

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

"t	nis certificate does not confer rights	to the	tne te e cert	erms and conditions of t ificate holder in lieu of si	ne pol	icy, certain p dorsement(s	oolicies may	require an endorsement. A	statement on	
this certificate does not confer rights to the certificate holder in lieu of si						CONTACT Beth Malloch				
Harris & Company Insurance - Sanford Office						PHONE (A/C, No, Ext): (919)774-6400 (A/C, No): (919)775-7279				
110 S. Moore Street						E-MAIL hath@ha1005				
110 S. Mobile Street						ADDIEGO.				
Sanford NC 27330						INSURER(S) AFFORDING COVERAGE INSURER A : Erie Insurance Exchange			NAIC #	
INSURED						· ·			26271	
	Enforce Electric, LLC					INSURER B:				
4676 Farrell Road					INSURER C:					
40701 alleli i load						INSURER D :			-	
	Sanford		NC 27330			INSURER E :			-	
COVERAGES CERTIFICATE 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,										
F	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJECT TO ALI	L THE TERMS,	
INSR LTR		ADDI	SUBR		DECIVI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
LIK	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	00000	
Α	CLAIMS-MADE X OCCUR						05/09/2021	DAMAGE TO RENTED 10	00000	
						05/09/2020		PREMISES (Ea occurrence) \$ 10 MED EXP (Any one person) \$ 50	AUGUSTON,	
				Q29-0921734					00000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								00000	
	POLICY PRO- JECT LOC								00000	
								\$	31-38-1-09/04-2-09	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$ 10	00000	
	X ANY AUTO					07/18/2020	07/18/2021	BODILY INJURY (Per person) \$	Name of the last o	
	OWNED SCHEDULED AUTOS			Q07-1831004				BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								\$		
Α	X UMBRELLA LIAB X OCCUR					05/09/2020	05/09/2021	EACH OCCURRENCE \$ 100	00000	
	EXCESS LIAB CLAIMS-MADE			Q29-0970368	05/09/2020			AGGREGATE \$ 100	00000	
	DED RETENTION \$ -0-						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Q89-0900922		05/00/2020	E/00/2021	E.L. EACH ACCIDENT \$ 100	0000	
^	(Mandatory in NH)	117.5		Q09-0900922		05/09/2020	5/09/2021	E.L. DISEASE - EA EMPLOYEE \$ 100	0000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500	0000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
Tracy Silver 5111 Meridian Market Drive					THE	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					
				CO: 0 - M-00-1						

Fax:

Email:

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ACORD 25 (2016/03)

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NC 27526