

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/31/2024

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 contificate does not conforming to the contificate holder in liquid found and recompany(s).

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights				uch end	lorsement(s)		. squite un endersemen			
PRODUCER HUB International Ontario Limited						NAME:					
130 King Street West, Suite 1100 Toronto, ON M5X 1E4					PHONE (A/C, No, Ext): 416-597-0008 FAX (A/C, No): 416-597-2313						
	, 5				ADDRE			DING 60/FD1			
						INSURER(S) AFFORDING COVERAGE				23043	
INSURED						INSURER A :Liberty Mutual Insurance Company INSURER B :					
Mattamy Homes LLC 11000 Regency Pkwy, #110										+	
Cary, NC 27518					INSURE						
COVERAGES CERTIFICATE NUMBER:N7BFTTNG						INSURER D : INSURER E :					
						INSURER F :					
						REVISION NUMBER:					
II C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT I POLI	REME AIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY F	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY			TB1-B71-171457-033		06/01/2024	07/01/2024	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	2,000,000	
								MED EXP (Any one person)	\$	25,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							LOOMBINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION\$			MOO D75 474004 040				V PER OTH-	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			WCC-B75-171021-043		06/01/2024	06/01/2025	X PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
									\$		
									\$		
									\$		
Ope Vali Sur	cription of operations / Locations / Vehicle rations usual to a General Contractor d in the State of North Carolina shine Real Estate LLC is added as Additional rations performed by, or on behalf of, the I	nal In	sured	l(s) to the Commercial Gener					icarious	sly, out of	
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 Lilington, NC 27546						AUTHORIZED REPRESENTATIVE M. 7.4					

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