AHILL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/13/2021

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.

lf th	SUBROGATION IS WAIVED, subjecting subjections are subjected is certificate does not confer rights to	t to the	the certi	terms and conditions of ficate holder in lieu of su	the pol	icy, certain porsement(s)	policies may	require an endorseme	nt. A st	tatement on	
						CONTACT NAME: PHONE (704) 274-1962 FAX (704) 274-0402					
						PHONE (A/C, No, Ext): (704) 374-1863 FAX (A/C, No): (704) 374-9403					
						E-MAIL ADDRESS:					
						INSURER A: Key Risk Insurance Company				NAIC #	
8M Solar LLC 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587 COVERAGES CERTIFICATE NUMBER:						INSURER B:					
						INSURER C :					
						INSURER D :					
						INSURER F:					
						REVISION NUMBER:					
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	S O EQUI PER POLI	F INS REME TAIN, CIES.	URANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR TO DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	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 \$							DED OTH	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	D. II			0/4/0004	0/4/0000	X PER OTH- STATUTE ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			BNUWC0154977		9/1/2021	9/1/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYER	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Wake County 336 Fayetteville Street Suite 101 Raleigh, NC 27601						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 ALL Hayres					