

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).

this certificate does		not comer rights to	the t	erun	cate noider in lieu of such		. ,					
PRODUCER						CONTA NAME:	CT Kira Gibso	on, AINS, SBC	S			
The	Sewell Insurance A	gency					PHONE (A/C, No. Ext): (910) 326-5754 FAX (A/C, No): (910) 326-6310					
785	-1 W Corbett Ave					E-MAIL kira@thesewellagency.com						
PO	PO Box 835										NAIC#	
Swansboro			NC 28584				INSURER(S) AFFORDING COVERAGE INSURER A . Bankers Insurance Co.				NAIC # 33162	
INSU		,,,,					December 4.				38784	
	1007772	ngineering Pllc					NerCHARD Incurence Company					
	Po Box						Padrabia Hathana CHARD I C				31470	
	FO BOX	+300					INSURER D: Berkshire Hathaway GUARD Insurance Company					
							INSURER E:					
Emeralo							INSURER F:					
COVERAGES		CERTIFICATE NUMBER: CL233104202					TEVISION NOMBEN.					
C	IDICATED. NOTWITI ERTIFICATE MAY BE	HAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, NDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR		INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT			
LIN		ENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1.00	00,000	
		CLAIMS-MADE OCCUR N'LAGGREGATE LIMIT APPLIES PER:		32 004		03/02/2023		DAMAGE TO RENTED	\$ 300,			
	CLAIMS-MA						00/00/0000	03/02/2024	PREMISES (Ea occurrence)	Φ		
Α					32 0040007108 0 03				MED EXP (Any one person)	\$ 10,0		
^					32 0040007106 0 03		03/02/2023		PERSONAL & ADV INJURY	\$	00,000	
									GENERAL AGGREGATE	\$ 2,000,000		
	POLICY	ECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:								Add'l for policy minimum	\$		
В	AUTOMOBILE LIABILI	Y							COMBINED SINGLE LIMIT (Ea accident)	IGLE LIMIT \$		
	ANY AUTO	CONTROL OF THE CONTRO		01335494			11/05/2022	11/05/2023	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	X SCHEDULED AUTOS			01335494				BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									Uninsured motorist	\$ 1,00	00,000	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	s		
	DED RET	TENTION \$							Addredate			
	WORKERS COMPENS	RKERS COMPENSATION							➤ PER STATUTE OTH-	\$		
	AND EMPLOYERS' LIA ANY PROPRIETOR/PAR	THEDEVECTIONS T/N							140.00 000000000000000000000000000000000	500	000	
С	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				AMWC448538		03/01/2023	03/01/2024	E.L. EACH ACCIDENT	\$ 500,000		
									E.L. DISEASE - EA EMPLOYEE	\$ 500,000 \$ 500,000		
_									E.L. DISEASE - POLICY LIMIT	\$ 500,	000	
D	Professional Liab lity				AMDI 477000							
U					AMPL477828		03/01/2023	03/01/2024	Per Claim	00.00	000,000	
									Aggregate	\$2,0	000,000	
DESC	CRIPTION OF OPERATIO	NS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
CEF	CERTIFICATE HOLDER						CANCELLATION					
OLI	THI IOATE HOLDE					CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
					THE	EXPIRATION D	ATE THEREOF	, NOTICE WILL BE DELIVER				
	AMP'D E	ingineering PLLC					ORDANCE WIT	H THE POLICY	PROVISIONS.			
	PO Box	580					MUTUADUTE OF DEPOTATIVE					
							AUTHORIZED REPRESENTATIVE					

Emerald Isle

NC 28594



CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY)

07/27/2022 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOE\$ 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 FAX (A/C, No): 5301 Glenwood Avenue (27612) PO Box 27427 INSURER(S) AFFORDING COVERAGE NAIC# Raleigh NC 27611 INSURERA: Capitol Specialty Insurance Corporation 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 : CL2272123407 **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. 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 ADDL SUBR INSP MWDDAYYY (MWDDAYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 50,000 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 POLICY 2.000.000 PRODUCTS - COMPIOP AGG 2 OTHER Professional Occ/Ago \$ 1M/2M COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE \$ AUTOS ONLY 5 UMBRELLA LIAE OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ RKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE · EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Each Incident \$1,000,000 Contractors Pollution Liability -EV20182381-05 07/19/2022 07/19/2023 Aggregate Limit \$2,000,000 Occurence Form DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more apace 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

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