

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2022

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 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).

certifi	cate holder in lieu of such endors	seme	nt(s).	·	iuoi sei	ment. A	a statement on th	is certificate does not c	onrer r	gnts to the	
PRODUCER					CONTAC NAME:	CONTACT NAME: Carmen Manzo					
Teddy J Byrd Agency PO Box 1031					PHONE (A/C, No	Ext):	910-897-4531	FAX (A/C, No);	910-63	9-9173	
1.0 000 1001							cmanzo@jonesby	yrdinsurance.com			
Coats NC 27521							INSURER(S) AFFOR			NAIC #	
										17370	
INSURED					INSURER B:					17370	
Erwin Area Chamber of Commerce					INSURER C:						
PO Box 655						INSURER D:					
Erwin NC 28339							INSURER E :				
COVERAGES CERTIFICATE NUMBER:					INSURER F:						
	TO CERTIFY THAT THE POLICIES				VE DEE	VI ISSUE	D TO THE INCHES	REVISION NUMBER:	(E 50)	(A) / A== (A)	
CERTIF	TED, NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY ISSUED OF SUCH	QUIF	AIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTI	RACT OR OTHER	DOCUMENT WITH RESPE	OT TO	MILIOU TUIC	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS			
	ERAL LIABILITY	X		NN1325456				2EACH OCCURRENCE		0,000	
AX	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,00		
					İ					0,000	
								PERSONAL & ADV INJURY	-		
GEN	'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	-	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	sInclu	aea	
	OMOBILE LIABILITY	-	-					COMBINED SINGLE LIMIT	\$		
								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)	S		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								s		
	RKERS COMPENSATION EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNEWEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NIA					E.L. EACH ACCIDENT	s		
								E.L. DISEASE - EA EMPLOYEE	S		
					İ		-1	E.L. DISEASE - POLICY LIMIT			
							1 1 1 1				
ĺ											
Civic Ch	on of operations/Locations/Vehic ub/Special Events & Festivals nt: Denim Days, October 1, 20		Attach	ACORD 101, Additional Remarks	Schedule,	, if more s	pace is required)				
Certifica	ate holder is listed as an Additio	nal li	nsure	ed per form CG2010 (12	2/19).						
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Town of Erwin						AUTHORIZED REPRESENTATIVE					
PO Box 459					D : M >						
Erwin NC 28339					Danielle Duade						



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certificate holder in lieu of such endorsement(s).	ndorsement. A statement on this certificate does not confer ri	ghts to the				
PRODUCER Teddy J Byrd Agency	CONTACT NAME: Carmen Manzo					
PO Box 1031	PHONE (A/C, No, Ext): 910-897-4531 FAX (A/C, No): 910-639-9173					
	E-MAIL ADDRESS: cmanzo@jonesbyrdinsurance.com					
Coats NC 27521	INCUDENCE AFFORDING CO. IT.					
	INSURER A: Nautilus Insurance Company	NAIC# 17370				
INSURED	INSURER B :	17370				
Erwin Area Chamber of Commerce PO Box 655	INSURER C :					
Erwin NC 28339	INSURER D:					
	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE ADDITIONS OF SUCH POLICIES.	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE INSR WVD POLICY NUMBER GENERAL LIABILITY Y NN.1.225.456	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A X COMMERCIAL GENERAL LIABILITY X NN1325456	11/30/202111/30/2022EACH OCCURRENCE \$1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,0					
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000	0,000				
	GENERAL AGGREGATE \$ 2,000	0,000				
GENL AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ Includ	ied				
X POLICY PRO- AUTOMOBILE LIABILITY	S					
	COMBINED SINGLE LIMIT (Ea accident) S					
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$					
AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) S					
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident)					
UMBRELLA LIAB CCCUID	\$					
EVCESSIAR	EACH OCCURRENCE \$					
CLAIMS-MADE	AGGREGATE S					
DED RETENTION \$ WORKERS COMPENSATION	WC STATU- OTH-					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE // N	TORY LIMITS ER					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	E.L. EACH ACCIDENT S					
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE S					
The state of the s	E.L. DISEASE - POLICY LIMIT \$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks: Civic Club/Special Events & Festivals Re: Event: Denim Days, October 1, 2022 Certificate holder is listed as an Additional Insured per form CG2010 (12)						
Total as an Additional fishied per form CG2010 (12	(19).					
CERTIFICATE HOLDER	CANCELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Erwin Business Complex	AUTHORIZED REPRESENTATIVE					
200 N 13th Street	Danielle D wade					
Erwin NC 28339	Sumilie 2 made					