

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: \_\_\_\_\_ by \_\_\_\_\_
Date Initials

PART 1: Notice of Intent to Construct (NOI)

- [X] New [ ] Expansion
[ ] Repair - LHD Permit Number \_\_\_\_\_ [ ] Repair - EOP Permit Number \_\_\_\_\_

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): \_\_\_\_\_
CURR-WELL DEVELOPMENTS LLC

Mailing address: 8079 CHRISTIAN LIGHT RD City: FUQUAY VARINA State: NC Zip: 27526
Telephone number: 919-525-5856 E-mail Address: PLAMM@WADEJURNEYHOMES.COM

2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250
Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM

3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LLS License number: 1262
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM

4. Licensed Geologist (LG) (if applicable) name: \_\_\_\_\_ License Number: \_\_\_\_\_
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LLS License number: 3825
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

- [X] PE [X] LSS [ ] LG [X] On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 367 DEANNE LANE, PIN 1611-24-7245.000  
 County Name: HARNETT
8. Type of facility:  Place of residence No. Bedrooms: 3 No. Occupants: 6  
 Place of business Basis for flow calculation: \_\_\_\_\_  
 Place of public assembly Basis for flow calculation: \_\_\_\_\_
9. Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING
- 
10. Type, location, and classification (per Rule .1961) of wastewater system: 4-75' CONVENTIONAL LINES, TYPE II, 24" TB; LOCATED 91' FROM DEANNE LANE RIGHT OF WAY AND AND 10' FROM THE WEST PROPERTY LINE (LOCATED SOUTH OF PROPOSED HOME)
11. Design wastewater flow: 360 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)  
 Design wastewater strength:  domestic  high strength  industrial process
12. A plat as defined in G.S. 130A 334(7a) is attached:  Yes  No
13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j):  Yes  No
14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j):  Yes  No  
 If yes, documentation filed in \_\_\_\_\_ County Register of Deeds in Deed book \_\_\_\_\_ Page \_\_\_\_\_
15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h):  Yes  No  
 If yes, agreements filed in \_\_\_\_\_ County Register of Deeds in Deed book \_\_\_\_\_ Page \_\_\_\_\_
16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950:  Yes  No  
 This is a saprolite system.  Yes  No
17. Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached:  Yes  No
18. Proposed landscape, site, drainage, or soil modifications are attached:  Yes  NA

**Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C**

I, ATHAN M PARKER, PE hereby attest that the information required to be included with  
*Registered Professional Engineer (Print Name)*  
 this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

\_\_\_\_\_  
*Signature of Licensed Professional Engineer* \_\_\_\_\_ *Date*



*This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.*

**Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:**

I, Curr-Well Developments, L.L.C. hereby designate ATHAN M PARKER, PE  
*Print Name of Owner* *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Curr-Well Developments, L.L.C.

By: *Carrie Tee Howell*  
*Signature of Owner* Carrie Tee Howell, member-  
Manager

10/15/18  
*Date*

10 Lots  
Quail Hollow S/D  
(off Dranne Ln.)

*GA*

**Owner self-submittal of NOI:**

I, \_\_\_\_\_ hereby submit this NOI prepared by \_\_\_\_\_  
*Print Name of Owner* *Print Name of Licensed PE*  
pursuant to G.S. 130A-336.1.

\_\_\_\_\_  
*Signature of Owner* *Date*

**NOTES:**

**LIABILITY:** The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f))]

**RIGHT OF ENTRY:** The submittal of this **Notice of Intent to Construct** grants right of entry to the Local Health Department and the State to the referenced property.

**ISSUANCE OF BUILDING PERMIT:** Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

***This section for Local Health Department use only.***

**PART 2: LHD Completeness Review of the Notice of Intent to Construct**

*“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”*

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: \_\_\_\_\_

Copies of this form listing missing items were sent to the design PE and the Owner on \_\_\_\_\_

via \_\_\_\_\_ with directions to re-submit missing items using Page 5 of this form.

*Email, FAX, USPS, hand-delivered*

\_\_\_\_\_  
*Print Name of Authorized Agent of the LHD*

\_\_\_\_\_  
*Signature of Authorized Agent of the LHD*

\_\_\_\_\_  
*Date*

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on \_\_\_\_\_ via \_\_\_\_\_.

