OP ID: SW

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2022

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. 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).

this certificate does not confer	rights to the certificate holder in lieu of					
PRODUCER	919-552-8274	CONTACT The Young Group of Fuquay				
THE YOUNG GROUP OF FUQUAY 411 N Judd Parkway NE, Suite A		PHONE (A/C, No, Ext): 919-552-8274 FAX (A/C, No		_{No):} 919-552-4615		
Fuquay-Varina, NC 27526		E-MAIL ADDRESS: susan@tygof.com				
		INSURER(S) AFFORDING COVE	NAIC #			
		INSURER A : Erie Insurance Group	26271			
INSURED NC Shed Builders Inc		INSURER B. BUILDERS MUTUAL INSURANCE CO				
1400 E. Geer St. Box 3 Durham, NC 27704		INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISIO	N NUMBER:			
		HAVE BEEN ISSUED TO THE INSURED NAMED				
I INDICATED. NOTWITHSTANDING	ANY KEQUIKEMENT. TERM OR CONDITIO	IN OF ANY CONTRACT OR OTHER DOCUMEN	II WITH RESPECT TO	WHICH THIS		

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		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
A		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			Q34-0121583	10/01/2021	10/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
	Х	Business Owners	-					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
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			Q10-0131879	10/01/2021	10/01/2022	BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$
Ш		DED RETENTION \$							\$
B	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY					 	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A	/ A	WCP 1063499 07	02/01/2022	02/01/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	ndatory in NH)]					E.L. DISEASE - EA EMPLOYEE	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER		CANCELLATION
Harnett County Permits and Inspections	HARN001	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
108 East Front Street Lillington, NC 27546		Swan C 3 Voods