AHILL

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2023

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).

	es not confer rights to the c		uch endorsement(s).	endorsement. A s	statement on
PRODUCER Hood Hargett & Associates, Inc. PO Box 30127 Charlotte, NC 28230		CONTACT NAME:			
		PHONE (A/C, No, Ext): (704) 374-1863	FAX (A/C, No): (704) 374-940		
			E-MAIL ADDRESS:		
			INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Colony Insurance Company		39993	
INSURED 8M Solar LLC; 570A, LLC; 570B, LLC 5112 Departure Dr Raleigh, NC 27616		INSURER B : Builders Mutual Insurance Company		10844	
		.c	INSURER C:		
			INSURER D :		
			INSURER E:		
			INSURER F:		
COVERAGES	CERTIFICA	TE 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					
			DED BY THE POLICIES DESCRIBED HEREIN BEEN REDUCED BY PAID CLAIMS.	IS SUBJECT TO ALL	THE TERMS,
INSR TYPE O	F INSURANCE ADDL SU	JBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	

1,000,000 Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 9/1/2024 PACES4281408 9/1/2023 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE X POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO CAP004183600 9/1/2023 9/1/2024 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 5,000,000 Α X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 5,000,000 EXC4281409 9/1/2023 9/1/2024 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED X RETENTION\$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 WCP1092959 9/1/2023 9/1/2024 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT PACES4281408 9/1/2023 9/1/2024 \$1m per Claim / Agg 2,000,000 **Profession Liability** PACES4281408 9/1/2023 9/1/2024 \$1m per Incident/Agg 2,000,000 Pollution Liability

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

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 ALL Hayres		