

CERTIFICATE OF LIABILITY INSURANCE

03/01/2023

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 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).

PRODUCER			NAME: Kira Gibson, AINS, SBCS								
The Sewell Insurance Agency		PHONE (A/C, No, Ext): (910) 326-5754 FAX (A/C, No): (910)			FAX (A/C, No): (910)	326-6310					
785-1 W Corbett Ave	785-1 W Corbett Ave				E-MAIL kira@thesewellagency.com						
PO Box 835	INSURER(S) AFFORDING COVERAGE NAIC #										
Swansboro	NC 28584	INSURER A: Bankers Insurance Co.				33162					
INSURED			INSURER B : Progres		38784						
Ampd Ergineering Pllc			INSURER C: NorGUARD Insurance Company				31470				
Po Box 4580			INSURER D: Berkshire Hathaway GUARD Insurance Company								
			INSURER E :								
Emerald Isle		NC 28594-4580	INSURER F:								
COVERAGES CERT	IFICATE	NUMBER: CL233104202									
THIS IS TO CERTIFY THAT THE POLICIES OF IT	NSURANCE	E LISTED BELOW HAVE BEEN	ISSUED TO THE INS	JRED NAMED A	BOVE FOR THE PO	LICY PERIOD					
INDICATED. NOTWITH STANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA											
EXCLUSIONS AND CONDITIONS OF SUCH POL					OBJECT TO ALL TIT	L I LITINO,					
INSR	ADDL SUBR	1	POLICY EFF (MM/DD/YYYY	POLICY EXP		LIMITS	S				
COMMERCIAL GENERAL LIABILITY	INSD WYD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$ 1,00	00,000				
CLAIMS-MADE X OCCUR					DAMAGE TO RENTER PREMISES (Ea occurr	D s 300	,000				
05,000,000					MED EXP (Any one pe	100	000				
A		32 0040007108 0 03	03/02/2023	03/02/2024	PERSONAL & ADV IN	1.00	00,000				
GEN'LAGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGA	TE \$ 2,00	00,000				
POLICY FRO-					PRODUCTS - COMP/	OP AGG \$ 2,00	000,000				
OTHER:		and the second s			Add'I for policy mi	The second secon					
AUTOMOBILE LIABILITY			2		©OMBINED SINGLE I (Ea accident)	LIMIT \$					
ANY AUTO				4	BODILY INJURY (Per	person) \$	(4)				
B OWNED SCHEDULED AUTOS		01335494	11/05/2022	11/05/2023	BODILY INJURY (Per	1727/2012/2016					
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
	AUTOS ONET				Uninsured motori	00,000					
UMBRELLA LIAB OCCUR	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	E \$					
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$					
DED RETENTION \$						\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					➤ PER STATUTE	OTH- ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	AMWC448538	03/01/2023	03/01/2024	E.L. EACH ACCIDENT	s 500	,000				
(Mandatory in NH)	N/A	7.00000	00/01/2020	00/01/2021	E.L. DISEASE - EA E	MPLOYEE \$ 500	\$ 500,000				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC	CYLIMIT \$ 500	,000				
Professional Liability			03/01/2023								
D Trolessional Elability		AMPL477828		03/01/2024	Per Claim	\$1,	000,000				
				Aggregate	\$2,000,000						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

CERTIFICATE HOLD	ER		CANCELLATION					
Masses III	Engineering PLLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
PO Box	4580		AUTHORIZED REPRESENTATIVE					
Emeral	d Isle	NC 28594	c. Before					

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

07/27/2022

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).

					cate holder in lieu of such			may roquire			95/07/I	
	DUCER					CONTACT NAME:						
N.C. Farm Bureau Ins. Agency							PHONE FAX					
5301 Glenwood Avenue (27612)							E-MAIL					
	Box 27427	()		-			ADDRESS:					
5 0.300				NC 27611			INSURER(S) AFFORDING COVERAGE				NAIC#	
Raleigh					NO 2/011	INSURER A: Capitol Specialty Insurance Corporation						
INSURED						INSURER B:						
	22-2707	Pittman, II DBA				INSURER C:						
	100,000,000	oil Consulting					INSURER D:					
	1000 N 140K 50	gory Fork Rd	110 00574			INSURER E:						
	Richlands		NC 28574			INSURER F:						
			RTIFICATE NUMBER: CL227212340									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH STANDING 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.												
NSR	TYPE OF	NSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MWDD/YYYY)	(MWDD(YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,00		
	CLAIMS-MAD	DE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
									MED EXP (Any one person)	\$ 5,00		
Α	> Professional Li	ability			EV20182381-05		07/19/2022	07/19/2023	PERSONAL & ADV INJURY	s 1,00		
	GEN'LAGGREGATE LIN	IT APPLIES PER							GENERAL AGGREGATE	\$ 2,00		
								PRODUCTS - COMP/OP AGG	\$ 2,00			
	OTHER:								Professional Occ/Agg	s 1M/2M		
	AUTOMOBILE LIABILIT							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANYAUTO								BODILY INJURY (Per person)	\$		
	OWNED	NON-OWNED					BODILY INJURY (Per accident)	\$				
	AUTOS ONLY HIRED							PROPERTY DAMAGE	\$			
	AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB	OCCUP		_					EACH OCCURRENCE	s		
	EXCESS LIAB	OCCUR										
		CLAIMS-MADE							AGGREGATE	\$		
	DED RET	ENTION \$							PER OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		ILITY Y/N	TY YIN									
		LUDED?	N/A						E.L. EACH ACCIDENT	\$		
									E.L. DISEASE - EA EMPLOYEE \$			
		ATIONS below	+++						E.L. DISEASE - POLICY LIMIT \$ Each Incident \$1.0		00,000	
Α	Contractors Pollutio Occurence Form	n Liability -			EV20182381-05		07/19/2022	07/19/2023	Aggregate Limit	(50.000)	00,000	
DES(CRIPTION OF OPERATIO	NS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
CEF	CERTIFICATE HOLDER CANCELLATION											
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
						AUTHOR	RIZED REPRESEN	NTATIVE				
NC 28540												
-	© 1948 2015 ACORD CORPORATION. All rights reserved.											