

## CERTIFICATE OF LIABILITY INSURANCE

8/31/2020

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 DEPOSED TATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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). CONTACT NAME: Brittany Sweet PHONE (A/C. No. Ext); 910-478-3373 E-MAIL ADDRESS: certs@siagroup.com PRODUCER SIA Group, Inc. FAX (A/C, No): 910-455-7481 827 Gum Branch Road Jacksonville NC 28540 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Penn National Mutual Casualty Insurance Company 14990 ALLAMER-0 10385 INSURED INSURER B: FFVA Mutual Insurance Co. All American Plumbing Services, LLC INSURER C: 48 Pond Valley Lane Holly Springs NC 27540 INSURER D : INSURER E INSURER F **CERTIFICATE NUMBER: 2040634368** REVISION NUMBER: **COVERAGES** 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. ADDL SUBR POLICY EFF POLICY EXP POLICY NUMBER TYPE OF INSURANCE LTR INSD WVD 2/28/2020 2/28/2021 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE X AC90762247 \$1,000,000 DAMAGE TO RENTED \$ 100,000 CLAIMS-MADE OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 2,000,000 POLICY X PRO-JECT PRODUCTS - COMP/OP AGG \$2,000,000 S OTHER COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILE LIABILITY AU90762247 2/28/2020 2/28/2021 X ANY AUTO BODILY INJURY (Per person) S OWNED SCHEDULED BODILY INJURY (Per accident) S AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS ONLY S X (Per accident) S X UMBRELLA LIAB 2/28/2020 2/28/2021 UI 90762247 OCCUR **EACH OCCURRENCE** \$ 2,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$2,000,000 DED X RETENTION \$ 10,000 S WORKERS COMPENSATION STATUTE WC840-0034750-2020A 2/28/2020 2/28/2021 AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) s 500.000 E L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT s 500.000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: 867 Rollins Mill Rd. Jolly Springs NC 27540 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. Harnett County Central Permitting P.O. Box 65 AUTHORIZED REPRESENTATIVE Lillington NC 27546

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRO	DUCER					CONTACT Jennifer Hull					
War	ren Insurance Group, LLC					PHONE (A/C, No, Ext): (910) 222-3202 [A/C, No):				(910) 323-5629	
576	Executive Place, Ste101					E-MAIL hullj7@warreninsgroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#
Fay	etteville	NC 28305				INSURER A: Nationwide Mutual Insurance Company					23787N
INSU	RED					INSURER B: Nationwide Mutual Fire Insurance Company					23779N
	Duke, Wilbur And Cindy -	- DBA Duke's Heating & Air Conditioning				INSURER C : Carolina Mutual Insurance, Inc.					14090
	7429 Old Baucom Rd	3 - 7 - 3 - 7 - 3 - 7 - 3				INSURER C.					
						INSURER D :					
	Raleigh	NC 27610-9245									
CO	VERAGES	CERTIFICATE NUMBER: 20-21 Master				INSURER F:  REVISION NUMBER:					
					ISSUED	TO THE INSUR	Control of the last of the las			IOD	
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		ADDLISUBRI INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	YEFF POLICY EXP YYYY) (MM/DD/YYYY) LIMITS				
E/K	COMMERCIAL GENERAL LIABILITY	INSU	1110	, color noment			(ministri (1)	EACH OCCURRENC		s 1,000	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	D	s 100,0	
	Joenno-made [74] occor			ACPGLO2223485199				MED EXP (Any one p	5 000		)
Α					- 1	09/12/2020	09/12/2021	PERSONAL & ADV II	Avanous T	s 1,000,000	
- Carolle	GEN'L AGGREGATE LIMIT APPLIES PER:				- 1					\$ 2,000,000	
	PRO-				- 1			GENERAL AGGREG		2.00	
	JECT LISE				- 1			PRODUCTS - COMP	OP AGG	\$ 2,000	,,,,,,
	OTHER: AUTOMOBILE LIABILITY	_	-		-			COMBINED SINGLE	LIMIT	\$ 300.0	000
	ANYAUTO		1		- 1			(Ea accident) BODILY INJURY (Per	corean)	\$ 500,000	
В	OWNED SCHEDULED	,		ACPBAF2223485199	- 1	09/12/2020	09/12/2021	Transcription To 1			
	AUTOS ONLY AUTOS NON-OWNED			AOF BAI 2220403193	- 1	03/12/2020	09/12/2021	BODILY INJURY (Per PROPERTY DAMAG		ent) S	
	AUTOS ONLY AUTOS ONLY				- 1			(Per accident)		171	200
	X 19		-					Uninsured motor	200 Car 1 1 1	\$ 300,0	000
	UMBRELLA LIAB OCCUR				- 1			EACH OCCURRENC	Ε	\$	
	EXCESS LIAB CLAIMS-	MADE			- 1			AGGREGATE		\$	
	DED RETENTION \$		_					- 1050	Loru	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N Y N/A				03/23/2021	X PER STATUTE	OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WC17855-2020			03/23/2020	E.L. EACH ACCIDEN	Т	\$ 100,0	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$ 500,0	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CYLIMIT	\$ 100,0	000
							7				
						7	A				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VI	EHICLES (AC	CORD 1	01, Additional Remarks Schedule, I	may be att	tached if more sp	ace is required)				
											1
CER	RTIFICATE HOLDER				CANC	ELLATION					
	Tracy Silver 5111 Meridian Market Driv					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		1				AUTHORIZED REPRESENTATIVE					
	Fuquay-Varina	NC 27526				Gernefu Stull					



