

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2018

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 nolicy/ies) must have ADDITIONAL INSURED provisions or be

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 Lockton Companies					CONTACT NAME:					
3280 Peachtree Road NE, Suite #250					PHONE FAX					
Atlanta GA 30305					(A/C, No, Ext): (A/C, No):					
(404) 460-3600				ADDRESS:						
(, ,					INSURER(S) AFFORDING COVERAGE NAIC #					
					RA: Everest	Indemnity 1	Insurance Company		10851	
INSURED 1350620 American Promotional Events, Inc.					INSURER B:					
DBA TNT Fireworks, Inc.					INSURER C:					
P.O. Box 1318					INSURER D :					
4511 Helton Drive										
Florence AL 35630					INSURER E :					
				INSURER F:						
COVERAGES CERTIFICATE NUMBER: 137794										
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 POLICY EFF POLICY EXP										
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3		
A X COMMERCIAL GENERAL LIABILITY	Y	N	SI8GL00242-181		11/1/2018	11/1/2019	EACH OCCURRENCE	\$ 1,00	00,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500		
							MED EXP (Any one person)	\$ 5,00		
							PERSONAL & ADV INJURY		00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
									•	
							PRODUCTS - COMP/OP AGG	\$ 2,00 \$	00,000	
OTHER:			NOT ADDITION DE F				COMBINED SINGLE LIMIT	•		
AUTOMOBILE LIABILITY			NOT APPLICABLE				(Ea accident)		XXXXX	
ANY AUTO							BODILY INJURY (Per person)	\$ XX	XXXXX	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$ XX	XXXXX	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ XX	XXXXX	
							,	\$ XX	XXXXX	
UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE	\$ XX	XXXXX	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		XXXXX	
CLAINIS-WADE	-						AGGREGATE			
DED RETENTION \$ WORKERS COMPENSATION			NOT ADDITION DI E				PER OTH- STATUTE ER	\$ AA.	XXXXX	
AND EMPLOYERS' LIABILITY Y / N			NOT APPLICABLE				PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		XXXXX	
(Mandatory in NH) If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$ XX	XXXXX	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ XX	XXXXX	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED. ADDITIONAL INSURED: FNC3035; PROPERTY LOCATED AT CAGLE FURNITURE 3035 NC HWY 87 SOUTH CAMERON, NC 28326; TIMOTHY TUCKER; DAVIS CHAPEL UHC; Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.										
CERTIFICATE HOLDER					CANCELLATION					
13779446 H.M.'s KIDS, INC. 3035 NC HIGHWAY 87 South CAMERON NC 28326					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					