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).

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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**

ERTIFICATE HOLDER	CANCELLATIO

Ace Avant Concrete Construction Co., Inc. 5358 Poole Rd Archdale, NC 27263

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:			
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 3	04) 374-9403	
Charlotte, NC 28230	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Colony Insurance Company			
NSURED	INSURER B: Penn National Insurance			
8M Solar LLC	INSURER C: Key Risk Insurance Company		10885	
1600 Heritage Commerce Ct Suite 104	INSURER D:			
Wake Forest, NC 27587	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	8	
Α	X COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······	EACH OCCURRENCE	φ .	0,000
	CLAIMS-MADE X OCCUR	Х	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10	0,000
						MED EXP (Any one person)	\$ 10	0,000
						PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	0,000
	X POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
	X ANY AUTO	Х	AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,00	0,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$ 1,000	0,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000

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
Ahern Rentals, Inc. 1401 Mineral Ave. Las Vegas. NV 89106	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
	out gaging



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:



CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:**

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	XCLUSIONS AND CONDITIONS OF SUCH P								
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ	X	AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	X	X	EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					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) 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

Bryant-Durham Electric Co., Inc. PO Box 2597 Durham, NC 27715

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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

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.

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:				
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 374-9403			
Charlotte, NC 28230	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Colony Insurance Company				
INSURED	INSURER B : Penn National Insurance				
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885			
1600 Heritage Commerce Ct Suite 104	INSURER D:				
Wake Forest, NC 27587	INSURER E:				
	INSURER F:				
	DE1/(01011111				

<u>COVERAGES</u> CERTIFICATE NUMBER: REVISION NUMBER:

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					LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				· · · · · · · · · · · · · · · · · · ·	***************************************	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
İ		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	147.6					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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1										

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
Chatham County P.O. Box 548 Pittsboro, NC 27312	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
TRISSOTO, NO ETOTE	AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:



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	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Colony Insurance Company				
INSURED	INSURER B : Penn National Insurance				
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885			
1600 Heritage Commerce Ct Suite 104	INSURER D:				
Wake Forest, NC 27587	INSURER E:				
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<u>COVERAGES</u> CERTIFICATE NUMBER: REVISION NUMBER:

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
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	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
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Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
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		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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Pollution Liability \$1,000,000 Each Event \$2,000,000 Aggregate \$5,000 deductible **SEE ATTACHED ACORD 101**

CERTIFICATE HOLDER	CANCELLATION
City of Durham 101 City Hall Plaza Durham, NC 27703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Darriani, NO 27700	AUTHORIZED REPRESENTATIVE
	alix fayres



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

		NAMED INSURED 8M Solar LLC 1600 Heritage Commerce Ct Suite 104		
		Wake Forest, NC 27587		
CARRIER	NAIC CODE	_		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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
City of Durham 2011 Fay Street Durham, NC 27704	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Januari, No 27707	authorized representative Aly Hayres
	The state of the s



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:



CERTIFICATE OF LIABILITY INSURANCE

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

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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 NAME:					
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863 FAX (A/C, No): (704)	4) 374-9403				
Charlotte, NC 28230	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Colony Insurance Company	39993				
INSURED	INSURER B : Penn National Insurance					
8M Solar LLC	INSURER C: Key Risk Insurance Company					
1600 Heritage Commerce Ct Suite 104	INSURER D:					
Wake Forest, NC 27587	INSURER E:					
	INSURER F:					

<u>COVERAGES</u> 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,

					LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				· · · · · · · · · · · · · · · · · · ·	***************************************	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
İ		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	147.6					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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1										

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
City of Raleigh 8320 Litchford Road Raleigh, NC 27615	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kaleigh, NO 27013	authorized representative Aly Haynes



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:					
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863 FAX (A/C, No): (704) 3	374-9403				
Charlotte, NC 28230	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Colony Insurance Company	39993				
INSURED	INSURER B : Penn National Insurance					
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885				
1600 Heritage Commerce Ct Suite 104	INSURER D:					
Wake Forest, NC 27587	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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	CANCELLATIO

