

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/08/2023

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).

PRO	DUCER	CONTACT Donovan Porritt																						
Stratford Insurance Group						PHONE (801) 784 4039 FAX (804) 227 2000																		
2307 North Hill Field Road						(A/C, No, Ext): (A/C, No): (A/C, No):																		
Suite 103						ADDRESS: GOTOVATIGGSIGUIATI.COTT																		
						INSURER(S) AFFORDING COVERAGE					NAIC#													
Layton UT 84041						INSURER A: Colony Insurance Company					39993													
INSURED						INSURER B: Selective Insurance Company of South Carolina					19259													
Top Tier Solar Solutions, LLC						INSURER C: Benchmark Insurance Company					41394													
1530 Center Park Drive						INSURER D:																		
					INSURER E:																			
Charlotte NC 28217				NC 28217	INSURER F:																			
COVERAGES CERTIFICATE N			NUMBER: CL221180459	4 REVISION NUMBER:						L														
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   IADDLISUBRI					POLICY FFF   POLICY FXP																			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	4.000.000														
	<del></del>							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		<u> </u>														
A	CLAIMS-MADE OCCUR									s 300,000														
								MED EXP (Any one p	· · · · · · · · · · · · · · · · · · ·		100													
				PACES4281751		01/01/2023	01/01/2024	PERSONAL & ADV I	ADV INJURY \$ 1,000		00,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	REGATE \$ 2,000,000		0,000													
	POLICY PRO- JECT LOC							PRODUCTS - COMP	MP/OP AGG \$ 2,000,000		0,000													
	OTHER:									\$														
В	AUTOMOBILE LIABILITY					01/01/2023	01/01/2024	COMBINED SINGLE (Ea accident)	\$ 1,000,000		0,000													
	X ANY AUTO							BODILY INJURY (Pe	r person)	erson) \$														
	OWNED SCHEDULED AUTOS			S 2504630				BODILY INJURY (Pe	Per accident) \$															
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG	Æ	s														
	AUTOS ONLY							(Per accident)		\$														
Α	WIMBRELLA LIAB COCCUR		t				01/01/2024			F 00	10,000													
	EVOCESTIAN			EXC4281752		01/01/2023		EACH OCCURRENC	<u> </u>	\$ 5,000,000														
	CLAIMS-MADE			2710 1201102	0 110 11202	0110112020	01/01/2024	AGGREGATE		\$ 5,000,000														
	DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	+-+					PER	TOTH-	\$														
			WCB227532-00			11/09/2022	11/09/2023	➤ PER STATUTE	OTH- ER															
С								E.L. EACH ACCIDEN	VT T	\$ 1,000,000														
	(Mandatory in NH) If yes, describe under		1					E.L. DISEASE - EA E	EMPLOYEE	\$ 1,000,000														
ļ	DÉSCRIPTION OF OPERATIONS below		<u> </u>					E.L. DISEASE - POL	JCY LIMIT	\$ 1,000,000														
ļ		<u> </u>	<u> </u>																					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S (AC	CORD 1	101, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)																	
wo	RKER'S COMPENSATION POLICY STATE	S: NC	AND	VA																				
CE:	PTIEICATE HOLDER			CANCELLATION																				
CERTIFICATE HOLDER						CANCELLATION																		
Insured's Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																		
												For Information Only						AUTHORIZED REPRESENTATIVE						
						(olly Studied																		