

CERTIFICATE OF LIABILITY INSURANCE

AMERRITT

DATE	(MM/DD/YYYY)	
1/	10/2025	

CLAYHOM-01

										1/10/2025		
CE	ERT	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED BY	THE POLICIES		
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subject Prtificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PROE		,										
Allia	Alliant Insurance Services, Inc.						CONTACT Angela Merritt PHONE (A/C, No, Ext): FAX (A/C, No):					
520 W Summit Hill Dr Ste 1005 Knoxville, TN 37902						E-MAIL ADDRESS: Angela.Merritt@alliant.com						
						INSURER(S) AFFORDING COVERAGE				NAIC #		
									22322			
INSURED Clayton Properties Group, Inc. dba Mungo Homes 447 Western Lane					······································				36940			
					INSURER C : XL Insurance America, Inc.				24554			
					INSURER D :							
		Irmo, SC 29063				INSURE	RE:					
						INSURE	RF:					
CO	/ER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
IN CE	DIC/ RTI	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO	N OF A DED BY	NY CONTRA	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS		
		ISIONS AND CONDITIONS OF SUCH		SUBR		BEENF	POLICY EFF	POLICY EXP				
	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		2,000,000		
	^				RGD9437281-18		7/1/2024	7/1/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000		
					KGD9437201-10		1/1/2024	1/1/2023		10.000		
									MED EXP (Any one person) \$	2,000,000		
									PERSONAL & ADV INJURY \$	10,000,000		
	X	I'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE \$	4,000,000		
	~								PRODUCTS - COMP/OP AGG \$	-,,		
Α	A 1 1 T	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	5,000,000		
	X				RAD9437282-18		7/1/2024	7/1/2025	(Ea accident) \$	-,,		
	~	OWNED SCHEDULED			RAD9437202-10		1/1/2024	1/1/2023	BODILY INJURY (Per person) \$			
	Х	AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	~	AUTOS ONLY							(Per accident) \$			
в	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	10,000,000		
	~	EXCESS LIAB CLAIMS-MADE			RES9438064-03		7/1/2024	7/1/2025	AGGREGATE \$	10,000,000		
		DED RETENTION \$							AGGREGATE \$			
С	WOR	KERS COMPENSATION							V PER OTH-			
					RWD9435192-18		7/1/2024	7/1/2025	STATUTE ER E.L. EACH ACCIDENT	4,000,000		
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYEE \$	4,000,000		
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	4,000,000		
	DES	CRIFTION OF OFERATIONS DEIOW							E.L. DISEASE - POLICI LIMIT \$			
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	FS /) 101 Additional Remarks School	ile may b	e attached if mor	e snace is requir	red)			
		ION OF OFERATIONS / LOCATIONS / VEHIC	LL3 (/	ACON	o for, Additional Remarks Schedu	ne, may b	e attacheu il moi	e space is requi	ieu)			
CERTIFICATE HOLDER CANCELLATION												
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
Harnett County Building Inspections Department					THE	EXPIRATIO	N DATE TH	IEREOF, NOTICE WILL BE				
					ACCORDANCE WITH THE POLICY PROVISIONS.							
	420 McKinney Parkway											
Lillington, NC 27546												
						allandering						

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