LSUDDARTH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2025

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).

| PRODUCER | CONTACT Lauren Suddarth | | | |
|--|--|--------------|--|--|
| Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H | PHONE (A/C, No, Ext): (919) 556-3698 | 19) 556-8758 | | |
| Wake Forest, NC 27587 | E-MAIL ADDRESS: Lauren@hartsfield-nash.com | | | |
| | INSURER(S) AFFORDING CO | NAIC # | | |
| | INSURER A : ERIE INSURANCE COMP | 26263 | | |
| Gilded Home Improvements, LLC 1204 Hendricksville Lane Holly Springs, NC 27540 | INSURER B : Erie Insurance Exchange | 26271 | | |
| | INSURER C : Erie Insurance Group | 26263 | | |
| | INSURER D : | | | |
| | 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.

| A | | TYPE OF INSURANCE | INSD | SUBR WVD POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
|------------------|---|--|------|---------------------------|------------------------------|-------------------------------------|--|-----------|-----------|
| - | X | COMMERCIAL GENERAL LIABILITY | | | (MINIOD/1111) | (MINIODITTTT) | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | Q61-0451784 | 8/14/2025 | 8/14/2026 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | MED EXP (Any one person) | s | 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER | | | | | GENERAL AGGREGATE | s | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | PRODUCTS - COMP/OP AGG | | \$ | 2,000,000 | |
| _ | | OTHER | | | | | | \$ | |
| - | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| OWNED AUTOS O | 1.1.7.0.10 | | | Q08-1431144 | 8/14/2025 | 8/14/2026 | BODILY INJURY (Per person) | \$ | |
| | AUTOS ONLY AUTOS | | | | BODILY INJURY (Per accident) | | \$ | | |
| | X | HIRED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| _ | | | | | | | | \$ | |
| | UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | | EXCESS LIAB CLAIMS-MA | DE | Q32-1470521 | 8/14/2025 | 8/14/2026 | AGGREGATE | s | 1,000,000 |
| | | DED X RETENTION \$ | 0 | | | | | s | |
| C | WOR | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | X PER OTH- | ų. | |
| - 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE | | - | Q73-0024416 | 8/14/2025 | 8/14/2026 | E.L. EACH ACCIDENT | s | 100,000 |
| | ndatory in NH) | N/A | | | E.L. DISEASE - EA EMPLOYEE | | | 100,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | | 500,000 |
| | | | | | | | E.E. DIOLAGE * POLICY LIWIT | Ψ | |

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

| CER | IFIC | AI | E | OF | LD | ER | |
|-----|------|----|---|----|----|----|---|
| | | | | | | | _ |

CANCELLATION

Edwin and Julie Caban 334 Mineral Spring Lane Fuguay Varina, NC 27526 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

Lauren Suddarth