D.W. Evans Electric, Inc. 3511 Evans Corporate Lane Durham, NC 27705

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:				
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 374-9403			
Charlotte, NC 28230	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Colony Insurance Company	39993			
INSURED	INSURER B : Penn National Insurance				
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885			
1600 Heritage Commerce Ct Suite 104	INSURER D:				
Wake Forest, NC 27587	INSURER E:				
	INSURER F:				
	DE1/(01011111				

<u>COVERAGES</u> CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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				
Edifice, LLC 4111 South Blvd Charlotte, NC 28209	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Chanotte, NO 20209	AUTHORIZED REPRESENTATIVE Hayres				



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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: NC4204 - Morrisville Fire & EMS Station No 2

Additional Insured and Waiver of Subrogation per policy terms and conditions

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:				
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 374-9403			
Charlotte, NC 28230	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Colony Insurance Company	39993			
INSURED	INSURER B : Penn National Insurance				
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885			
1600 Heritage Commerce Ct Suite 104	INSURER D:				
Wake Forest, NC 27587	INSURER E:				
	INSURER F:				
	DE1/(01011111				

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.

					LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				· · · · · · · · · · · · · · · · · · ·	***************************************	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Х	EXCESS LIAB CLAIMS-MADE			EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
İ		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	147.6					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
ĺ										
ĺ										
1										

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
Feazel Inc 7895 Walton Parkway New Albany, OH 43054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Albaity, Off 43034	authorized representative Alt Haynes



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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

Feazel Inc is included as an Additional Insured for General Liability when required by written contract, per 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 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 NAME:			
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863 FAX (A/C, No): (704)	(704) 374-9403		
Charlotte, NC 28230	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A : Colony Insurance Company	39993		
INSURED	INSURER B : Penn National Insurance			
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885		
1600 Heritage Commerce Ct Suite 104	INSURER D:			
Wake Forest, NC 27587	INSURER E:			
	INSURER F:			

<u>COVERAGES</u> 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.

	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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
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 Aly Haynes



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:

CERTIFICATE OF LIABILITY INSURANCE

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

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

<u>COVERAGES</u> CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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
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 Aly Haynes



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:



CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:**

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INSR		OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	·e	
A A		L GENERAL LIABILITY	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS	MADE X OCCUR	X	Х	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGA	E LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY X	PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIA	BILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		Х	X	AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONL'	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONL	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	UMBRELLA	IAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIA	CLAIMS-MADE	X	X	EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED	RETENTION \$							\$	
С	WORKERS COMPLETED AND EMPLOYERS	LIARILITY						X PER OTH-ER		
	ANY PROPRIETOR	PARTNER/EXECUTIVE	N/A	X	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe und DESCRIPTION OF	er 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) 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	CANCELLATIO

Gleeson Builders, LLC 5960 Fairview Road, Ste 400 Charlotte, NC 28210

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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.

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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)
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

Lincoln Property Company c/o Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Drive Westlake Village, CA 91361 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

ally Hayres



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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:

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:			
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 3	_{lo):} (704) 374-9403	
Charlotte, NC 28230	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Colony Insurance Company		39993	
INSURED	INSURER B: Penn National Insurance			
8M Solar LLC	INSURER C: Key Risk Insurance Company		10885	
1600 Heritage Commerce Ct Suite 104	INSURER D:			
Wake Forest, NC 27587	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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					LIMITS SHOWN MAY HAVE BEEN I					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				· · · · · · · · · · · · · · · · · · ·	***************************************	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
İ		DED RETENTION \$							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	147.6					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
ĺ										
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1										

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	CANCELLATIO

N.E.S Electric Co. Inc 447 Cleveland Crossing Dr Garner, NC 27529

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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



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).

