

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2022

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 liqu of such endorsement(s)

	IBROGATION IS WAIVED, subject to certificate does not confer rights to			licy, certain policies may require an endorsement. A statement on pendorsement(s)								
PRODUCER						CONTACT Denoven Porritt						
Stratford Insurance Group						PHONE FAX (904) 227 2290						
2307 North Hill Field Road						(A/C, No, Ext): (A/C, No): (601) 601 2266						
Suite 103						ADDRESS.						
Layton UT 84041						INSURER(S) AFFORDING COVERAGE  INSURER A . Benchmark Insurance Company					NAIC # 41394	
INSURED						MOOKER A.						
Top Tier Solar Solutions, LLC						INSURER B:						
1530 Center Park Drive					INSURER C:							
1330 Center Park Drive					INSURER D:							
Charlotta NC 20247					INSURER E :							
Charlotte NC 28217						INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2211904599 REVISION NUMBER:									IOD			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS												
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,												
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE		DLISUBR D WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	CY EXP ID/YYYY) LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
A	UTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe		\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	ЗE	\$		
	7									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$		
	DED RETENTION \$									\$		
	ORKERS COMPENSATION							PER STATUTE	OTH- ER	,		
, AN	AND EMPLOYERS' LIABILITY  A MAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below			W0D007500 00		44/00/0000	44/00/0000	E.L. EACH ACCIDE		\$ 1,00	00,000	
101			WCB227532-00			11/09/2022	11/09/2023			\$ 1,00	00,000	
If y					E.L. DISEASE - POI				\$ 1,00	00,000		
									-	,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
VERTIFICATE HOLDER						VARVELEATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
[7						AUTHORIZED REPRESENTATIVE						
						Colly Stutfal						