



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)

New  Expansion

Repair – LHD Permit Number \_\_\_\_\_  Repair – EOP Permit Number \_\_\_\_\_

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): \_\_\_\_\_

MICHAEL DENNING

Mailing address: 1316 NC 242 S City: BENSON State: NC Zip: 27504

Telephone number: 919-796-7739 E-mail Address: JOHNSONBUILDINGCOMPANY@GMAIL.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: AVILA CONSTRUCTION, LLC License number: 1917

Mailing address: PO BOX 2853 City: SMITHFIELD State: NC Zip: 27577

Telephone number: 919-320-3507 E-mail Address: AVILACONSTRUCTION06@GMAIL.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:

PE  LSS  LG  On-site Wastewater Contractor

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 3594 ASHE AVE, PIN 1507-76-0878.000, LOT 3 ASHE TRAIL  
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: 6-50' 25% REDUCTION LINES, TYPE III, 12" TB; LOCATED 67' FROM RIGHT OF WAY ASHE AVE AND 15' FROM THE NORTHEAST PROPERTY CORNER (LOCATED NORTH 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 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

© Athan M Parker, PE, c+US, o+AMP'd Engineering, PLLC, email=Athan.Parker@ampengineering.com 2019 04 25 11:54:19 -0400



*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, Mike E. Denning 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.

Mike E. Denning 7-30-18  
Signature of Owner Date

**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*



**PART 3: Authorization to Operate (ATO)**

*Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.*

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Date</span> <span>Initials</span> </div>
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:
 

a. Signed and sealed evaluation of soil conditions and site features	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Drawings, specifications, plans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Reports on special inspections and final inspection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Management Program manual	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. On-site Wastewater Contractor's signed statement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Fee (as applicable)  Yes  No
3. Notarized letter documenting Owner's acceptance of the system from the PE  Yes  No

**Attestation by the Owner or the PE for Authorization to Operate**

I, \_\_\_\_\_ hereby attest that all items indicated above have been provided to the  
*Print name of Owner or Professional Engineer*

\_\_\_\_\_ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

<i>Signature of Owner or Professional Engineer</i>	<i>Date</i>
----------------------------------------------------	-------------

**This section for LHD Use Only.**

**LHD Review of required information for the ATO**

**INCOMPLETE**  
 Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: \_\_\_\_\_

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

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
--------------------------------------------------	-------------------------------------------------	-------------

**COMPLETE**  
 Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on \_\_\_\_\_ via \_\_\_\_\_  
*Date Email, FAX, USPS, Hand-delivered*

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
--------------------------------------------------	-------------------------------------------------	-------------

**ISSUANCE OF CERTIFICATE OF OCCUPANCY:** Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

# PITTMAN SOIL CONSULTING

PROPERTY INFORMATION OBTAINED VIA  
HARNETT COUNTY MAP#2018-228

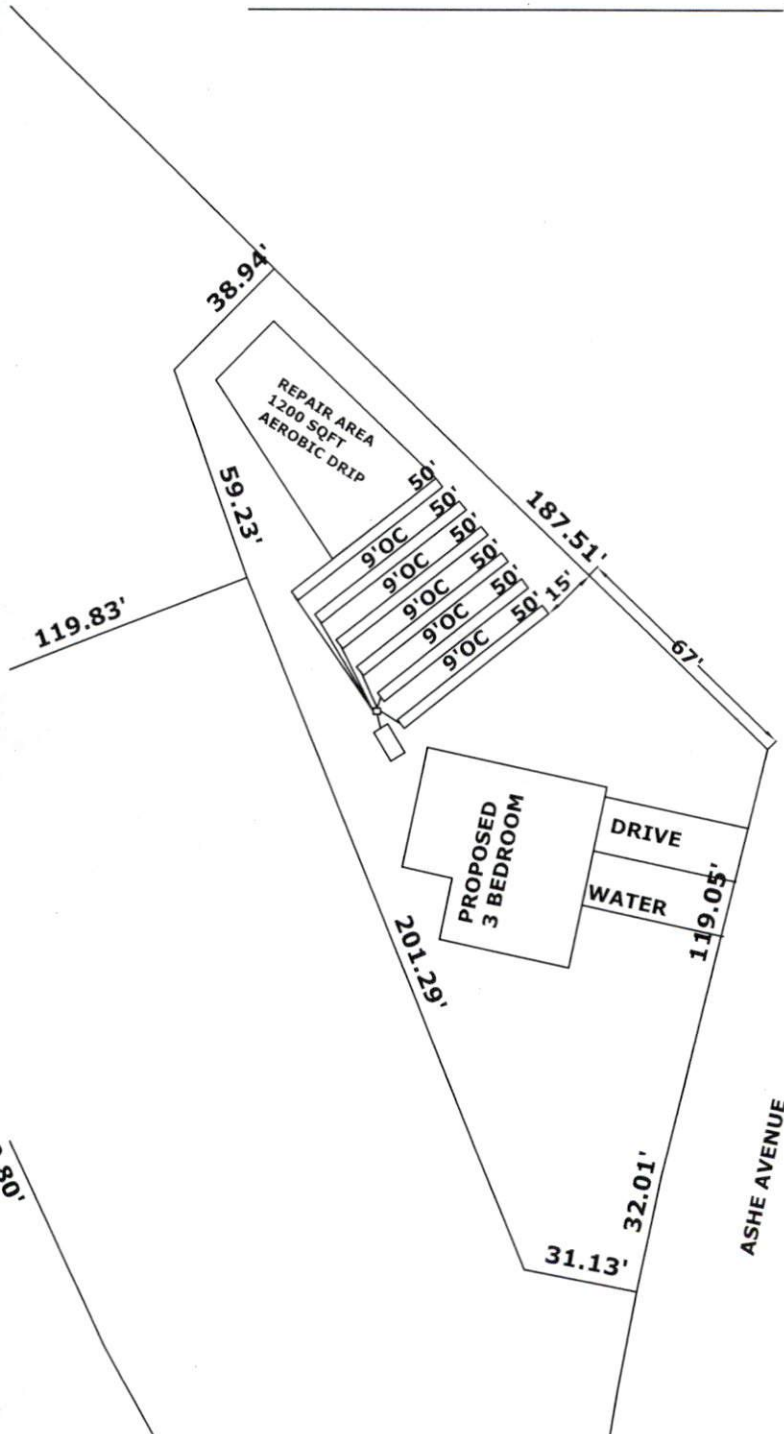
Owner: ASHE TRAIL  
Address: LOT 3  
Location: ASHE AVENUE

