AHILL

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:				

<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.

INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·c	
A A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	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	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	AND EMPLOYEDS! LIABILITY							X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE	N/A		BNUWC0157689	9/1/2022	9/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/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		
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		

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED 8M Solar LLC 1600 Heritage Commerce Ct Suite 104		
Hood Hargett & Associates, Inc.				
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 Each Act \$2,000,000 Aggregate \$10,000 deductible 9/1/21 Retro Date