OP ID: SW

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2023

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.

	SUE	BROGATION	IS W	/AIVED, su	ıbject	to ti	ne te	rms and conditions of th	ne poli	cy, certain p	olicies may					
this certificate does not confer rights to the certificate holder in lieu of suppose 919-552-8274 THE YOUNG GROUP OF FUQUAY 411 N Judd Parkway NE, Suite A Fuquay-Varina, NC 27526									CONTACT Susan Woods NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: Susan@tygof.com							
																Sus
										INSURER A : BUILDERS MUTUAL INSURANCE CO						
INSURED										INSURER B:						
Elm Street General Contractor, Inc 3434 Kildaire Farm Rd, Ste 240										INSURER C:						
Cary	, NC	aire Farm Rd, 1 27518	Ste 24	10						INSURER D:						
									INSURER E:							
									INSURER F:							
								NUMBER:	REVISION NUMBER:							
IN C E	IDICA ERTI	ATED. NOTW FICATE MAY	ITHS [*] BE IS	TANDING A SSUED OR	NY RE MAY SUCH	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RE D HEREIN IS SUBJEC	SPE	CT TC	WHICH THIS	
INSR LTR	TTPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
Α	X	CLAIMS-M		X OCCUR				PCP004160-04		01/01/2023	01/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	ce)	\$	1,000,000 100,000	
												MED EXP (Any one perso	- 1	\$	5,000	
												PERSONAL & ADV INJURY \$			1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:											GENERAL AGGREGATE \$			2,000,000	
	X	POLICY	Y PRO- JECT LOC									PRODUCTS - COMP/OP	AGG	\$	2,000,000	
_		OTHER:										COMBINED SINGLE LIMI	_	\$	1,000,000	
Α	AUTOMOBILE LIABILITY								00/00/0000	00/00/0000	(Ea accident) \$			1,000,000		
		ANY AUTO OWNED AUTOS ONLY	X	SCHEDULE AUTOS	D			PCA0025483 03		08/22/2022	08/22/2023	BODILY INJURY (Per per		\$		
	X	AUTOS ONLY HIRED AUTOS ONLY	X	AUTOS NON-OWNE AUTOS ONI								PROPERTY DAMAGE (Per accident)	ident)	\$		
		AUTOS ONLY		AUTOS ONI	LY							(Per accident)	-	\$ \$		
		UMBRELLA LIA	В	OCCUR	!							EACH OCCURRENCE	\dashv	\$		
		EXCESS LIAB		CLAIMS								AGGREGATE		\$		
	DED RETENTION \$												\$			
Α	AND EMPLOYERS' LIARILITY											X PER O E	TH- R			
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH)			N/A		WCP1062831 04		01/01/2023	01/01/2024	E.L. EACH ACCIDENT		\$	1,000,000		
		Mandatory in NH) f yes, describe under										E.L. DISEASE - EA EMPLOYEE \$		1,000,000		
	DES	CRIPTION OF OF	PTION OF OPERATIONS below									E.L. DISEASE - POLICY L	IMIT	\$	1,000,000	
DE0	ODIDT	10N OF ORER 47	10110	LOCATIONS	/\/EUI0		1000	Add Additional Demants Oak at	.1			0				
DES	CRIPT	ION OF OPERAT	ions /	LOCATIONS	VEHIC	LES (ACORL	0 101, Additional Remarks Schedu	ile, may t	be attached if mo	re space is requii	red)				
CE	RTIF	ICATE HOL	DER						CANCELLATION							
								HARN003	GUOLUI D ANN OF THE ADOVE DECODIES SOLVEIS STOCKES							
Harnett County Inspections Office P.O. Box 65 Lillington, NC 27546									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							
	Lillington, NC 27546									Show C. 3 Vorder						