

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2024

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).

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PRODUCER		CONTACT NAME:			
Next First Insurance Agency, Inc. PO Box 60787		PHONE (A/C, No, Ext)	(855) 222-5919	FAX (A/C, No):	
Palo Alto, CA 94306		E-MAIL ADDRESS:	support@nextinsurance.com		
			INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A:	Next Insurance US Company		16285
INSURED		INSURER B:			
Sean DeMatteo Deeptek Construction		INSURER C:			
104 Trophy Rdg Fuquay Varina, NC 27526		INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 806497704		REVISION NU	MBER:	

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.

			ADD:	01100		DOLLOW EEE	DOL 101/ E1/		
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000.00
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00
								MED EXP (Any one person)	\$10,000.00
Α			Χ		NXTTPYXFQT-00-GL	10/22/2024	10/22/2025	PERSONAL & ADV INJURY	\$1,000,000.00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000.00
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000.00
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	Х	UMBRELLA LIAB X OCCUR	Χ		NXTTPYXFQT-00-GL	10/22/2024	10/22/2025	EACH OCCURRENCE	\$ 1,000,000.00
Α		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000.00
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE T/N	7	N/A				E.L. EACH ACCIDENT	\$
	(Mar	Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
								Each Occurrence:	\$10,000.00
Α	Con	tractors Errors and Omissions	Χ		NXTTPYXFQT-00-GL	10/22/2024	10/22/2025	Aggregate:	\$20,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Kathy Stiles. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. General Liability coverage applies for General Contractor operations. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CFRI	TIFI	CΔ.	CE L	101	DEB

Kathy Stiles 82 Ashbrook Cv Fuquay Varina, NC 27526

LIVE CERTIFICATE 回数流线回

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CANCELLATION

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