

CERTIFICATE OF LIABILITY INSURANCE

08/29/2018

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).

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|---|--|-------------------|----------|----------------|----------------------|--|--------------|---|--------------|--|
| | DDUCER | | | | CONTACT Jack Wingate | | | | | |
| ALLCHOICE Insurance | | | | | | PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352 | | | | |
| 2513 Neudorf Rd | | | | | | E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com | | | | |
| | | | | | | | | | | |
| Clemmons NC 27012-9229 | | | | | | INSURER A : ERIE INSURANCE EXCHANGE | | | NAIC # 26271 | |
| INSURED | | | | | | INSURER B: | | | | |
| Lamco Custom Builders, LLC | | | | | INSURER C : | | | | | |
| | 7424 CHAPEL HILL RD STE | ₹ 203 | | | | INSURER D : | | | | |
| | | | | | | INSURER E : | | | | |
| | RALEIGH | NC 27607-5041 | | | INSURER F: | | | | | |
| CO | VERAGES CER | RTIFICATE 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 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 | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | пиац | 1140 | , OLIVI NUMBER | | (MM/DD/TTYY) | (MM/DD/TTTT) | EACH OCCURRENCE \$ 1,000,000 | | |
| | CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | 08/15/2018 | 08/15/2019 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,00 | | |
| | | | | | | | | MED EXP (Any one person) \$ 5,00 | | |
| Α | | | | Q44-1551694 | | | | PERSONAL & ADV INJURY \$ 1.00 | | |
| | | | | | | | | GENERAL AGGREGATE \$ 2,00 | | |
| | POLICY X PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,00 | | |
| | OTHER: | | | | | | | S | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | | \$ | | |
| | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE \$ 1,00 | 00,000 | |
| Α | EXCESS LIAB CLAIMS-MADE | | | Q32-1570650 | | 08/15/2018 | 08/15/2019 | AGGREGATE \$ 1,00 | 00,000 | |
| | DED RETENTION\$ | | | 11. | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | | Q92-1501263 | | 08/15/2018 | 08/15/2019 | X PER X OTH- | | |
| Α | | | | | | | | E.L. EACH ACCIDENT \$ 1,00 | 00,000 | |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,00 | 00,000 | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,00 | 000,00 | |
| | § | | | | | | | | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| CE | CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| Harnett County PO Box 65 | | | | | | 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 | | | | |
| | Lillington | | NC 27546 | | | - market | | | | |

2019

Sorth Carolina

59567

Licensing Board for General Contractors

This is to Certify That:

Lamco Custom Builders, LLC Raleigh, NC

is duly registered and entitled to practice

General Contracting

Limitation: Intermediate Classification: Building



December 31, 2019

when this Certificate expires. Witness our hands and seal of the Board. Dated, Raleigh, N.C.

January 1, 2019

This certificate may not be altered.

Chairman

