# Appointment of Lien Agent Advanced Search

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| Enter Keywords: ①  | ž |
| Habitat for Humanity   |   |
| Filing Date From/To: ③   |   |
| 03/29/2023 to  |   |
|  |   |
| **   |   |

Search

6 Appointments found - Viewing 1-6

| Filing Type                            | Appointment of Lien Agent<br>03/29/2023<br>Entry #: <u>1888076</u>  |
|--|---|
| 150,                                   | HabitatHarnett  |
| Project Property                       | 301 North 14th Street<br>Erwin, NC 28339<br>Harnett County  |
| Claimant / Owner                       | Habitat for Humanity of Harnett County Inc.<br>2200 West Cumberland Street, Dunn, NC 28334 United States<br>Phone:<br>919-669-2220<br>mblackmon1958@gmail.com |
| Active Related Filing:                 | No  |
| Action                                 |   |
| Comments:  No comments have been made. |   |
| Filing Type                            | Annaintment of Lian Agant   |



DATE (MM/DD/YYYY) 02/23/2023

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

| PRODUCER                                  | CONTACT<br>NAME: Lockton Affinity, LLC                      |          |       |  |  |  |
|---|---|----------|-------|--|--|--|
| Lockton Affinity, LLC<br>P. O. Box 873401 | PHONE<br>(A/C, No, Ext): 888-553-9002<br>E-MAIL<br>ADDRESS: | 652-3967 |       |  |  |  |
| Kansas City, MO 64187-3401                | INSURER(S) AFFORDING COVERA                                 | NAIC#    |       |  |  |  |
|   | INSURER A: Ace American Insurance Co.                       |          | 22667 |  |  |  |
| INSURED                                   | INSURER B:  |          |       |  |  |  |
| Habitat for Humanity of Harnett County    | INSURER C : Bankers Standard Insurance Company              | 18279    |       |  |  |  |
| PO Box 2157                               | INSURER D :   |          |       |  |  |  |
| Dunn, NC 28335-2157                       | INSURER E :   |          |       |  |  |  |
|   | INSURER F:  |          |       |  |  |  |
| COVERAGES CERTIFICATE NUMBER:             | DEVISION  | NUMBED:  |       |  |  |  |

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<br>LTR | TYPE OF INSURANCE  |  | TYPE OF INSURANCE ADDL SUBR INSD WVD PO |              |            | POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) |   |                            |
|-------------|--|--|---|--------------|------------|---|---|----------------------------|
| A           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  |  |   | GL1065238-22 | 04/01/2022 | 04/01/2023                                      | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000<br>\$1,000,000 |
|             | X  | Hired & Non-Owned                                |   |              |            |   | MED EXP (Any one person)                                  | \$ 0                       |
|             |  | Auto Liability                                   |   |              |            |   | PERSONAL & ADV INJURY                                     | \$1,000,000                |
|             | GEN  | LAGGREGATE LIMIT APPLIES PER:                    |   |              |            |   | GENERAL AGGREGATE   | \$2,000,000                |
|             | Х  | POLICY PRO-<br>JECT LOC                          |   |              |            |   | PRODUCTS - COMP/OP AGG                                    | \$2,000,000                |
|             |  | OTHER:   |   |              |            |   |   | \$                         |
|             | AUT  | OMOBILE LIABILITY                                |   |              |            |   | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$                         |
|             | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS                                     |  |   |              |            |   | BODILY INJURY (Per person)                                | \$                         |
|             |  |  |   |              |            |   | BODILY INJURY (Per accident)                              | \$                         |
|             |  |  |   |              |            |   | PROPERTY DAMAGE (Per accident)                            | \$                         |
|             |  |  |   |              |            |   |   | \$                         |
|             |  | UMBRELLA LIAB OCCUR                              |   |              |            |   | EACH OCCURRENCE   | \$                         |
|             | EXCESS LIAB CLAIMS-MADE  |  |   |              |            |   | AGGREGATE   | \$                         |
|             |  | DED RETENTION \$                                 |   |              |            |   |   | \$                         |
| С           |  | RKERS COMPENSATION<br>EMPLOYERS' LIABILITY Y / N |   | C58122658    | 04/01/2022 | 04/01/2023                                      | X PER OTH-  |                            |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under |  | N/A                                     |              |            |   | E.L. EACH ACCIDENT  | \$1,000,000                |
|             |  |  |   |              |            |   | E.L. DISEASE - EA EMPLOYEE                                | \$1,000,000                |
|             | DESCRIPTION OF OPERATIONS below  |  |   |              |            |   | E.L. DISEASE - POLICY LIMIT                               | \$1,000,000                |
| DES         | CBIDT  | ION OF OPERATIONS / LOCATIONS / VEHICL           | F5 (4000)                               |              |            |   |   |                            |

| CERTIFICATE HOLDER |         | CANCELLATION   |
|--------------------|---------|--|
| Proof of Coverage  | 1065238 | 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 PATI D. OFavel   |

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03/01/2023

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| The certificate does not come rights to the certificate notice in ned of st |   |  |      | CONTACT JEANINE TYNDALI |   |                                     |                          |  |  |                              |
|---|---|--|------|-------------------------|---|-------------------------------------|--------------------------|--|--|------------------------------|
| PROL  | JUCE  | R Barefoot Insurance Agency<br>PO 578  |      |                         |   | PHONE 919-894-3310 FAX 919-894-8716 |                          |  |  |                              |
|   |   | Benson NC 27504  |      |                         |   | E-MAIL                              |                          |  |  |                              |
|   |   |  |      |                         |   | ADDRES                              |                          |  |  |                              |
|   |   |  |      |                         |   |                                     | EDIE IN                  | SURER(S) AFFOR   | EXCHANGE                               | NAIC#                        |
|   |   |  |      |                         |   |                                     | RA: ENIE IN              | CUDANCE  | EXCHANGE                               |                              |
| INSU  | RED   | PLUMB LEVEL PLUMBING & CO<br>3019 PLAIN VIEW CHURCH RD   | וכמנ | KU                      | TION  | INSURE                              | RB: ENE IN               | CUDANCE  | EVCHANCE                               |                              |
|   |   | ANGIER NC 27501  |      |                         |   | INSURE                              | RC: EKIE IN              | SURANCE  | EXCHANGE                               |                              |
|   |   |  |      |                         |   | INSURE                              | RD:                      |  |  |                              |
|   |   |  |      |                         |   | INSURE                              | RE:                      |  |  |                              |
|   |   |  |      |                         |   | INSURE                              | RF:                      |  |  |                              |
|   |   |  |      |                         | NUMBER:                                       |                                     | I IOOUED TO              |  | REVISION NUMBER:                       | E DOLLOV DEDIOD              |
| IN  | DICA  | S TO CERTIFY THAT THE POLICIES<br>ATED. NOTWITHSTANDING ANY RE<br>FICATE MAY BE ISSUED OR MAY F  | QUIR | EME<br>AIN,             | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF ANY                              | CONTRACT                 | OR OTHER DESCRIBED   | OCUMENT WITH RESPECT                   | T TO WHICH THIS              |
| INSR  | CLU   |  | ADDL | SUBR                    |   | DEEN R                              | POLICY FFF               | POLICY EXP   | Lance                                  |                              |
| LTR   |   | TYPE OF INSURANCE  | INSD |                         |   |                                     | (MM/DD/YYYY)             | (MM/DD/YYYY)   | LIMITS                                 | s 1,000,000                  |
|   | ~   | CLAIMS-MADE COCCUR   | Ш    | Ш                       |   |                                     |                          |  |  | \$ 1,000,000<br>\$ 1,000,000 |
| Α   | $\Box$  | CEANNO-NABE T COCON  |      |                         | Q25-2021096                                   |                                     | 01/20/2023               | 01/20/2024   |  | \$ 5,000                     |
|   | Н   |  |      |                         |   |                                     |                          |  | titude and franchistration             | s 1,000,000                  |
|   | CEA   | N'L AGGREGATE LIMIT APPLIES PER:   |      |                         |   |                                     |                          |  |  | s 2,000,000                  |
|   | V   | PRO-   |      |                         |   |                                     |                          |  |  | \$ 2,000,000                 |
|   |   | A STATE OF THE STA |      |                         |   |                                     |                          |  |  | \$                           |
|   | AUT   | OTHER:   |      | П                       |   |                                     |                          |  | COMBINED SINGLE LIMIT<br>(Ea accident) | \$                           |
|   |   | ANY AUTO   | ш    | ш                       |   | 08/12/2022                          |                          | Association  | s 50.000                               |                              |
| В   | Н   | OWNED SCHEDULED  |      |                         | Q08-1230772                                   |                                     | 08/12/2023               | BODILY INJURY (Per accident)   | s 100,000                              |                              |
| _   | Н   | HIRED NON-OWNED  |      |                         | 400 1200112                                   |                                     |                          |  | s 50,000                               |                              |
|   | Н   | AUTOS ONLY AUTOS ONLY  |      |                         |   |                                     |                          |  |  | \$                           |
|   | Н   | UMBRELLA LIAB OCCUR  | П    | П                       |   |                                     |                          |  | EACH OCCURRENCE                        | \$                           |
|   | Н   | EXCESS LIAB CLAIMS-MADE  |      | ш                       |   |                                     |                          |  |  | \$                           |
|   | Н   | DED RETENTION \$   |      |                         |   |                                     |                          |  |  | S                            |
| _   | WOR   | RKERS COMPENSATION   |      |                         |   |                                     |                          |  | PER STATUTE OTH-                       | -                            |
| С   |   | PROPRIETOR/PARTNER/EXECUTIVE Y/N   |      | ш                       | Q85-1900624                                   |                                     | 01/19/2023               | 01/19/2024   |  | s 500,000                    |
|   | OFF   | ICER/MEMBEREXCLUDED?   | N/A  |                         |   |                                     |                          |  | E.L. DISEASE - EA EMPLOYEE             | s 500,000                    |
|   | If yes  | s, describe under<br>CRIPTION OF OPERATIONS below  |      |                         |   |                                     |                          |  | E.L. DISEASE - POLICY LIMIT            | s 500,000                    |
|   | DES   | SCRIPTION OF OPERATIONS DEIGW  | П    |                         |   |                                     |                          |  | E.E. DIOLITOL 1 OLIG1 EIIII            | -                            |
|   |   |  | 一    | П                       |   |                                     |                          |  |  |                              |
|   |   |  | Ħ    | П                       |   |                                     |                          |  |  |                              |
|   | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PLUMBING AND GENERAL CARPENTRY |  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     |                          |  |  |                              |
| CE  | RTIF  | FICATE HOLDER  |      |                         |   | CANO                                | CELLATION                |  |  |                              |
| Hat   | itat  | For Humanity of Harnett Cou  | nty  |                         |   |                                     | acceptant Hallian Allian | MITHOUGH AND TO A CONTRACT OF THE STATE OF T |  |                              |
| PO  | Box   | x 2157   |      |                         |   |                                     |                          |  | ESCRIBED POLICIES BE CA                |                              |
| Dui   | ın, f   | NC 28335   |      |                         |   |                                     |                          |  | EREOF, NOTICE WILL B<br>BY PROVISIONS. | E DELIVERED IN               |
| mb  | lack  | mon1958@gmail.com  |      |                         |   |                                     |                          |  |  |                              |
|   |   |  |      |                         |   |                                     | RIZED REPRESE            |  |  |                              |
|   |   |  |      |                         |   | E/                                  | earrie                   | e Tong   | rdall                                  |                              |
|   |   |  |      |                         |   | 6                                   |                          |  |  |                              |

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DATE (MM/DD/YYYY) 02/28/2023

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.

| lf       | SUBROGATION IS WAIVED, subject to  | the t  | erms            | and conditions of the po         | licy, cer                                     | tain policies              |                            |  |           |          |
|----------|--|--------|-----------------|----------------------------------|---|----------------------------|----------------------------|--|-----------|----------|
|          | is certificate does not confer rights to                                     | tne c  | ertific         | cate noider in lieu of such      | CONTACT Jamie Billingsley                     |                            |                            |  |           |          |
|          |  |        |                 |                                  | NAME: PHONE (010) 630 2000 FAX (010) 630 6100 |                            |                            |  |           | 630 6100 |
| R35/53.5 | D Insurance Service, Inc.  |        |                 |                                  | (A/C, No                                      | Ext):                      |                            | (A/C, N                                      | o): (919) | 099-0199 |
| P.O.     | . Box 1685   | ADDRES | ss: Joilingsley | @cdinsnc.com                     |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            | DING COVERAGE              |  | NAIC#     |          |
| Ang      |  |        |                 | NC 27501                         | INSURE  | NA.                        |                            | mpany of America                             |           | 12572    |
| INSU     |  |        |                 |                                  | INSURE  | RB: Accident               | Fund National              | Ins. Co                                      |           | 12305    |
|          | PATRICK ELECTRICAL CONTR   | ACT    | DRS, I          | LLC                              | INSURE  | RC:                        |                            |  |           |          |
|          | 1309 N MAIN ST   |        |                 |                                  | INSURE  | RD:                        |                            |  |           |          |
|          |  |        |                 |                                  | INSURE  | RE:                        |                            |  |           |          |
|          | LILLINGTON   |        |                 | NC 27546-7678                    | INSURE  | RF:                        |                            |  |           |          |
| CO       | VERAGES CER  | TIFIC  | ATE I           | NUMBER: CL226200619              | )4  |                            |                            | REVISION NUMBER:                             |           |          |
|          | HIS IS TO CERTIFY THAT THE POLICIES OF I                                     |        |                 |                                  |   |                            |                            |  |           |          |
|          | IDICATED. NOTWITHSTANDING ANY REQUI<br>ERTIFICATE MAY BE ISSUED OR MAY PERTA |        |                 |                                  |   |                            |                            |  |           |          |
|          | XCLUSIONS AND CONDITIONS OF SUCH PO  | LICIE  | S. LIM          |                                  |   | ED BY PAID CL              | _AIMS.                     |  |           |          |
| INSR     | TYPE OF INSURANCE  | INSD   | SUBR            | POLICY NUMBER                    |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LI   | MITS      |          |
|          | COMMERCIAL GENERAL LIABILITY   |        |                 |                                  |   |                            |                            | EACH OCCURRENCE                              | \$ 1,00   | 000,000  |
|          | CLAIMS-MADE X OCCUR  |        |                 |                                  |   | 1                          |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 500    | ,000     |
|          |  |        |                 |                                  |   |                            |                            | MED EXP (Any one person)                     | \$ 15,0   | 000      |
| Α        |  |        |                 | S 2254995                        |   | 04/01/2022                 | 04/01/2023                 | PERSONAL & ADV INJURY                        | \$ 1,00   | 00,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |        |                 |                                  |   |                            |                            | GENERAL AGGREGATE                            | \$ 3,00   | 00,000   |
|          | POLICY PRO-  |        |                 |                                  |   |                            |                            | PRODUCTS - COMP/OP AGO                       | \$ 3,00   | 00,000   |
|          | OTHER:   |        |                 |                                  |   |                            |                            |  | \$        |          |
|          | AUTOMOBILE LIABILITY   |        |                 |                                  |   |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ 1,00   | 00,000   |
|          | ANY AUTO   |        |                 |                                  |   |                            |                            | BODILY INJURY (Per person)                   | \$        |          |
| Α        | OWNED SCHEDULED AUTOS  |        |                 | S 2254995                        | 04/01/2022                                    | 04/01/2023                 | BODILY INJURY (Per acciden | t) \$  |           |          |
|          | HIRED NON-OWNED AUTOS ONLY   |        |                 |                                  |   |                            |                            | PROPERTY DAMAGE<br>(Per accident)            | \$        |          |
|          |  |        |                 |                                  |   |                            | _                          |  | \$        |          |
|          | UMBRELLA LIAB OCCUR  |        |                 |                                  |   |                            |                            | EACH OCCURRENCE                              | s         |          |
|          | EXCESS LIAB CLAIMS-MADE  |        |                 |                                  |   |                            |                            | AGGREGATE                                    | s         |          |
|          | DED RETENTION \$   |        |                 |                                  |   |                            |                            |  | \$        |          |
|          | WORKERS COMPENSATION   |        |                 |                                  |   |                            |                            | X PER STATUTE OTH ER                         | -         |          |
| D        | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE                    |        |                 | 100017000                        |   | 04/04/2022                 | 04/01/2023                 | E.L. EACH ACCIDENT                           | \$ 1,00   | 00,000   |
| В        | OFFICER/MEMBER EXCLUDED?   | N/A    |                 | 100017900                        |   | 04/01/2022                 |                            | E.L. DISEASE - EA EMPLOY                     | E \$ 1,00 | 00,000   |
|          | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                    |        |                 |                                  |   |                            |                            | E.L. DISEASE - POLICY LIMI                   | 1.00      | 00,000   |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
| DES      | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE                                 | S (AC  | ORD 1           | 01, Additional Remarks Schedule, | , may be at                                   | ttached if more s          | pace is required)          |  |           |          |
| ELE      | ECTRICAL CONTRACTOR  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            |  |           |          |
| CEI      | RTIFICATE HOLDER   |        |                 |                                  | CANC  | ELLATION                   |                            |  |           |          |
|          | -  |        |                 |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  |   |                            |                            | SCRIBED POLICIES BE                          |           | D BEFORE |
|          | Habitat for Humanity of Hamatt   | Cours  | hy              |                                  |   |                            |                            | F, NOTICE WILL BE DELIV<br>Y PROVISIONS.     | EKED IN   |          |
|          | Habitat for Humanity of Harnett<br>101 W. Harnett St.                        | coun   | ty              |                                  |   |                            |                            |  |           |          |
|          |  |        |                 |                                  | AUTHO   | RIZED REPRESE              | NTATIVE                    |  |           |          |
|          | PO Box 2157  |        |                 | NO 20224                         |   |                            |                            | 1 000  |           |          |
| 1        | Dunn   |        | NC 28334        | f= TELL OF                       |   |                            |                            |  |           |          |



DATE (MM/DD/YYYY) 2/24/2023

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.

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| this certificate does not confer     | rights to the certificate holder in fleu of such endorsement(s). |                |
|--------------------------------------|--|----------------|
| PRODUCER                             | CONTACT<br>NAME:   |                |
| Snipes Insurance Service, Inc.       | PHONE (A/C, No, Ext): (910) 892-2121 FAX (A/C, No):              | (910) 892-5228 |
| PO Box 1165                          | E-MAIL service@snipesinsurance.com                               |                |
| Dunn, NC, 28335                      | INSURER(S) AFFORDING COVERAGE                                    | NAIC#          |
|                                      | INSURER A: THE HARFORD MUTUAL                                    |                |
| INSURED Beasleys Heating & Air, Inc. | INSURER B: Accident Fund Insurance Compan                        |                |
| Deusicys freating at fair, the       | INSURER C:   |                |
|                                      | INSURER D :  |                |
| 57 WC Beasley Lane                   | INSURER E :  |                |
| Coats, NC, 27521                     | INSURER F :  |                |
| COVERAGES                            | CERTIFICATE NUMBER: 16772616FFF47 DEVICION NUMBER:               | *              |

CERTIFICATE NUMBER: 1677261655547 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.

| OMMERCIAL GENERAL LIABILITY                |  | WVD   | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)                                  | POLICY EXP<br>(MM/DD/YYYY)                                    | LIMIT   | S   |  |
|--|--|---|--|---|---|---|---|--|
| CLAIMS-MADE X OCCUR                        |  |   | BP10254103-6   | 12/31/2022  | 12/31/2023  | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$  | 1,000,000<br>100,000   |
| 900 etroproside 933                        |  |   |  |   |   | MED EXP (Any one person)                                  | \$  | 5,000  |
|  |  |   |  |   |   | PERSONAL & ADV INJURY                                     | \$  | 1,000,000  |
| AGGREGATE LIMIT APPLIES PER:               |  |   |  |   |   | GENERAL AGGREGATE   | \$  | 2,000,000  |
| DLICY PRO-<br>JECT LOC                     |  |   |  |   |   | PRODUCTS - COMP/OP AGG                                    | \$  | 2,000,000  |
| THER:                                      |  |   |  |   |   |   | \$  |  |
| OBILE LIABILITY                            |  |   | CA10253632-6   | 12/31/2022  | 12/31/2023  | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$  | 1,000,000  |
| IY AUTO                                    |  |   |  |   |   | BODILY INJURY (Per person)                                | \$  |  |
| NNED SCHEDULED AUTOS                       |  |   |  |   |   | BODILY INJURY (Per accident)                              | \$  |  |
| RED X NON-OWNED AUTOS ONLY                 |  |   |  |   |   | PROPERTY DAMAGE<br>(Per accident)                         | \$  |  |
|  |  |   |  |   |   |   | \$  |  |
| MBRELLA LIAB X OCCUR                       |  |   | CU10254455-6   | 12/31/2022  | 12/31/2023  | EACH OCCURRENCE   | \$  | 3,000,000  |
| CESS LIAB CLAIMS-MADI                      | E  |   |  |   |   | AGGREGATE   | \$  | 3,000,000  |
| X RETENTION \$ 10,000                      |  |   |  |   |   |   | \$  |  |
| RS COMPENSATION PLOYERS' LIABILITY         |  |   | AF WCP 100080060 01  | 12/31/2022  | 12/31/2023  | X PER STATUTE ER  |   |  |
| PRIETOR/PARTNER/EXECUTIVE                  | 7  |   |  |   |   | E.L. EACH ACCIDENT  | \$  | 500,000  |
| ory in NH)                                 | N/A  |   |  |   |   | E.L. DISEASE - EA EMPLOYEE                                | \$  | 500,000  |
| escribe under<br>PTION OF OPERATIONS below |  |   |  |   |   | E.L. DISEASE - POLICY LIMIT                               | \$  | 500,000  |
| PRIE<br>R/ME<br>ory i                      | TOR/PARTNER/EXECUTIVE MBEREXCLUDED? N NH) pe under | TOR/PARTNER/EXECUTIVE N/A | ETOR/PARTNER/EXECUTIVE N N/A N/A N/A N/A N/A N/A N/A N/A N/A N | ETOR/PARTNER/EXECUTIVE MBEREXCLUDED? N/A N/A n NH) se under | TOR/PARTNER/EXECUTIVE N N/A N/A N/A N/A N/A N/A N/A N/A N/A N | TOR/PARTNER/EXECUTIVE N N/A N/A N/A n NH) no under        | EL. EACH ACCIDENT MBEREXCLUDED? N N/A se under  E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | ELL. EACH ACCIDENT \$  MBEREXCLUDED?  N N/A  E.L. DISEASE - EA EMPLOYEE \$  se under |

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

| CERTIFICATE HOLDER                                     | CANCELLATION   |
|--|--|
| Habitat for Humanity<br>PO Box 2157<br>Dunn, NC, 28335 | 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  |
|  | anytodin   |
|  | D CODDODATION All sinks assessed   |

CANCELLATION

CEPTIFICATE HOLDED