

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2018

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(les) 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). CONTACT NAME: Betty Callicutt PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: (336) 249-4951 FAX (A/C, No): Mountcastle Insurance bcallicutt@mountcastleinsurance.com 307 W. Center Street NAIC # INSURER(S) AFFORDING COVERAGE National Fire & Marine NC 27292 INSURER A : Lexington RWI - Penn. Natl Mutual Cas Ins Co. INSURED INSURER B:

Hale Artificier, Inc						INSURER C : APP - Continental Indefinitity Co				
545 New Bowers Rd.					INSURER D:					
					INSURER E:					
Lexington NC 27292					INSURER F:					
CO	CEB.	ATE	NUMBER: CL1891003566	6	REVISION NUMBER:					
TH	VERAGES  HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	NSUR REME	ANCE NT, TE	ELISTED BELOW HAVE BEEN I ERM OR CONDITION OF ANY C SURANCE AFFORDED BY THE	POLICIE	ES DESCRIBEI ED BY PAID CL	D HEREIN IS SI AIMS.			
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
A	COMMERCIAL GENERAL LIABILITY	INSU	WAD	2 .				EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000 \$ 100,000	
	CLAIMS-MADE OCCUR			72LPS031165		04/28/2018	04/28/2019	PREMISES (Ea occurrence)  MED EXP (Any one person)	s 5,000	
		Y						PERSONAL & ADV INJURY	\$ 2,000,000	
								GENERAL AGGREGATE	s 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	POLICY JECT LOC							Electronic Data Liability	s 100,000	
	OTHER:		-					COMBINED SINGLE LIMIT	\$ 5,000,000	
В	AUTOMOBILE LIABILITY			AU9 0607811		09/23/2018	09/23/2019	(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	s	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY	4.						Uninsured motorist BI	\$ 30,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	H CCCOK		1					AGGREGATE	s	
	COMMO NO LOS	1							S	
_	DED RETENTION \$ WORKERS COMPENSATION	<u> </u>	-					➤ PER OTH-		
١.	AND EMPLOYERS' LIABILITY Y/N					12/01/2017	12/01/2018	E.L. EACH ACCIDENT	s 1,000,000	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	ŀ	46-879245-01-05				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	(Mandatory in NH) If yes, describe under			g w				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
-	DESCRIPTION OF OPERATIONS below	-								
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DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD	101, Additional Remarks Schedule,	may be a	ttached If more s	pace is required)			
Date: October 27, 2018 Rain Date: TBD										
100000000	atham County, Bennett Baptist Church, and	Mr Th	nmag	Render are included as addit	tional ins	sured with reas	ards to general	liability as required by a writ	tten	
	atnam County, Bennett Baptist Church, and intract.	WII. 11	iomaș	, portograto malados de esser				· · · · · · · · · · · · · · · · · · ·	•	
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<u>ب</u>	RTIFICATE HOLDER			CANC	CANCELLATION					
	Bennett Baptist Church				SHO	OULD ANY OF	DATE THEREO	ESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVE BY PROVISIONS.	NCELLED BEFORE RED IN	
68 Bonlee Street						AUTHORIZED REPRESENTATIVE				
	Bennett NC 27208					Tto W. Call				
1	Domoti	=			1					

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