

CERTIFICATE OF LIABILITY INSURANCE

LSCOTTO

DATE (MM/DD/YYYY) 12/9/2020

BLCHOLD-01

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.

PRODUCER Trisure, an Alera Group Company 4325 Lake Boone Trail, Suite 200							CONTACT Lisa R. Scotto					
										(919) 467-4987		
432 Rale	25 Lake Boone Trail, Suite 200 leigh, NC 27607					E-MAIL	ss: Iscotto@	trisure.com		()	,	
	3.,					ADDICE			RDING COVERAGE		NAIC #	
						INSURE			ce Co. of Southeast		39926	
INSURED							INSURER B : Builders Premier Ins. Co.				13036	
Bland Landscaping Company, Inc.								<u> </u>	110. 00.		10000	
	Mr. Matt Bland					INSURER C:						
	P O Box 727 Apex, NC 27502					INSURE						
	Apox, 110 27002				INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
T IN C	THIS IS TO CERTIFY THAT THE NDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED (EXCLUSIONS AND CONDITIONS C	POLICI ANY F OR MAY	ES O REQU PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR TRANSPORT OF THE RESPONDED HEREIN IS SUBJECT TO THE RESPONDED TO THE RE	ECT T	O WHICH THIS	
<u>LTR</u>	TR TTPE OF INSURANCE			SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	4 000 000	
Α					_				EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCC	CLAIMS-MADE X OCCUR			S 2338359		12/13/2020	12/13/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person)	\$	15,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
									GENERAL AGGREGATE	\$	3,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	3,000,000		
A							12/13/2020	12/13/2021	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO OWNED SCHEDULED AUTOS AUTOS				S 2338359				BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident)			
	HIRED NON-OV AUTOS								PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLT	JINLT							(i or acolacity	\$		
Α	X UMBRELLA LIAB X OCCUR								EACH OCCURRENCE	\$	15,000,000	
		EXCESS LIAB CLAIMS-MADE			S 2338359		12/13/2020	12/13/2021	AGGREGATE	\$	15,000,000	
	DED X RETENTION \$	DED X RETENTION\$ 0							NOCKEONIE	s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								X PER OTH-ER			
					PWC 012925502		12/13/2020	12/13/2021	E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	,							E.L. DISEASE - POLICY LIMIT		1,000,000	
Α					S 2338359		12/13/2020	12/13/2021	Agg Limit	<u> </u>	5,000,000	
Α	Leased/Rented Equip.				S 2338359		12/13/2020	12/13/2021	Limit		500,000	
	SCRIPTION OF OPERATIONS / LOCATION dence of Coverage	NS / VEHIC	CLES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER							CANCELLATION					
Insured's Copy							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						ALITHO	PIZEN REPRESE	NIT A TIVE				