

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2024

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 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 NAME: Beth Malloch				
Harris & Company								PHONE 040 774 0400 FAX 040 775 7070				
110 S Moore Street								(A/C, No, Ext): 919-774-6400 (A/C, No): 919-775-7279  E-MAIL ADDRESS: beth@hc1935.com				
Sanford NC 27330									NAIC#			
								INSURER A : NATIONAL FIRE & MARINE INS CO				20079
INSURED								INSURE				
SL Fireworks LLC								INSURE				
5901 Elwin Buchanan Drive Sanford NC 27330								INSURE				
Samoru NC 27330								INSURER E :				
								INSURER F:				
COVERAGES CERTIFICATE NUMBER:							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.												CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE				ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GEN	ERAL LIABILITY			N	N	72LPS049613				EACH OCCURRENCE	\$1,000,000
Α	X COMMERCIAL GENERAL LIABILITY									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	CLAIMS-MADE X OCCUR									MED EXP (Any one person)	\$5,000	
									PERSONAL & ADV INJURY	\$1,000,000		
										GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$ Included	
	Х	POLICY PRO- JECT		LOC								\$
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO									BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
				N-OWNED TOS							PROPERTY DAMAGE (Per accident)	\$
												\$
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Fireworks Contractor

CERTIFICATE HOLDER	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.			
John Cavaroc	AUTHORIZED REPRESENTATIVE			
289 Spring Creek Road Pittsboro, NC 27312	Danielle D Wade			

AGGREGATE

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

\$

\$

\$

ER

**EXCESS LIAB** 

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

DED

CLAIMS-MADE