

ABECATTI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2024

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.

	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).			
	DUCER ers Services Inc/ Rogers Insurance A	nenc	·v		CONTACT NAME: PHONE (A/C, No, Ext): (919) 362-8310 E-MAIL ADDRESS: info@rogersinc.net				
512 [~]	W Williams Street	gone	• •						
Ape	x, NC 27502								
							Company (Auto Own	oro)	NAIC #
INSU	PED				INSURER A: Owners Insurance Company (Auto-Owners) INSURER B: Auto-Owners Insurance Company				18988
INSU		4-1	1-4:		INSURER C:				10900
Contractor's Services And Installations LLC 8203 Henderson Road					INSURER D :				
Apex, NC 27539					INSURER E :				
					INSURER F:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICI				HAVE BEEN ISSUED	TO THE INSUI		HF PO	I ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY R	EQU	IREMI	ENT, TERM OR CONDITION	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							O ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE		SUBR		POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY		WVD		(181111125711111)	(IVIIVI/DU/TTTT)	EACH OCCURRENCE \$		1,000,000
	CLAIMS-MADE X OCCUR			35693957	1/16/2025	1/16/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
_	DED RETENTION \$						N DED OTH	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		4	A106573008	1/16/2025	1/16/2026	X PER OTH- STATUTE ER		500,000
				A 10037 3000	1/10/2023		E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOBE	101 Additional Bemarks School	lo may be attached if ma	ro enace le recul	rod)		
DLS	SKIF HON OF OPERATIONS / LOCATIONS / VEHIC	LLS (HOOKE	7 101, Additional Remarks Schedu	ie, may be attached if mic	rie space is requi	euj		
CERTIFICATE HOLDER					CANCELLATION				
FOR INFORMATION PURPOSES					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
					THE EXPIRATION		IEREOF, NOTICE WILL I	BE DE	LIVERED IN

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE