OP ID: D4

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2021

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t		cert	ificate holder in lieu of su	ich end	lorsement(s)).	require an endorsemen	. A s	statement on	
PRODUCER 704-226-1300 Robbins & Associates Insurance Agcy., Inc.						CONTACT David Rogers					
						PHONE (A/C, No, Ext): 704-226-1300 FAX (A/C, No): 704-226-1320					
	Box 1458 nroe, NC 28111				E-MAIL ADDRE	_{ss:} certs@re	obbinsanda	associates.com			
David R Rogers INSURED LAMCO Custom Builders LLC 7424 Chapel Hill Rd ste 203						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A : Frankenmuth Mutual Ins Co				13986	
						INSURER B:					
						INSURER C:					
Kale	eigh, NC 27607				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI JERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER IS DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TC	WHICH THIS	
INSR TYPE OF INQUEANOE			SUBR	3		POLICY EFF (MM/DD/YYYY)	FF POLICY EXP				
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX		(MIM/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR			6634022		07/15/2020	07/15/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
						0171072020	0771072021	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 PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							FRODUCTS - COMF/OF AGG	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			6634962		07/15/2020	05/01/2021	,	\$		
				0001002		0171072020	00/01/2021	BODILY INJURY (Per accident)	\$		
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
Α	X UMBRELLA LIAB X OCCUR					07/15/2021	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			6634022			07/15/2020	AGGREGATE	\$	1,000,000	
	DED X RETENTION\$ 10000							AGGICLGATE	\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	Ψ		
		N/A	6634021	6634021	07/15/2020	07/15/2021	E.L. EACH ACCIDENT	\$	500,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	φ	500,000	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	Ф	-	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORE	101 Additional Romarks Schodu	ılo may b	o attached if mor	ro enaco le roqui	rod)			
DES	ON HON OF OFERATIONS / LOCATIONS / VEHIC	3 (/	LOOKL	7 101, Auditional Remarks Schedu	ne, may D	e attaviieu ii iii0i	e space is requi	icuj			
CERTIFICATE LIOLDER						CANCELLATION					
CERTIFICATE HOLDER HARNET1						CANCELLATION					
HARNETT						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	Harnett County	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
PO Box 65						ACCORDANCE WITH THE POLICY PROVISIONS.					
Lilligton, NC 27546											
	<u> </u>				l	RIZED REPRESE					
						Dur Lot	Lis				