





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date





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**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

Certificate holder is Additional Insured to the Automobile and General Liability where required by written contract, subject to policy terms and conditions. General Liability includes Ongoing & Completed Operations for the Additional Insured, as required by a written contract. Waiver of Subrogation in favor of the Certificate Holder applies to the General Liability and Automobile Liability, as required by a written contract. Umbrella is follow form over the underlying General Liability, Automobile & Employers Liability policies. Thirty (30) Day Notice of Cancellation applies per policy terms.





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**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

**Holder is Additional Insured where required by written contract, subject to policy terms and conditions**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2022

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).

<b>PRODUCER</b> <b>Hood Hargett &amp; Associates, Inc.</b> <b>PO Box 30127</b> <b>Charlotte, NC 28230</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (704) 374-1863</b>		<b>FAX (A/C, No): (704) 374-9403</b>
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	<b>INSURER A : Colony Insurance Company</b>		<b>39993</b>
	<b>INSURER B : Penn National Insurance</b>		
	<b>INSURER C : Key Risk Insurance Company</b>		<b>10885</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

### 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<b>X</b>		<b>PACES4281408</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>
							MED EXP (Any one person)	\$ <b>10,000</b>
							PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
							GENERAL AGGREGATE	\$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
								\$
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>AX9 2007689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$			<b>EXC4281409</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE	\$ <b>5,000,000</b>
							AGGREGATE	\$ <b>5,000,000</b>
								\$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>BNUWC0157689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE	\$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT	\$ <b>1,000,000</b>

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

General Liability Aggregate Cap (Limit Per Project/Per Location)

\$5,000,000

Pollution Liability

\$1,000,000 Each Event

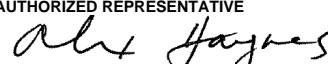
\$2,000,000 Aggregate

\$5,000 deductible

SEE ATTACHED ACORD 101

### CERTIFICATE HOLDER

### CANCELLATION

<b>City of Durham</b> <b>2011 Fay Street</b> <b>Durham, NC 27704</b>	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 



## ADDITIONAL REMARKS SCHEDULE

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POLICY NUMBER <b>SEE PAGE 1</b>			
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9/1/21 Retro Date





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<b>PRODUCER</b> Hood Hargett & Associates, Inc. PO Box 30127 Charlotte, NC 28230	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(704) 374-1863</b>	FAX (A/C, No): <b>(704) 374-9403</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Colony Insurance Company</b>	<b>NAIC # 39993</b>
<b>INSURED</b>  <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	<b>INSURER B : Penn National Insurance</b>	
	<b>INSURER C : Key Risk Insurance Company</b>	<b>10885</b>
	<b>INSURER D :</b>	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PACES4281408	9/1/2022	9/1/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AX9 2007689	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC4281409	9/1/2022	9/1/2023	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	BNUWC0157689	9/1/2022	9/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

General Liability Aggregate Cap (Limit Per Project/Per Location)

\$5,000,000

Pollution Liability

\$1,000,000 Each Event

\$2,000,000 Aggregate

\$5,000 deductible

SEE ATTACHED ACORD 101

### CERTIFICATE HOLDER

Edifice, LLC  
4111 South Blvd  
Charlotte, NC 28209

### 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



### ADDITIONAL REMARKS SCHEDULE

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**\$10,000 deductible**  
**9/1/21 Retro Date**

**Project: NC4204 - Morrisville Fire & EMS Station No 2**

**Additional Insured and Waiver of Subrogation per policy terms and conditions**



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**\$10,000 deductible**  
**9/1/21 Retro Date**

**Feazel Inc is included as an Additional Insured for General Liability when required by written contract, per policy terms and conditions**





## ADDITIONAL REMARKS SCHEDULE

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	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Colony Insurance Company</b>	
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	<b>INSURER C : Key Risk Insurance Company</b>	
	<b>INSURER D :</b>	
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			<b>PACES4281408</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY OTHER:			<b>AX9 2007689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>EXC4281409</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
<b>C</b>	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>BNUWC0157689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

General Liability Aggregate Cap (Limit Per Project/Per Location)

\$5,000,000

Pollution Liability

\$1,000,000 Each Event

\$2,000,000 Aggregate

\$5,000 deductible

SEE ATTACHED ACORD 101

### CERTIFICATE HOLDER

For Information Purposes Only

### 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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date





**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date**

**All operations performed under Asheville Broadway Public Safety Station – Asheville, NC, a Gleeson Builders LLC project - #21-139 -**