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

TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
X COMMERCIAL GENERAL LIABILITY	INOL			(MINI/DE/1111)	(MM/25/1111)	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	Х	Х	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO	X	X	AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
X EXCESS LIAB CLAIMS-MADE	X	X	EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
DED RETENTION \$							\$	
WORKERS COMPENSATION						X PER OTH-ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N / A	X	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
				·				_
	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, desprise under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X EXCESS LIAB CLAIMS-MADE WORKERS COMPENSATION AND PROPIET OR PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X X WORKERS COMPENSATION \$ WORKERS COMPENSATION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PRAFTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PACES4281408 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X X X EXC4281409 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD POLICY NUMBER POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PACES4281408 9/1/2022 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X JECT X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X X X EXC4281409 9/1/2022 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If wes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X PACES4281408 9/1/2022 9/1/2023 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS HIRED AUTOS ONLY AU	TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY SEFF. (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X PACES4281408 PACES4281408 PACES4281408 POLICY NUMBER POLICY SEFF. (MM/DD/YYYY) MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE AGGREGATE EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE	TYPE OF INSURANCE ADDL SURR POLICY NUMBER POLICY EXP (MM/DD/YYYY) CANDIDATED CALAIMS-MADE X OCCUR X X PACES4281408 PACES4281409 PA

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**

ERTIFICATE HOLDER	CANCELLATIO

New Atlantic Conracting, Inc. 2635 Revnolda Road Winston Salem, NC 27106

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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.

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.

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

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		JSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
		DED RETENTION\$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		·
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	147 A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION 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) 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
	CANCELLATION

Pure Energy LLC 1325 W Auto Drive, Suite 103 Tempe, AZ 85284

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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.

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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**

ERTIFICATE HOLDER	CANCELLATIO

Raleigh Fire Station 22 Solar PV 10050 Durant Rd Raleigh, NC 27614

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Hood Hargett & Associates, Inc.		NAMED INSURED 8M Solar LLC 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL	L 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



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).

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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**

ERTIFICATE HOLDER	CANCELLATIO

Raleigh Fire Station 22 Solar PV 10050 Durant Rd Raleigh, NC 27614

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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).

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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**

ERTIFICATE HOLDER	CANCELLATIO

Sunstate Equipment Co, LLC 5552 E Washington St. Phoenix, AZ 85034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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



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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11/ 7				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) 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

Tang's Realty, LLC c/o Raleigh Asset Services, LLC 101 CentrePort Drive Ste. 160 Greensboro, NC 27409

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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



CERTIFICATE OF LIABILITY INSURANCE

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

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

	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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
Town of Apex 73 Hunter Street Apex, NC 27502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
л,рол, но 21002	AUTHORIZED REPRESENTATIVE
	out gages



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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

CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	CONTACT NAME:					
Hood Hargett & Associates, Inc. PO Box 30127	PHONE (A/C, No, Ext): (704) 374-1863 FAX (A/C, No): (7					
Charlotte, NC 28230	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Colony Insurance Company					
INSURED	INSURER B : Penn National Insurance					
8M Solar LLC	INSURER C: Key Risk Insurance Company	10885				
1600 Heritage Commerce Ct Suite 104	INSURER D:					
Wake Forest, NC 27587	INSURER E:					
	INSURER F:					
	DE1/(01011111					

<u>COVERAGES</u> 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.

	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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
Town of Cary 316 N Academy St. Cary, NC 27513	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Odiy, 110 27010	authorized representative Aly Haynes
	<u> </u>



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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



CERTIFICATE OF LIABILITY INSURANCE

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

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	CONTACT NAME:		
PRODUCER Hood Hargett & Associates, Inc. PO Box 30127 Charlotte, NC 28230 INSURED 8M Solar LLC 1600 Heritage Commerce Ct Suite 104 Wake Forest, NC 27587	PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 3	74-9403
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Colony Insurance Company		39993
INSURED	INSURER B: Penn National Insurance		
8M Solar LLC	INSURER C: Key Risk Insurance Company		10885
	INSURER D:		
Wake Forest, NC 2/58/	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.

	XCLUSIONS AND CONDITIONS OF SUCH P							
INSR LTR		ADDL SUB	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		PACES4281408	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE		EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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
	134 N Main St.	
Aly Horner	raquay varma, NO 27320	

ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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

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

	XCLUSIONS AND CONDITIONS OF SUCH I							
INSR LTR		ADDL	SUBR WVD POLI	CY NUMBER POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	PACES42814	9/1/2022	9/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х	AX9 2007689	9/1/2022	9/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	X	EXC4281409	9/1/2022	9/1/2023	AGGREGATE	\$	5,000,000
	DED RETENTION\$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	BNUWC0157	689 9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				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) 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

Wake County Government PO Box 550 Raleigh, NC 27602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

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