Client#: 1975843 CAROLDRI

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/24/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

tills certificate does not comer any rights to the certificate holder in fled of such endorsement(s).					
PRODUCER	CONTACT Veronica Li				
USI Insurance Services, LLC-CL	PHONE (A/C, No, Ext): 984 255-1063 FAX (A/C, No):				
1301 Gervais St., Suite 500	E-MAIL ADDRESS: veronica.li@usi.com				
Columbia, SC 29201	INSURER(S) AFFORDING COVERAGE	NAIC #			
803 602-3020	INSURER A : United States Fire Insurance Company	21113			
INSURED	INSURER B : North River Insurance Company	21105			
Carolina Drilling, Inc.	INSURER C: Hanover Insurance Company	22292			
326 Railroad Street, #2232	INSURER D:				
Mocksville, NC 27028	INSURER E:				
	INSURER F:				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
OVERAGES	CLIVIII ICATE NOMBER.	ILLAIDIOIA IAOMIDEIX.

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.

	TYPE OF INSURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Х	COMMERCIAL GENERAL	LIABILITY			5069017206	06/01/2022	06/01/2023	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE)	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
GEN		PLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				5069017206	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS ONLY	AUTOS							\$
Х								PROPERTY DAMAGE (Per accident)	\$
									\$
Х	UMBRELLA LIAB X	OCCUR			5821167006	06/01/2022	06/01/2023	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION	\$							\$
								PER OTH- STATUTE ER	
		EXECUTIVE Y/N	Ν / Δ					E.L. EACH ACCIDENT	\$
(Mar	ndatory in NH)	,	117.7					E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
Lea	ased/Rented				IH6D59444303	06/01/2022	06/01/2023	\$500,000	
	X X WORAND ANY OFF (Mar If yes	CLAIMS-MADE CLAIM	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X JECT AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/ A NY PROPRIETOR PRAFTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY DECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TOCHNICATE 5069017206 5069017206 5069017206 5069017206 5069017206	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS below D6/01/2022	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR COTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under OPESCRIPTION OF OPERATIONS below N / A DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CENTLA GGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: ANY AUTOS ONLY X AUTOS ONLY

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

CERTIFICATE HOLDER	CANCELLATION			
Harnett County Fire Marshal Division PO BOX 370 Lillington, NC 27546	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			

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