AMERRITT

CERTIFICATE OF LIABILITY INSURANCE

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

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 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).

| PRODUCER | CONTACT Angela Merritt | | | | |
|---|--|-------------------|--|--|--|
| Alliant Insurance Services, Inc. 520 W Summit Hill Dr Ste 1005 | PHONE (A/C, No, Ext): (865) 278-8712 | FAX (A/C, No): | | | |
| Knoxville, TN 37902 | E-MAIL ADDRESS: Angela.Merritt@alliant.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A: Greenwich Insurance Company | 22322 | | | |
| INSURED | INSURER B: Indian Harbor Insurance Compa | ny 36940 | | | |
| Clayton Properties Group, Inc. dba Mungo Homes | INSURER C: XL Insurance America, Inc. | 24554 | | | |
| 447 Western Lane | INSURER D: | | | | |
| Irmo, SC 29063 | INSURER E : | | | | |
| | INSURER F: | | | | |
| | DEVICEN NUM | IDED | | | |

REVISION NUMBER: <u>COVERAGES</u> CERTIFICATE 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,

| | XCLUSIONS AND CONDITIONS OF SUCH F | | | | | | | |
|-------------|---|----------------------|------------------|----------------------------|----------------------------|---|-------------|-----|
| INSR LTR | | ADDL SU | BR POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | (, | ,,,,,, | EACH OCCURRENCE | \$ 2,000,0 | |
| | CLAIMS-MADE X OCCUR | | RGD9437281-18 | 7/1/2024 | 7/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,0 |)00 |
| | | | | | | MED EXP (Any one person) | \$ 10,0 |)00 |
| | | | | | | PERSONAL & ADV INJURY | \$ 2,000,0 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 10,000,0 |)00 |
| | X POLICY X PRO- | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,0 |)00 |
| | OTHER: | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 5,000,0 |)00 |
| | X ANY AUTO | | RAD9437282-18 | 7/1/2024 | 7/1/2025 | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | \$ | |
| В | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ 10,000,0 |)00 |
| | EXCESS LIAB CLAIMS-MADE | S-MADE RES9438064-03 | RES9438064-03 | 38064-03 7/1/2024 | 7/1/2025 | AGGREGATE | \$ 10,000,0 |)00 |
| | DED RETENTION \$ | | | | | | \$ | |
| С | C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | X PER OTH-ER | | |
| | | | | 7/1/2024 | 7/1/2025 | E.L. EACH ACCIDENT | \$ 4,000,0 | |
| | (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 4,000,0 |)00 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ 4,000,0 |)00 |
| | | | | | | | | |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

> **Harnett County Building Inspections Department** 420 McKinney Parkway 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