

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/27/2021

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. 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).

th	is certificate does not confer rights to				ıch end	lorsement(s).	•	require an em	uorsemen	i. A 3i	atement on	
PRODUCER HUB International HKMB Limited 595 Bay Street, Ste 900						CONTACT NAME: PHONE (A/C, No, Ext): 416-597-0008 (A/C, No): 416-597-2313						
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#	
					INSURE	R A :Liberty Mut	tual Insurance	Company			23043	
INSURED Royal Oaks Building Group LLC						INSURER B:						
1210 Trinity Road						INSURER C:						
Suite 102 Cary, NC 27513						INSURER D : INSURER E :						
						INSURER F:						
				NUMBER:776N3D9Q				REVISION NU				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER	DOCUMENT WI	TH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	IIASD	VVVD	TB1-B71-171457-031		06/01/2021	06/01/2022	EACH OCCURRE		\$	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO REN PREMISES (Ea oc	TED	\$	2,000,000	
								MED EXP (Any one		\$	25,000	
								PERSONAL & AD\	/ INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COM	MP/OP AGG	\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	_E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	,	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$			h				1.050	Lozu	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC2-B71-171021-041		06/01/2021	06/01/2022	X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDE	ENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	1,000,000	
										\$		
										\$ \$		
DE0.	DEPTION OF ORED ATIONS (LOCATIONS (VEHICL	F0 /	10000	404 4 1155 - 1 5 - 1 1 0 1 1						\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL rations usual to a General Contractor	_ES (/	ACORD	101, Additional Remarks Schedu	ie, may b	e attached if more	space is requir	eaj				
Valid	d in the State of North Carolina											
Sun	shine Real Estate LLC is added as Addition	nal In	sured(s) to the Commercial Gener	al Liabili	ty Policy but or	nly insofar as	their legal liability	arises, vic	ariously	y, out of	
ope	rations performed by, or on behalf of, the N	ame	d Insu	red.								
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.						
Harnett County 108 E. Front Stret						AUTHORIZED REPRESENTATIVE 3/1 /						

Lilington, NC 27546