

**RAGUILA** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 11/21/2023

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 contificate holder is an ADDITIONAL INSURED, the notice/lies) must have ADDITIONAL INSURED provisions or be endorsed

PRODUCER Towne Insurance of Charlotte 13900 Conlan Circle, Suite 125 Charlotte, NC 28227  INSURED  LACM Construction LLC 1600 Hoyle St					CONTACT Ruby Aguilar NAME: PHONE (A/C, No, Ext):  E-MAIL ADDRESS: Info@towneinsurance.com										
											INSURER(S) AFFORDING COVERAGE				NAIC#
											INSURER A : Nationwide General Insurance Company				23760
					INSURER B:										
					RC:										
					Gastonia, NC 280520930				INSURE						
										RE:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:										
THIS INDI CER	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	ES OF INS REQUIREM PERTAIN	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	ON OF A	ANY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	CT TO	O WHICH THIS						
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s							
A	COMMERCIAL GENERAL LIABILITY		All All	de	,,,,,,,	11/17/2024	EACH OCCURRENCE \$		1,000,000						
	CLAIMS-MADE X OCCUR	41000	ACPCG013201570673		11/17/2023		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000						
		700	Donald All	100			MED EXP (Any one person)	\$	5,000						
					4		PERSONAL & ADV INJURY	\$	1,000,000						
	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000						
)	OTHER: General Aggregate			A			PRODUCTS - COMP/OP AGG	\$	2,000,000						
А	UTOMOBILE LIABILITY				AllP		COMBINED SINGLE LIMIT (Ea accident)	\$							
	ANY AUTO			100	ANY	100	BODILY INJURY (Per person)	\$							
	OWNED AUTOS ONLY SCHEDULED AUTOS		No.	A		Year	BODILY INJURY (Per accident)	\$							
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	Name and		400	7	0007	PROPERTY DAMAGE (Per accident)	\$							
	400	100	7000	-197			Alba.	\$							
	UMBRELLA LIAB OCCUR				1000	.40	EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE		A111 A		2007	All	AGGREGATE	\$							
14/	DED RETENTION \$				- 48	400000	PFR OTH-	\$							
- 1	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N		P APP VA			4	PER OTH- STATUTE ER								
AN O	NY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A			- 1	Wh.	E.L. EACH ACCIDENT	\$							
lf v	landatory in NH) yes, describe under	1 5		100		THE RESERVE	E.L. DISEASE - EA EMPLOYEE	\$							
DE	ÉSĆRIPTION OF OPERATIONS below	-	<del></del>	1000			E.L. DISEASE - POLICY LIMIT	\$							
			400030			-	10								
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Sched	ule, may t	e attached if mor	e space is requii	red)								
CERT	IFICATE HOLDER			CANO	CELLATION										
Storm Home Inspections 3222 Rheinwood Ct Matthews, NC 28105					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										
					Pay aguil - Him										