCER						CONTACT Cody Jackson					
Alliance Insurance Services					PHONE FAX (A/C, No, Ext): (A/C, No):						
348	Summit Square Blvd.				E-MAIL ADDRES		yallianceinsu				
					7.551.12		URER(S) AFFOR	RDING COVERAGE		NAIC#	
Winston-Salem NC 27105					INSURER A: Tri-State Insurance Company Of Minnesota					31003	
INSURED					INSURER B: Wesco Insurance Company					25011	
NC Carports and Garages, LLC					INSURER C:						
PO Box 104					INSURER D:						
					INSURER E :						
Elkin			NC 28621			INSURER F:					
COVERAGES CER			RTIFICATE NUMBER:			REVISION NUMBER:					
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEN AIN, ⁻ CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	TO W	HICH THIS	
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	000		
						3/13/2022	3/13/2023	MED EXP (Any one person) \$			
Α				ADV4468215-42				PERSONAL & ADV INJURY \$		•	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$),000	
-	OTHER: AUTOMOBILE LIABILITY							COMPINED ONIOLE LIMIT	1,000	2,000	
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		7,000	
Α	OWNED SCHEDULED			ADV4468215-42	3/1	3/13/2022	3/13/2023	BODILY INJURY (Per accident) \$			
^	AUTOS ONLY AUTOS NON-OWNED			AD 14400210 42		3/13/2022	3/13/2023	PROPERTY DAMAGE &			
ŀ	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
\dashv	UMBRELLA LIAB OCCUB										
}	EVOCOO LIAD							EACH OCCURRENCE \$			
ŀ	CLAIIVI3-IVIADE							AGGREGATE \$			
-	DED RETENTION \$ WORKERS COMPENSATION							X PER OTH-ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WWC3575331					E.L. EACH ACCIDENT \$	1,000	0.000	
В					3/13/2022	3/13/2023	E.L. DISEASE - EA EMPLOYEE \$		•		
								1,000	<u> </u>		
	DESCRIPTION OF OPERATIONS BEIOW							\$1,000 Ded		0.000	
Α	Rented/Leased Equipment			ADV4468215-42		03/13/2022	03/13/2023	ψ1,000 Dea	Ψ 2.50	7,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)			
Chr	ris Robins										
	B Hamilton Rd.										
Bur	nnlevel, NC 28323										
CEI	DTIEICATE HOLDED			CANC	CANCELLATION						
CERTIFICATE HOLDER					ONITOLLEA I IOIT						
County of Harnett					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Central Permitting

PO Box 65

Lillington

NC 27546

AUTHORIZED REPRESENTATIVE

Christopher Cook