**Gleeson Builders, LLC, ADW Architects, Asheville Public Safety Station, City of Asheville, NC. are additional insured as respects to ongoing and completed operations for general liability and automobile as required by written contract for work performed by the named insured. Waiver of subrogation applies where required by written contract. All coverage is primary/noncontributory basis, where required by written contract. 30 day notice of cancellation per policy terms. Umbrella is follow form.**





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date





### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability**  
**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

**Project : Garner Main EMS**  
**Project Address: 845 Thompson Road, Garner, NC 27529**



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability**  
**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

**New Atlantic Contracting, Inc. is an additional insured on the General Liability, Auto Liability, and Umbrella, per the terms and conditions of the policy endorsements.**







## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date

Holder is additional insured where required by written contract, subject to policy terms and conditions



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2022

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).

<b>PRODUCER</b> Hood Hargett & Associates, Inc. PO Box 30127 Charlotte, NC 28230	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(704) 374-1863</b>		FAX (A/C, No): <b>(704) 374-9403</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b>  8M Solar LLC 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	<b>INSURER A : Colony Insurance Company</b>		<b>39993</b>
	<b>INSURER B : Penn National Insurance</b>		
	<b>INSURER C : Key Risk Insurance Company</b>		<b>10885</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

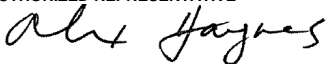
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<b>X</b>		<b>PACES4281408</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>AX9 2007689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>EXC4281409</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>BNUWC0157689</b>	<b>9/1/2022</b>	<b>9/1/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

General Liability Aggregate Cap (Limit Per Project/Per Location)  
**\$5,000,000**

Pollution Liability  
**\$1,000,000 Each Event**  
**\$2,000,000 Aggregate**  
**\$5,000 deductible**  
**SEE ATTACHED ACORD 101**

<b>CERTIFICATE HOLDER</b>  Raleigh Fire Station 22 Solar PV 10050 Durant Rd Raleigh, NC 27614	<b>CANCELLATION</b>  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 
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### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability**  
**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

**Raleigh Fire Station 22 is an additional insured on the general liability policy per written contract, subject to policy terms and conditions**





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date

Raleigh Fire Station 22 Solar PV is additional insured to the General Liability where required by written contract subject to policy terms and conditions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2022

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).

Table with PRODUCER (Hood Hargett & Associates, Inc.), CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED (8M Solar LLC), and INSURER B, C, D, E, 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability Aggregate Cap (Limit Per Project/Per Location) \$5,000,000
Pollution Liability \$1,000,000 Each Event \$2,000,000 Aggregate \$5,000 deductible SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

Table with CERTIFICATE HOLDER (Sunstate Equipment Co, LLC) and 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 signature).



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date

Sunstate Equipment Co., LLC is included as Additional Insured to the General Liability, and Loss Payee for the rental equipment, where required by written contract, subject to policy terms and conditions







## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date

Re: 500 S. Main, Burlington, NC 27215

Additional Insured includes Tang's Realty, LLC and Raleigh Asset Services, LLC dba CBRE Triad, where required by written contract, subject to policy terms and conditions

Coverage is Primary, Non-Contributory



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability**  
**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> <b>1600 Heritage Commerce Ct Suite 104</b> <b>Wake Forest, NC 27587</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date





### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**  
Professional Liability  
\$1,000,000 Each Act  
\$2,000,000 Aggregate  
\$10,000 deductible  
9/1/21 Retro Date





**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Hood Hargett &amp; Associates, Inc.</b>		NAMED INSURED <b>8M Solar LLC</b> 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Professional Liability**  
**\$1,000,000 Each Act**  
**\$2,000,000 Aggregate**  
**\$10,000 deductible**  
**9/1/21 Retro Date**

The Owner, the Designer, the Designer's consultants, and the Construction Manager are additional insureds under all insurance contracts (except workers' compensation) with respect to and including without limitation, liability arising out of activities performed by or on behalf of the Contractor, products and completed operations of the Contractor, and automobiles owned, hired, leased, or borrowed by the Contractor where required by written contract, subject to policy terms and conditions