Client#: 107389 14FREEDSOL

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

and documents does not come, any rights to the comments notice in	nou or outer comonico).				
PRODUCER	CONTACT Cindy Meurin				
Marsh & McLennan Agency	PHONE (A/C, No, Ext): 512 453-0031 FAX (A/C, No): 5	12 453-0041			
2500 Bee Caves Rd, Bldg 1, Ste 125	E-MAIL ADDRESS: cindy.meurin@marshmma.com				
Austin, TX 78746	INSURER(S) AFFORDING COVERAGE	NAIC #			
512 453-0031	INSURER A: Tokio Marine Specialty Insurance Compan	23850			
INSURED	INSURER B: Texas Mutual Insurance Company	22945			
Freedom Solar, LLC (f/k/a FS Newco, LLC)	INSURER C : Argonaut Insurance Company	19801			
4801 Freidrich Ln, Ste 100	INSURER D : Cincinnati Insurance Company	10677			
Austin, TX 78744	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.

INSR LTR		TYPE OF INSUR	RANC	E	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Χ	COMMERCIAL GENERA	AL LI	ABILITY			PPK2331370	10/02/2021	10/02/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X	BI/PD Ded:5,000	0							MED EXP (Any one person)	\$10,000
										PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT A	PPLIE	S PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT		LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:									\$
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO								BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	AUT							BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY		I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$
											\$
Α	X	UMBRELLA LIAB	X	OCCUR			PUB787122	10/02/2021	10/02/2022	EACH OCCURRENCE	\$4,000,000
		EXCESS LIAB	(	CLAIMS-MADE						AGGREGATE	\$4,000,000
		DED RETENTIO	N \$								\$
В		RKERS COMPENSATION  EMPLOYERS' LIABILITY					0001243109	10/02/2021	10/02/2022	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	N/ A			E.L. EACH ACCIDENT	\$1,000,000		
	(Mar	ndatory in NH)	יטי	N	14 / A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIO	ONS b	elow						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Errors &						PPK2331370	10/02/2021	10/02/2022	\$1,000,000 Occurrer	nce
	Om	nissions								\$2,000,000 Aggrega	te
	Lia	bility								\$10,000 Retention	

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

Freedom Solar Holdings, LLC (a Delaware LLC), FSP Management, LLC (a TX LLC)

The General Liability policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder when there is a written contract between the named insured and the (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
Harnett County Building Department PO Box 759	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
420 McKinney Pkwy	AUTHORIZED REPRESENTATIVE			
Lillington, NC 27546	Marsh Wortham, a division of Marsh USA Inc			

© 1988-2015 ACORD CORPORATION. All rights reserved.

<sup>\*\*</sup> Supplemental Name \*\*

## **DESCRIPTIONS (Continued from Page 1)**

certificate holder requiring additional insured status.

The General Liability Policy includes a blanket automatic waiver of subrogation endorsement that provides this feature when there is a written contract between the named insured and the certificate holder that requires it.

The General Liability policy contains a special endorsement with Primary and Non-contributory wording. The General Liability Policy includes a blanket notice of cancellation to certificate holders endorsement, providing for 30 days advance notice if the policy is cancelled by the company other than for nonpayment of premium, 10 days notice after the policy is cancelled for nonpayment of premium. Notice is sent to certificate holders with mailing address on the file with the agent or the company. The endorsement does not provide for notice of cancellation if the named insured requests cancellation.

C 928798747584 Eff Date: 10/02/2021 Exp Date: 10/02/2022

WC Each Accident Limit: \$1,000,000

WC Policy Limit: \$1,000,000

WC Each Employee Limit: \$1,000,000

States included on Argonaut Insurance Company Workers Compensation Policy: CO; VA; FL; IL

D EMP0630768 Eff Date: 10/01/2021 Exp Date: 10/01/2022

**Crime Coverage** 

Employee Theft Limit: \$1,000,000 Deductible: \$2,500