

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/04/2021

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 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).

this certificate does not comer rights to the certi	licate floider in fled of	such endorsement(s).				
PRODUCER		CONTACT Lauren Likes		The second second		
INSURANCE OF THE CAROLINAS		PHONE (A/C, No, Ext); (910) 401-2757	FAX (A/C, No): (910)	960-7954		
500 N GREENSBORO ST		E-MAIL ADDRESS: lauren.likes@iocagency.com				
		INSURER(S) AFFORDING COVE	RAGE	NAIC#		
LIBERTY	NC 27298	INSURER A : BUILDERS MUTUAL INSURAN	NCE CO	10844		
INSURED		INSURER B: OHIO CASUALTY INSURANCE	E CO	24074		
Red Door Homes of Fayetteville		INSURER C:				
PO Box 87650		INSURER D:				
		INSURER E :				
Fayetteville	NC 28304	INSURER F:				
001/504.050						

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.

ISR TR		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	CLAIMS-MADE X OCCUR			08/05/2021	08/05/2022	DAMAGE TO BENTED	\$ 1,000,000 \$ 100,000
						MED EXP (Any one person)	\$ 15,000
Α						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY		PCA 0022387 03	08/05/2021	08/05/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
4	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	X UMBRELLA LIAB X OCCUR		MUB 0007739 03	08/05/2021	08/05/2022	EACH OCCURRENCE	\$ 5,000,000
A	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP 1060280 11	08/11/2021	08/11/2022	PER STATUTE X OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)	_ N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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
Harnett County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
420 McKinney Pkwy		AUTHORIZED REPRESENTATIVE
Lillington	NC 27546	Januar
		@ 1000 2015 ACODD CODDODATION All sinks account

CANCELLATION

CERTIFICATE UOI DED