A copy of this NOI and tracking information was sent to the State on \_\_\_\_\_ via \_\_\_\_\_.

\_\_\_\_\_  
*Print Name of Authorized Agent of the LHD*

\_\_\_\_\_  
*Signature of Authorized Agent of the LHD*

\_\_\_\_\_  
*Date*

**Re-submittal of NOI with missing items included**

*This Section is for use by PE to submit items noted as missing during LHD Completeness Review above.  
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: \_\_\_\_\_ by \_\_\_\_\_  
*Date* *Initials*

Item # from initial NOI	Resubmittal description

**Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C**

I, \_\_\_\_\_ hereby attest that the information re-submitted for this Notice of  
*Licensed Professional Engineer (Print Name)*  
Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6).

\_\_\_\_\_  
*Signature of Licensed Professional Engineer* *Date*

*The section below is for Local Health Department use after submittal of items noted as missing above.*

**LHD Follow-up Completeness Review of Notice of Intent to Construct**

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE  
Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: \_\_\_\_\_

Copies of this signed form were sent to the design PE and the Owner on \_\_\_\_\_ via \_\_\_\_\_  
*Date* *Email, FAX, USPS, Hand-delivered*

\_\_\_\_\_  
*Print name of authorized Agent of the LHD* *Signature of authorized Agent of the LHD* *Date*

COMPLETE  
Based upon review of information submitted by the PE in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the PE and the Owner on \_\_\_\_\_ via \_\_\_\_\_  
*Date* *Email, FAX, USPS, Hand-delivered*

A complete copy of this form with tracking information was sent to the State: \_\_\_\_\_ via \_\_\_\_\_  
*Date* *Email, FAX, USPS, hand-delivered*

\_\_\_\_\_  
*Print name of authorized Agent of the LHD* *Signature of authorized Agent of the LHD* *Date*

