

# C-o-I? More Like C-o-Why Should I Care About Certificates of Insurance?

Joe Fiorelli

Director of Risk Management and Insurance

Enterprise Risk Management



# What's the Plan?

1. Common Commercial Insurance Policies
2. Purpose and Process of Tracking Certificates of Insurance
3. ACORD 25 Form
4. Minimum Insurance Coverage Requirements
5. Spot the Deficiency



# Learning Objectives

1. Types of Insurance Businesses Carry
2. Why Track Insurance
3. Limitations of a Col
4. How to Interpret a Col
5. How to Spot Col Deficiencies



“I’m here to learn.” *B. Madison, 1995*

# Vocabulary

- Col :** Certificate of Insurance
- Insured :** Entity that purchases and benefits from the insurance
- Additional Insured :** Third party that also benefits from the insurance
- Liability Insurance :** Insurance for damages to third parties
- Endorsement :** Written change to an insurance policy

# Commercial Insurance: 101

COMMERCIAL  
INSURANCE



## General Liability

- Bodily Injury
- Property Damage
- Personal Injury
- Advertising Injury



## Automobile Liability



# Commercial Insurance: 101

COMMERCIAL  
INSURANCE



## Excess/Umbrella Liability

Per Occurrence v. Aggregate



INSURANCE NERD ALERT



## Workers' Compensation and Employer's Liability



# Common Col Questions

What is a Certificate of Insurance (Col)?

How do businesses track Col's?

What's the purpose of a Col?

Why do we collect insurance information?

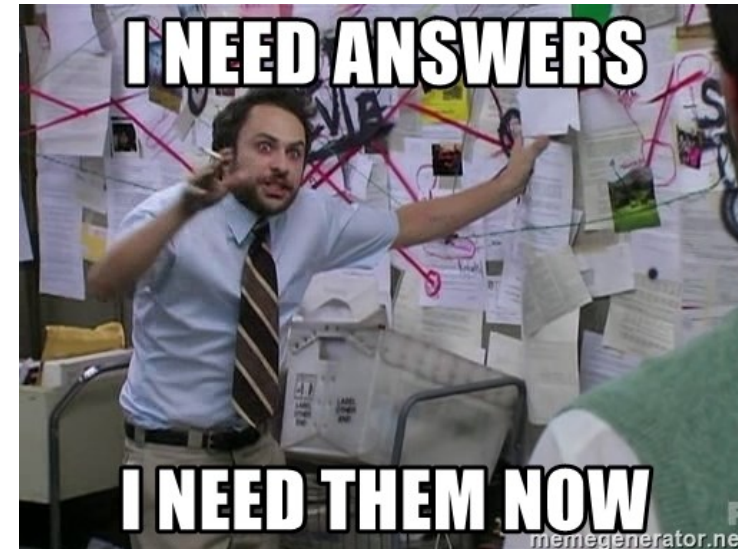
Who completes a Col?

When do we receive Col's?

How do we receive Col's?

Who receives and tracks Col's?

How many Col's do we track and receive?



# Limitations of Cols

1. Does not show what is or is not covered
2. Snapshot in time
3. “For informational purposes only”
4. Logistical headaches





# ACORD 25 Form

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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:** CONTACT NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

**INSURED:** INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

**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	ADOL. INSD.	ADOL. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> SEC <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe user/DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER:** RICHARD GREEN GENERAL CONTRACTING INC  
**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.

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The ACORD name and logo are registered marks of ACORD.

