

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2023

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 confor rights to the certificate holder in liqu of such endorsement(s).

| If<br>  ti   | SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights t   | to the                | he te<br>e cert       | rms and conditions of th<br>ificate holder in lieu of su               | ne polic<br>uch end  | y, certain po<br>orsement(s)      | olicies may                              | require an endorsemer                        | nt. A s  | tatement on |  |
|--|--|-----------------------|-----------------------|--|--|-----------------------------------|--|--|----------|-------------|--|
| PRODUCER   |  |                       |                       |  |  | CONTACT<br>NAME:                  |  |  |          |             |  |
| HUB International HKMB Limited 595 Bay Street, Ste 900 |  |                       |                       |  | PHONE (A/C, No, Ext): 416-597-0008 FAX (A/C, No): 416-597-2313   |                                   |  |  |          |             |  |
|  | onto, ON M5G 2E3   |                       |                       |  | E-MAIL<br>ADDRES   |                                   |  | 1 ( 1 2 / 1 /                                |          |             |  |
|  |  |                       |                       |  |  | INS                               | URER(S) AFFOR                            | DING COVERAGE                                |          | NAIC #      |  |
|  |  |                       |                       |  | INSURE   | R A :Liberty Mu                   | tual Insurance                           | Company                                      |          | 23043       |  |
| INSURED Mattamy Homes LLC 11000 Regency Pkwy, #110     |  |                       |                       |  | INSURE   | INSURER B:                        |  |  |          |             |  |
|  |  |                       |                       |  | INSURE   | INSURER C:                        |  |  |          |             |  |
| Cary, NC 27518   |  |                       |                       |  |  | INSURER D:                        |  |  |          |             |  |
|  |  |                       |                       |  | INSURE   | RE:                               |  |  |          |             |  |
|  |  |                       |                       |  | INSURE   | RF:                               |  |  |          |             |  |
| CO   | VERAGES CEF  | TIFI                  | CATE                  | ENUMBER:WM3XV8S3   |  |                                   |  | REVISION NUMBER:                             |          |             |  |
| II<br>C  | HIS IS TO CERTIFY THAT THE POLICIES<br>NDICATED. NOTWITHSTANDING ANY RI<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT<br>POLI | REME<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF ANY<br>ED BY 1  | CONTRACT THE POLICIES EDUCED BY F | OR OTHER I<br>S DESCRIBE<br>PAID CLAIMS. | DOCUMENT WITH RESPE                          | CT TO    | WHICH THIS  |  |
| INSR<br>LTR TYPE OF INSURANCE                          |  |                       | SUBR                  | POLICY NUMBER  |  | POLICY EFF<br>(MM/DD/YYYY)        | POLICY EXP<br>(MM/DD/YYYY)               | LIMIT  | s        |             |  |
| Α  | X COMMERCIAL GENERAL LIABILITY   |                       |                       | TB1-B71-171457-033   | T  | 06/01/2023                        | 06/01/2024                               | EACH OCCURRENCE                              | \$       | 2,000,000   |  |
|  | CLAIMS-MADE X OCCUR  |                       |                       |  |  |                                   |  | DAMAGE TO RENTED<br>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-<br>JECT LOC  |                       |                       |  |  |                                   |  | PRODUCTS - COMP/OP AGG                       | \$       | 2,000,000   |  |
|  | OTHER:   |                       |                       |  |  |                                   |  |  | \$       |             |  |
|  | AUTOMOBILE LIABILITY   |                       |                       |  |  |                                   |  | COMBINED SINGLE LIMIT (Ea accident)          | \$       |             |  |
|  | ANY AUTO   |                       |                       |  |  |                                   |  | BODILY INJURY (Per person)                   | \$       |             |  |
|  | OWNED SCHEDULED AUTOS ONLY   |                       |                       |  |  |                                   |  | BODILY INJURY (Per accident)                 | \$       |             |  |
|  | HIRED NON-OWNED AUTOS ONLY   |                       |                       |  |  |                                   |  | PROPERTY DAMAGE (Per accident)               | \$       |             |  |
|  |  |                       |                       |  |  |                                   |  |  | \$       |             |  |
|  | UMBRELLA LIAB OCCUR  |                       |                       |  |  |                                   |  | EACH OCCURRENCE                              | \$       |             |  |
|  | EXCESS LIAB CLAIMS-MADE  |                       |                       |  |  |                                   |  | AGGREGATE                                    | \$       |             |  |
| L_   | DED RETENTION \$   |                       |                       |  |  |                                   |  |  | \$       |             |  |
| A  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |                       |                       | WC2-B71-171021-043   |  | 06/01/2023                        | 06/01/2024                               | X PER STATUTE OTH-                           |          |             |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE N   | N/A                   |                       |  |  |                                   |  | E.L. EACH ACCIDENT                           | \$       | 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 - POLICY LIMIT                  | \$       | 1,000,000   |  |
|  |  |                       |                       |  |  |                                   |  |  | \$       |             |  |
|  |  |                       |                       |  |  |                                   |  |  | \$<br>\$ |             |  |
|  |  |                       |                       |  |  |                                   |  |  | \$       |             |  |
| Оре  | cription of operations / Locations / Vehice rations usual to a General Contractor d in the State of North Carolina                             | LES (A                | ACORD                 | 0 101, Additional Remarks Schedu                                       | ile, may be  | attached if more                  | e space is require                       | ed)  |          |             |  |
|  | shine Real Estate LLC is added as Addition rations performed by, or on behalf of, the N  |                       |                       |  | ral Liabili  | ty Policy but o                   | nly insofar as                           | their legal liability arises, vi             | carious  | ly, out of  |  |
| lobe   | rations performed by, or on behalf of, the r   | varrie                | u iiisu               | iieu.  |  |                                   |  |  |          |             |  |
|  |  |                       |                       |  |  |                                   |  |  |          |             |  |
|  |  |                       |                       |  |  |                                   |  |  |          |             |  |
| 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   |  |                       |                       |  | AUTHOR   | AUTHORIZED REPRESENTATIVE         |  |  |          |             |  |
| 108 E. Front Stret<br>Lilington, NC 27546              |  |                       |                       |  |  |                                   |  | M. Til                                       | 6        |             |  |

Page 1 of 1 © 1988-2015 ACORD CORPORATION. All rights reserved.