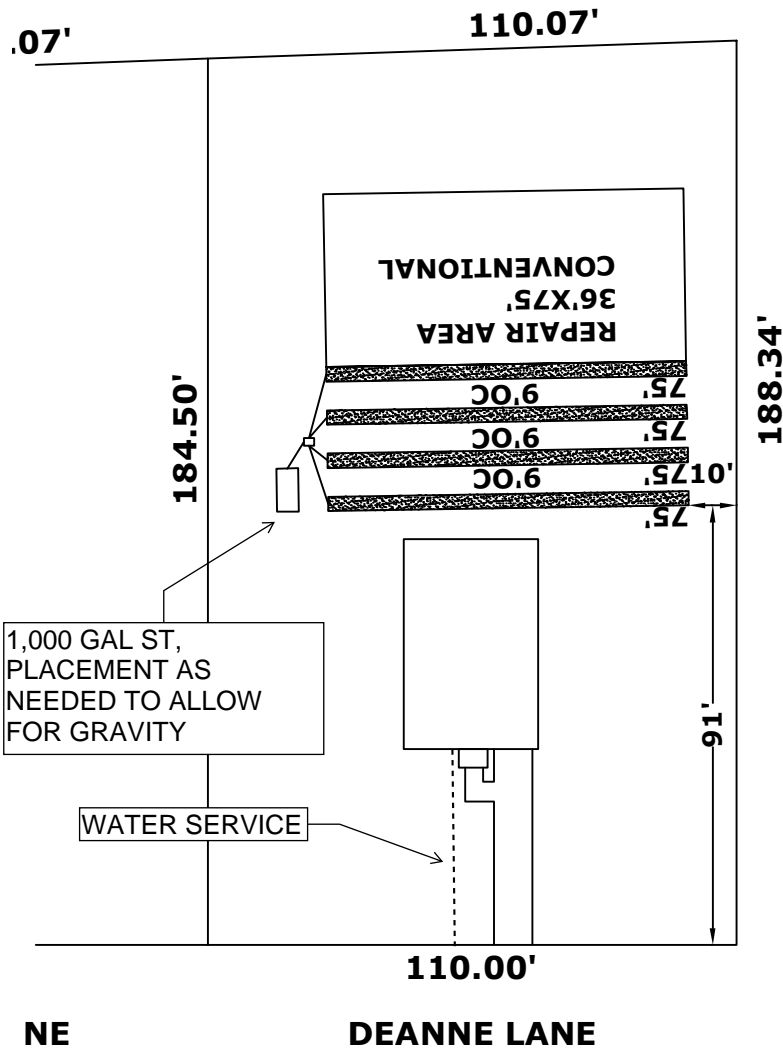


# PITTMAN SOIL CONSULTING

**Owner:** QUAIL HOLLOW  
**Address:** LOT 5  
**Location:** 367 DEANNE LANE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY INFORMATION OBTAINED VIA  
 HARNETT COUNTY MAP#99-19 DEED  
 BOOK 1910 PG 0783

**SOIL BORE (TYP)**  
0-12 SL, GRL, VFRL, NEXP, 2.5Y 4/3  
12-18 SL, GR, VFR, NEXP, 2.5Y 6/4  
18-36 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8  
36-48 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8, 2.5Y 6/2



**INITIAL**  
 3 BEDROOM  
 LTAR .4  
 4-75' CONVENTIONAL LINES  
 24" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM  
**REPAIR AREA**  
 3 BEDROOM  
 LTAR .4  
 4-75' CONVENTIONAL LINES  
 24" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=40'

# *Pittman Soil Consulting*

1003 Gregory Fork Road  
Richlands, NC 28574  
Phone (910)330-2784  
[pittmansoil@yahoo.com](mailto:pittmansoil@yahoo.com)

October 11, 2018

Ref: QUAIL HOLLOW LOT 5, 367 DEANNE LANE

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 36+" from the surface with a clay loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of a 4-75' conventional lines that shall be installed in accordance with the current rules. The depth to soil wetness of 36+" would constitute a 24" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

Soils in the repair area showed soil wetness at depths of 36+" from the surface. The repair area will require a 36'x75' conventional installed at 24" from the surface,.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions. System shall not be installed in wet conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,



**R. Haywood  
Pittman II**

Digitally signed by R. Haywood  
Pittman II  
DN: cn=R. Haywood Pittman II,  
o, ou,  
email=pittmansoil@yahoo.com,  
c=US  
Date: 2018.10.13 15:39:27 -04'00'

R. Haywood Pittman II  
NC Licensed Soil Scientist





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2018

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 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).

<b>PRODUCER</b> N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):																						
<b>INSURED</b> Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Capitol Specialty Insurance Corporation</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Capitol Specialty Insurance Corporation		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1821212375                      **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 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			EV20182381-01	07/19/2018	07/19/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Profess Occ/Agg \$ 1m/2m
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability-Occurrence Form			EV20182381-01	07/19/2018	07/19/2019	Each Contractors 1,000,000 Pollution Limit Aggregate Limit 2,000,000

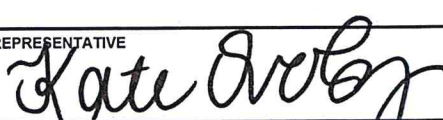
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

AMP'd Engineering, PLLC  
 PO Box 4580  
 Emerald Isle NC 28594

**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.

AUTHORIZED REPRESENTATIVE  




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/6/2018

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 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).

<b>PRODUCER</b> SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	<b>CONTACT NAME:</b> Lindsay Lutz <b>PHONE (A/C. No. Ext):</b> 910-478-3373 <b>E-MAIL ADDRESS:</b> certs@siagroup.com	<b>FAX (A/C. No):</b> 910-455-7481
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 30102 AMP'D Engineering 2500 N Heritage St, Ste 2 Kinston NC 28504	<b>INSURER A:</b> TRAVELERS CAS & SURETY CO <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 19038

**COVERAGES**

CERTIFICATE NUMBER: 178254178

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 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			106460474	2/10/2018	2/10/2019	Each Occurrence \$ Aggregate \$ 1,000,000 2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Office Use Only  
 This certificate is for information purpose only.  
 Certificate is not valid unless certificate is issued with certificate holder information filled in from SIA Group.

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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