



CERTIFICATE OF LIABILITY INSURANCE

MOVENE-01

ELEON

DATE (MM/DD/YYYY)

4/5/2023

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).

PRODUCER
Hub International Carolinas
751 Corporate Center Drive
Suite 120
Raleigh, NC 27607

| | |
|---|------------------------|
| CONTACT NAME: Ellie Leon | |
| PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS: ellie.leon@hubinternational.com | |
| INSURER(S) AFFORDING COVERAGE | |
| INSURER A: Northfield Insurance Company | NAIC # 27987 |
| INSURER B: Integon Indemnity Corporation | 22772 |
| INSURER C: BusinessFirst Insurance Company | 11697 |
| INSURER D: Pennsylvania Manufacturers' Association Insurance Company | 12262 |
| INSURER E: | |
| INSURER F: | |

INSURED
Movers Near Me, LLC
54 Morgan Branch Est.
Candler, NC 28715

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|---------------------------------|-----------------|-------------------------|-------------------------|---|---------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | WS551699 | 4/1/2023 | 4/1/2024 | EACH OCCURRENCE | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | OTHER: | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| B | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 2011729216 | 4/1/2023 | 4/1/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | UMBRELLA LIAB | | | | | | BODILY INJURY (Per person) | \$ 100,000 |
| | EXCESS LIAB | | | | | | BODILY INJURY (Per accident) | \$ 300,000 |
| | DED | | | | | | PROPERTY DAMAGE (Per accident) | \$ 50,000 |
| | RETENTION \$ | | | | | | | \$ |
| | | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N <input type="checkbox"/> | 0521-20539 | 4/1/2023 | 4/1/2024 | <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTH-ER |
| | | | N/A | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Motor Truck Cargo | | | 812301-9525379Y | 4/1/2023 | 4/1/2024 | Limit | \$ 35,000 |
| D | Motor Truck Cargo | | | 812301-9525379Y | 4/1/2023 | 4/1/2024 | Deductible | \$ 1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

North Carolina Utilities Commission
430 North Salisbury St.
Raleigh, NC 27603

CANCELLATION

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
Ellie Leon