Client#: 887752 MASTESERVI

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/05/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Regan Phillips				
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 901-517-1504 FAX (A/C, No):				
1610 S Church Street	E-MAIL ADDRESS: regan.phillips@marshmma.com				
Suite A	INSURER(S) AFFORDING COVERAGE	NAIC #			
Murfreesboro, TN 37130	INSURER A: The Cincinnati Casualty Company				
INSURED	INSURER B : Accident Fund General Insurance Co.	12304			
Carolina Basement Systems	INSURER C:				
5201 Germantown Road	INSURER D:				
Winston Salem, NC 27105	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	E	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	Χ	COMMERCIAL GENERAL LIA	ABILITY			ENP0474801			EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	Χ	BI/PD Ded:2,500							MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	L AGGREGATE LIMIT APPLIE	S PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUT	OMOBILE LIABILITY				EBA0474801	02/01/2024	02/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY AUTO							BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON AUTO	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
Α	X	UMBRELLA LIAB X	OCCUR			ENP0474801	02/01/2024	02/01/2025	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB (CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED RETENTION \$								\$
В						AFWCP100110777	02/01/2024	02/01/2025	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A					E.L. EACH ACCIDENT	\$1,000,000
									E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000
		 								

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

CERTIFICATE HOLDER	CANCELLATION			
*** FOR INFORMATION PURPOSES ONLY ***	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			
1	PETER J. KRIMISE			

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