**AJACQUES** 



ACORD<sup>®</sup>

2/18/2025

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 confer rights to the certificate holder in lieu of such endorsement(s).

and the mount acts from the figure in the comment i	······································				
PRODUCER License # 4682	CONTACT NAME:				
Hub International Insurance Services 601 N. Mesa, Suite 1550	PHONE (A/C, No, Ext): (915) 206-6023 FAX (A/C, No): (866)	399-3972			
El Paso, TX 79901	E-MAIL ADDRESS: tex.elpasoinfo@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: National Builders Insurance Company	16632			
INSURED	INSURER B : Progressive Specialty Insurance Company	32786			
Davidson Homes, LLC	INSURER C: United Specialty Insurance Company	12537			
336 James Record Road SW	INSURER D: Texas Mutual Insurance Company	22945			
Huntsville, AL 35824	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

	KCLL				LIMITS SHOWN MAY HAVE BEEN F										
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD			(MIND D) 1 1 1 1 1	(MM/25/1111)	EACH OCCURRENCE	\$	1,000,000					
		CLAIMS-MADE X OCCUR								GLP-0345567-02	3/15/2024	3/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000					
								PERSONAL & ADV INJURY	\$	1,000,000					
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000					
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000					
		OTHER:							\$						
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000					
		ANY AUTO			978750414	3/15/2024	3/15/2025	BODILY INJURY (Per person)	\$						
		OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$						
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$						
									\$						
С	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000					
		EXCESS LIAB CLAIMS-MADE			BTN2441319	3/15/2024	3/15/2025	AGGREGATE	\$	5,000,000					
		DED X RETENTION \$ 0							\$						
D	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER							
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PARTNER PROPRIETOR PARTNER	N/A		0002071750	12/28/2024	12/28/2025	E.L. EACH ACCIDENT	\$	1,000,000					
		datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000					
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Company E - Workers Compensation - Alabama Home Builders Self Insurers Fund - Policy #001-2022-28249-00 - Effective: 01-01-2025 to 01-01-2026 Limits: \$1,000,000/\$1,000,000,\$1,000,000.

Company F - Workers Compensation - Safety National Casualty Corp. - Policy #PRP4062523 - Effective: 01-01-2025 to 01-01-2026 Limits: \$1,000,000/\$1.000.000.

The General Liability, Automobile policies includes a blanket automatic additional insured endorsement or policy terms that provide additional insured status SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATIO

Harnett County
Development Services, Environmental Health
420 McKinney Pkwy
PO 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

DAZ =

LOC #: 1



ADDITIO	NAL KEIVIA	ARNS SCHEDULE Page 1 or 1			
AGENCY	License # 468	2 NAMED INSURED			
Hub International Insurance Services		Davidson Homes, LLC 336 James Record Road SW			
POLICY NUMBER		336 James Record Road SW Huntsville, AL 35824			
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	O ACORD FORM,				
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of	Liability Insurance				
Description of Operations/Locations/Vehicles: to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status subject to policy terms and conditions. The General Liability,Automobile and Workers Compensation policies includes a blanket automatic waiver of subrogation endorsement that provides a waiver of subrogation only when there is a written contract between the named insured and the certificate holder that requires it subject to policy terms and conditions.					