**Erie Insurance** **CERTIFICATE OF INSURANCE** DATE ISSUED (MM/DD/YY)  
2/11/16

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.459.0811 • Fax 814.870.3125 • www.erieinsurance.com

**NAME AND ADDRESS OF AGENCY:** S M SMITH & COMPANY INC  
41089 ROUTE 6 #610  
WYALUSING, PA 18853-8195  
**AGENT'S NO.:** AA7766

**NAME AND ADDRESS OF NAMED INSURED:** RICHARD GREEN GENERAL CONTRACTING INC  
20450 STATE ROUTE 267  
FRIENDSVILLE, PA 18818

**COVERAGE(S) AFFORDED:** COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, WORKERS COMPENSATION & EMPLOYERS' LIABILITY, UMBRELLA AND EXCESS LIABILITY

This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, conditions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	START DATE	EXPIRATION DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Q38 2851427	2/28/16	2/28/17	EACH OCCURRENCE \$ 1,000,000 PER DAMAGE (Per Occurrence) \$ 1,000,000 MED EXP (Per Occurrence) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	ANY AUTO (OWNED, HIRED, NON-OWNED) OWNED HIRED NON-OWNED DAMAGE				BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT) PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE (COMBINED)
<input type="checkbox"/> EXCESS LIABILITY	OCCURRENCE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/> WORKERS COMPENSATION & EMPLOYERS' LIABILITY					ACCIDENT \$ DISEASE \$ BY DISEASE \$
<input type="checkbox"/> OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**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.

**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).

**NAME AND ADDRESS OF CERTIFICATE HOLDER:** RICHARD GREEN GENERAL CONTRACTING INC  
20450 STATE ROUTE 267  
FRIENDSVILLE, PA 18818

**AUTHORIZED REPRESENTATIVE:** *[Signature]*

©16230 8/11 Page 1 of 1

# ACORD 25 Form



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)

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.

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PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Insurance		
	INSURER B:		
INSURED	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						\$

# ACORD 25 Form

<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input type="checkbox"/> N N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
				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			

# Minimum Insurance Requirements

University of North Carolina-Charlotte		Minimum Insurance Coverage Requirements		September 2022
Coverage	<u>Low</u> Risk Profile	<u>Medium</u> Risk Profile (Standard)	<u>High</u> Risk Profile	
Type of Contract	Contracts that are very small in dollar value (<\$5,000) and/or present very little risk to people/property (e.g. minor landscaping, small service jobs)	<b>[Most contracts will fall here]</b> Contracts that are medium in dollar value (\$5,000 - \$1,000,000) and present a medium level of risk to people/property	High Value Contracts (+\$1,000,000) and/or present a high level of risk to people/property (e.g. hazardous waste removal, GCs on major construction projects, engineers, architects, fireworks displays)	
Commercial General Liability  Products/Completed Operation Explosion, Collapse & Underground (XCU)	\$500,000 Combined Single Limit (CSL) per occurrence	\$1,000,000	\$1,000,000	
Automobile Liability	\$500,000 CSL per occurrence	\$1,000,000	\$1,000,000	
Umbrella Liability	n/a	\$1,000,000 (OK to waive if CGL occurrence limit is \$2,000,000 or more)	\$2,000,000	
**Workers' Compensation	Statutory	Statutory	Statutory	
**Employers Liability	\$100k/\$500k/\$100k	\$500k/\$500k/\$500k	\$500k/\$500k/\$500k	
**Waiver of Subrogation on WC	Required if available	Required if available	Required	
Professional Liability <i>may be required on a risk profile</i> depending on nature of services provided by contract (e.g.	If specifically required by the contract	If specifically required by the contract	If specifically required by the contract	
Environmental/Pollution Liability required if demolition, use of hazardous materials or environmentally sensitive	n/a	n/a	If specifically required by the contract	



# Minimum Insurance Requirements

**ACORD** CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

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PRODUCER: NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

INSURED: INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES: CERTIFICATE NUMBER, REVISION NUMBER

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INSTR. NO.	TYPE OF INSURANCE	ADDL. SUBR. (IND. / WAIV.)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP. (Per person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP ADD. \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB.					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OR CO. \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

ACORD 25 (2016/03) © 1988-2016 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD.

