

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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 liquid such endorsement(s).

th	is certificate does	not confer rights to	the o	ertifi	cate holder in lieu of such								
PRODUCER						CONTACT NAME: Kira Gibson, AINS, SBCS							
The	Sewell Insurance A	gency						26-5754		FAX (A/C, No):	(910) 3	26-6310	
785	-1 W Corbett Ave					E-MAIL ADDRES	kira@thos	sewellagency.c		1.001			
PO	Box 835							SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Swa	ansboro	NC 28584					INSURER A: Bankers Insurance Co.					33162	
INSU	IRED						INSURER B: Progressive Southeastern					38784	
	700 200	ngineering Pllc					NorCHARD Incurance Company					31470	
	Po Box						Parkabira Hathaway CHARD Insurance Company						
	10 00						INSURER D.						
	Emeralo	Isle NC 28594-4580					INSURER E :						
							INSURER F:						
COVERAGES		CERTIFICATE NUMBER: CL233104202 HAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN					TEVIOLOTI NOMBELL.						
C	IDICATED. NOTWITERTIFICATE MAY BE	HSTANDING ANY REQUI ISSUED OR MAY PERTA	REME AIN, T	NT, TE	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE BITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE	R DOCUMENT I D HEREIN IS S	WITH RESPECT TO	WHICHT			
NSR LTR	TYPE OF	FINSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MWDD/YYYY)		LIMITS	3		
	COMMERCIAL C	ENERAL LIABILITY						,	EACH OCCURRENCE	E	\$ 1,00	0,000	
	CLAIMS-MA	ADE OCCUR							DAMAGE TO RENTE	D	\$ 300,		
	CEAIWS-M	- 10000h							MED EXP (Any one pe		\$ 10,0		
Α					32 0040007108 0 03		03/02/2023	03/02/2024	PERSONAL & ADV IN		s 1,000		
	GEN'L AGGREGATE	IMIT APPLIES PER:								- 8	\$ 2,000	- 2	
	X nouse	PRO-							GENERAL AGGREGA		2.00	0,000	
		JECT LOC							PRODUCTS - COMP/ Add'l for policy m		\$ 2,000	-,	
-	OTHER:	ITY							GOMBINED SINGLE		\$		
		ANY AUTO					11/05/2022	11/05/2022	(Ea accident) BODILY INJURY (Per				
В					01335494						\$		
Ь	AUTOS ONLY	AUTOS			01333494		11/05/2022	11/05/2023	BODILY INJURY (Per PROPERTY DAMAGE		\$		
	AUTOS ONLY	AUTOS ONLY				- 1			(Per accident)		\$		
_									Uninsured motori		\$ 1,000	0,000	
	UMBRELLA LIA	OCCUR							EACH OCCURRENCE	E	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
		TENTION \$									\$		
	WORKERS COMPENS	ERS COMPENSATION MPLOYERS' LIABILITY Y/N				1			➤ PER STATUTE	OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A	AMWC448538		03/01/2023	03/01/2024	E.L. EACH ACCIDENT	Т	\$ 500,000		
	(Mandatory in NH)	CLODED?			,		00/0//2020	00/01/2021	E.L. DISEASE - EA EM	MPLOYEE	\$ 500,0	000	
	If yes, describe under DESCRIPTION OF ORE	RATIONS below							E.L. DISEASE - POLIC	CYLIMIT	\$ 500,0	000	
	Professional Liabil	ity											
D					AMPL477828		03/01/2023	03/01/2024	Per Claim		\$1,00	00,000	
									Aggregate		\$2,00	00,000	
DES	CRIPTION OF OPERATIC	DNS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)					
CEF	RTIFICATE HOLDE	:R				CANC	ELLATION						
	AMP'D E PO Box	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.						
	. 5 50%					AUTHOR	RIZED REPRESEN	NTATIVE					
	Emerald	Isle			NC 28594	c. Buffel							



CERTIFICATE OF LIABILITY INSURANCE

07/27/2022

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). PRODUCER PHONE (A/C, No, Ext); E-MAIL ADDRESS: N.C. Farm Bureau Ins. Agency (A/C, No): 5301 Glenwood Avenue (27612) P.O. Box 27427 NAIC # INSURER(S) AFFORDING COVERAGE Raleigh NC 27611 Capitol Specialty Insurance Corporation INSURERA: INSURED INSURER B Ronald H. Pittman, II DBA INSURER C: Pittman Soil Consulting INSURER D : 1003 Gregory Fork Rd INSURER E: Richlands NC 28574 INSURER F: COVERAGES CL2272123407 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. 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. ADDE SUBR (MWDD/YYYY) (MWDD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 \$ EACH OCCURRENCE PREMISES (Ea occurrence) 50,000 CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) > Professional Liability EV20182381-05 07/19/2022 07/19/2023 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'LAGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2.000.000 POLICY FCT PRODUCTS - COMPIOP AGG 2 \$ 1M/2M Professional Occ/Agg OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY s ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accident) s AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY s UMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 Each Incident Contractors Pollution Liability -07/19/2023 EV20182381-05 07/19/2022 \$2,000,000 Occurence Form Aggregate Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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. AUTHORIZED REPRESENTATIVE NC 28540 © 1988 2015 ACORD CORPORATION. All rights reserved.