

CEDTIEICATE OF LIABILITY INCLIDANCE

NHUNTLEY - ----

DATE (WIWI/DD/TTTT	0	
7/12/2024		

LAMCCUS-01

	_					۱DIL		UKAN		7/	/12/2024	
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.												
lf	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).											
PRO	DUCE	ER E				CONTA NAME:	СТ					
		& Associates Insurance Agency	, Inc.	-		PHONE (A/C, No, Ext): (704) 226-1300 FAX (A/C, No): (704) 226-1320						
		1458 , NC 28111				E-MAIL ADDRESS: certs@robbinsandassociates.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURE	R A : Builder		10844			
INSU	RED					INSURE						
		LAMCO Custom Builders LL	.c			INSURER C :						
		7424 Chapel Hill Rd Ste 203				INSURE	RD:					
		Raleigh, NC 27607				INSURE	RE:					
						INSURER F :						
CO	VEF	AGES CER	TIFI	CAT	E NUMBER:				REVISION NUMBER:			
IN C	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING 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.											
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
A	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CPP 0107457 00		7/15/2024	7/15/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GE	N'L AGGRE <u>GATE</u> LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000	
		OTHER:								\$		
A	-								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X				CAP 0046419 00		7/15/2024	7/15/2025	BODILY INJURY (Per person	\$		
		OWNED AUTOS ONLY							BODILY INJURY (Per accider	it) \$		
		AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
A	x	UMBRELLA LIAB X OCCUR								\$	2,000,000	
	^	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	_		MUB 0029823 00	MUB 0029823 00	7/15/2024	7/15/2025	EACH OCCURRENCE	\$	2,000,000	
		DED X RETENTION \$ 10,000	-				.,	1710/2020	AGGREGATE	\$		
A	wo	RKERS COMPENSATION							X PER OTH- STATUTE ER	\$		
	AND	EMPLOYERS' LIABILITY			WCP 1099140 00		7/15/2024	7/15/2025		¢	500,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A	Α						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOY	\$ == ¢	500,000	
	If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		500,000	
		CRIFTION OF OFERATIONS BEIOW							L.L. DISEASE - FOLICT LIMI	μ		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
CE	CERTIFICATE HOLDER						ELLATION					
Hamatt County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	Harnett County PO Box 65					ACCORDANCE WITH THE POLICY PROVISIONS.						
Lilligton, NC 27546												
1						AUTHORIZED REPRESENTATIVE						

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