

## CERTIFICATE OF LIABILITY INSURANCE

GLENW-2

OP ID: SR

DATE (MM/DD/YYYY)

03/29/2021

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 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).

411 N Jud Fuguay-Va	NG GROUP OF FUQUAY d Parkway NE, Suite A arina, NC 27526 Gill Honeycutt	CONTACT Sheila Byrd    PHONE					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A : BUILDERS MUTUAL INSURANCE CO					
INSURED	Glenwood Builders, LLC Ron Tutor	INSURER B:					
	1757 Oakridge Duncan Rd	INSURER C:					
	Fuquay Varina, NC 27526	INSURER D:					
		INSURER E:					
		INSURER F:					

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	TO CONDITIONS OF SOCI		ISUBR						
LTR		INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
١,	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	'		CPP0076140 03	07/20/2020	07/20/2021	DAMAGE TO RENTED PREMISES (Éa occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
l							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	İ
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
İ	ANY AUTO ALL OWNED SCHEDULED	İ					BODILY INJURY (Per person)	s	
	AUTOS AUTOS				Į.		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
<u> </u>	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	07/20/2020	07/20/2021	X WC STATU- OTH- TORY LIMITS ER		
Α				WCP1053779 03			E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH) If yes, describe under			<b>i</b>			E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	100,000
		<b>'</b>							
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	ttoob i	ACODD 404 Additional Days 1 - Oct. 1 -	7				

**Harnett County Permits and** Inspections 108 East Front Street Lillington, NC 27546

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