

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2025

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).												
_	DUCE			00.1		CONTACT NAME:						
Todd & Scarboro Inc.							NAME: PHONE (A/C, No, Ext): 919-365-7255 FAX (A/C, No): 919-365-3961					
2499 Wendell Blvd Wendell NC 27591							(A/C, No, Ext): 919-305-7255 (A/C, No): 919-305-3901 E-MAIL ADDRESS:					
wendeli NC 2/591												
							INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED INNOCON-01							INSURER A : BUILDERS MUTUAL INSURANCE Co.				10844	
INNOCON-01 Innovative Construction Group LLC ICG Homes LLC							INSURER B: Owners Insurance Company 32700					
ICG Homes						INSURER C:						
ICG Homes						INSURER D:						
4020 Wake Forest Road, Ste 306 Raleigh NC 27609						INSURER E :						
<u> </u>							INSURER F:					
_					E NUMBER: 463276111				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.												
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GENERAL LIABILITY	Υ	Υ	CPP0037355 17		4/1/2025	4/1/2026	EACH OCCURRENCE	\$1,000	,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00	
									MED EXP (Any one person)	\$5,000		
									PERSONAL & ADV INJURY	ERSONAL & ADV INJURY \$ 1,000,		
	GEN	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000			
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	.000	
	OTHER:									\$		
В	AUT	TOMOBILE LIABILITY			5131745600		4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
	Х	ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	Х	HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
Α	Х	UMBRELLA LIAB X OCCUR			MUB 0005274 09		4/1/2025	4/1/2026	EACH OCCURRENCE	\$2,000,000		
			CLAIMS-MADE						AGGREGATE	\$2,000,000		
		DED X RETENTION \$ 10,000	-						AGGREGATE	\$ 2,000	,000	
Α	WORKERS COMPENSATION			Y	WCP1003689 16		4/1/2025	4/1/2026	X PER OTH-	Ų.	-	
		DEMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE Y/N	,		1000000 10		4/1/2020	17 172020	E.L. EACH ACCIDENT	¢ 1 000	000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									\$1,000,000		
									E.L. DISEASE - EA EMPLOYEE			
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHI	TIFS (ACORE	101 Additional Remarks Schedu	le may he	attached if more	enace is require	ad)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
	DTIF	TICATE LIQUEES				CANC	NELL ATION					
CERTIFICATE HOLDER CANCELLATION												
Harnett County							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
420 McKinney Pkwy Lillington NC 27546							AUTHORIZED REPRESENTATIVE					
Lillington No 27070						Taret Thenus						
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