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/08/2020

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.

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MOUNTED				INSURER B : INSURER C : INSURER D :				
	Enforce Electric, LLC							
	4676 Farrell Road							
				INSURER E :				
	Sanford		NC 27330	INSURER F:				
COVERAGES	CER	TIFICATE	NUMBER:	REVISION NUMBER:				
THIS IS TO ( INDICATED.  CERTIFICATE  EXCLUSIONS	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY R E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUCH	OF INSU EQUIREME PERTAIN, POLICIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSUR F OR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MW/DD/YYYY)	LIMITS		
1	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	s 1000000	
С	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000	
					05/09/2021	MED EXP (Any one person)	\$ 5000	
A			Q29-0921734	05/09/2020		PERSONAL & ADV INJURY	s 1000000	
GEN'I AGGI	REGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s 2000000	
X POLIC	PPO-					PRODUCTS - COMP/OP AGG	\$ 2000000	
						PRODUCTS - COMP/OP AGG	\$ 2000000	
OTHER	E LIABILITY					COMBINED SINGLE LIMIT		
					07/18/2021	(Ea accident)	\$ 1000000	
X ANY A						BODILY INJURY (Per person)	\$	
	ONLY AUTOS		Q07-1831004	07/18/2020		BODILY INJURY (Per accident)	\$	
HIRED	ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
					_		\$	
X UMBRI	ELLA LIAB X OCCUR					EACH OCCURRENCE	s 1000000	
A EXCES	S LIAB CLAIMS-MADE		Q29-0970368	05/09/2020	05/09/2021	AGGREGATE	\$ 1000000	
DED	RETENTION \$ -0-	1	2				\$	
	COMPENSATION					X PER STATUTE OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			05/09/2020	5/09/2021	E.L. EACH ACCIDENT	s 100000	
A OFFICER/ME			Q89-0900922				400000	
(Mandatory in NH) If yes, describe under			2			E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTIO	N OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500000	
							8	
DESCRIPTION OF	OPERATIONS / LOCATIONS / VEHIC	LES (ACURE	7 101, Additional Remarks Schedu	ne, may be acached if mol	e apace is requi	••••		
CERTIFICATE HOLDER CANCELLATION								
	Tracy Silver 5111 Meridian Market Drive			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THE THE POLICE		BE DELIVERED IN	
1	Fuquay Varina		NC 27526	Elizabeth Malloch				

Fax:

Email:

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