



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2020

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. 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> WOOMER Insurance 106 N Salem St.  Apex NC 27502		<b>CONTACT NAME:</b> Commercial Cert <b>PHONE (A/C, No. Ext):</b> (919)290-6000 <b>E-MAIL ADDRESS:</b> Biz@woomerinsurance.com <b>FAX (A/C, No):</b> (919)362-5661															
<b>INSURED</b> NC Solar Now Inc. 2517 Atlantic Avenue  Raleigh NC 27604		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Builders Mutual Insurance Co</td> <td>000000</td> </tr> <tr> <td>INSURER B : ERIE INS EXCH</td> <td>26271</td> </tr> <tr> <td>INSURER C : Builders Mutual Insurance Co</td> <td>000000</td> </tr> <tr> <td>INSURER D : Builders Mutual Insurance Co</td> <td>000000</td> </tr> <tr> <td>INSURER E : Builders Mutual Insurance Co</td> <td>000000</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Builders Mutual Insurance Co	000000	INSURER B : ERIE INS EXCH	26271	INSURER C : Builders Mutual Insurance Co	000000	INSURER D : Builders Mutual Insurance Co	000000	INSURER E : Builders Mutual Insurance Co	000000	INSURER F :	
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**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, 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	CPP0067951-06	10/10/2020	10/10/2021	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	Q11-1930595	11/19/2019	11/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	MUB0004920-04	10/10/2020	10/10/2021	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$
D	<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	WCP1041654-06	10/10/2020	10/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
E	Business Property	N	N	CPP0067951-06	10/10/2020	10/10/2021	\$150,000 w/\$1000 deductible

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

For Information Purposes Only

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes Only

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

Fax:

Email:

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ACORD 25 (2016/03)

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**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1400784

Filed on: 02/11/2021

Initially filed by: ncsolarnow

**Designated Lien Agent**

Chicago Title Company, LLC

**Online:** [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

**Address:** 223 S. West Street, Suite 900 /  
Raleigh, NC 27603

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

**Project Property**

70 Character Court  
Bunnlevel, NC 28323  
Harnett County

**Property Type**

1-2 Family Dwelling

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Owner Information**

Frank Tucker  
70 Character Court  
Bunnlevel, NC 28323  
United States  
Email: [hndac143@gmail.com](mailto:hndac143@gmail.com)  
Phone: 910-574-4044

**Date of First Furnishing**

02/01/2021

View Comments (0)

**Technical Support Hotline:** (888) 690-7384