### SOIL BORE(TYP)

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3  
12-18 SL, GR, VFR, NEXP, 2.5Y 5/4  
18-24 CL, SBK, SS, SP, FI 10YR 5/8  
24-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1

### SOIL BORE(TYP)

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3  
12-18 SL, GR, VFR, NEXP, 2.5Y 5/4  
18-24 CL, SBK, SS, SP, FI, 10YR 5/8  
24-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1



*Handwritten signature*

© Athan M Parker, PE, c=US, e=AMP@Engineering, PLLC  
email: Athan.Parker@ampengineering.com  
2019.04.25 11:53:51 -0400



### INITIAL

3 BEDROOM  
LTAR .3  
6-50' 25% REDUCTION LINES  
12" TB  
>6" SOIL COVER REQUIRED OVER  
SYSTEM AND 5' BEYOND SYSTEM

### REPAIR AREA

3 BEDROOMS  
LTAR .3  
1200 SQ' AEROBIC DRIP  
TS-II PRETREATMENT  
6" TB  
>6" SOIL COVER REQUIRED OVER  
SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=50'

# *Pittman Soil Consulting*

1003 Gregory Fork Road

Richlands, NC 28574

Phone (910)330-2784

pittmansoil@yahoo.com

SEPTEMBER 22, 2018

Ref: ASHE TRAIL LOT 3, HARNETT COUNTY

Dear Sir,

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 24" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 6-50' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24" would constitute a 12" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank. The repair area will require a 1200 sqft aerobic drip with TS-II pretreatment installed at 6" from the surface.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

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

Sincerely,



R. Haywood Pittman II  
NC Licensed Soil Scientist

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: 2018.09.25 16:08:05  
-04'00'





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/2019

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> Jackson-Whaley-Vreeland Agency, Inc. 4020 Barrett Dr., Suite 201 P.O. Box 18407 Raleigh NC 27619	<b>CONTACT NAME:</b> Denise Vreeland <b>PHONE (A/C, No, Ext):</b> (919) 781-6716 <b>E-MAIL ADDRESS:</b> denisev@jwvinsurance.com <b>FAX (A/C, No):</b> (919) 781-1698
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Builders Mutual Insurance <b>INSURER B:</b> Builders Mutual Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Avila Construction LLC P O Box 2853 Smithfield NC 27577	


**COVERAGES**                      **CERTIFICATE NUMBER:** 2018-19 WC 19-20 GL                      **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			CPP007853201	02/10/2019	02/10/2020	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	<b>EXCESS LIAB</b>							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCP105334401	06/23/2018	06/23/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

**CERTIFICATE HOLDER****CANCELLATION**

Johnson Building Company Inc 546 Dogeye Rd Benson NC 27504	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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# 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>FAX (A/C, No):</b> 910-455-7481 <b>E-MAIL ADDRESS:</b> certs@siagroup.com														
<b>INSURED</b> 30102 AMP'D Engineering 2500 N Heritage St, Ste 2 Kinston NC 28504	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : TRAVELERS CAS &amp; SURETY CO</td> <td style="text-align: center;">19038</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TRAVELERS CAS & SURETY CO	19038	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**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 <input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    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 \$1,000,000 Aggregate \$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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