University of North Carolina-Charlotte	Minimum Insurance Coverage Requirements		September 2022
Coverage	Low Risk Profile	Medium Risk Profile (Standard)	High Risk Profile
Type of Contract	Contracts that are very small in dollar value (<\$5,000) and/or present very little risk to people/property (e.g. minor landscaping, small service jobs)	[Most contracts will fall here] Contracts that are medium in dollar value (\$5,000 - \$1,000,000) and present a medium level of risk to people/property	High Value Contracts (+\$1,000,000) and/or present a high level of risk to people/property (e.g. hazardous waste removal, GCs on major construction projects, engineers, architects, fireworks displays)
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Products/Completed Operation Explosion, Collapse & Underground (XCU)			
Automobile Liability	\$500,000 CSL per occurrence	\$1,000,000	\$1,000,000
Umbrella Liability	n/a	\$1,000,000 (OK to waive if CGL occurrence limit is \$2,000,000 or more)	\$2,000,000
**Workers' Compensation	Statutory	Statutory	Statutory
**Employers Liability	\$100k/\$500k/\$100k	\$500k/\$500k/\$500k	\$500k/\$500k/\$500k
**Waiver of Subrogation on WC	Required if available	Required if available	Required
Professional Liability <i>may be required on a risk profile depending on nature of services provided by contract (e.g.</i>	If specifically required by the contract	If specifically required by the contract	If specifically required by the contract
Environmental/Pollution Liability required if demolition, use of hazardous materials or environmentally sensitive	n/a	n/a	If specifically required by the contract

### Example 1

Client#: 216019 20MCKIMCRE  
**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MMDD/YYYY) 8/24/2022

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.

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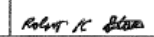
<b>PRODUCER:</b> McGriff Insurance Services Post Office Box 13941 Durham, NC 27709 919 261-4500		<b>AGENT NAME:</b> NC Certificate Team <b>PHONE (A/C, No, Ext):</b> 919 261-4500 <b>FAX (A/C, No):</b> 8887460761 <b>E-MAIL ADDRESS:</b> NCCertificateTeam@McGriff.com															
<b>INSURED:</b> McKim and Creed Inc 1730 Varsity Dr Ste 500 Raleigh, NC 27806-2689		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER B : Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : American Casualty Co of Reading PA</td> <td>20427</td> </tr> <tr> <td>INSURER D : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Valley Forge Insurance Company	20508	INSURER B : Continental Insurance Company	35289	INSURER C : American Casualty Co of Reading PA	20427	INSURER D : Continental Casualty Company	20443	INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


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INSTR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		7015339793	09/05/2022	09/05/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - CGMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		7015339776	09/05/2022	09/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE RETENTION \$10000		CUE701533080	09/05/2022	09/05/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/PARTNERS/EXECUTIVE/OFFICERS/MEMBERS EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC715339762	09/05/2022	09/05/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
D	Leased/Rented Equ		C7015399847	09/05/2022	09/05/2023	1,000,00 Limit 1,000,00 Max per Item

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 University of North Carolina at Charlotte, its officers, officials, agents and employees are additional insured for General Liability, Auto Liability and Umbrella Liability, as required by written contract. Waiver of Subrogation, where permitted by law, applies in favor of University of North Carolina at Charlotte for General Liability, Auto Liability, Umbrella Liability and Workers Compensation, as required by written contract. Thirty (30) Day notice of cancellation, except for ten (10) day notice of cancellation for non payment of premium, to Certificate Holder, as required by written contract.

<b>CERTIFICATE HOLDER</b>  University of North Carolina at Charlotte 9201 University City Boulevard P.O. Box 9021 Charlotte, NC 28223-0001	<b>CANCELLATION</b>  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 
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### Example 2

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE(MMDDYYYY) 08/19/2022														
<p>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.</p> <p><b>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).</b></p>																		
<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA			<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (516) 396-4000      FAX (A/C No.): (800) 363-0105 E-MAIL ADDRESS:															
<b>INSURED</b> Skanska USA Building Inc. Four LakePointe Plaza 2118 Water Ridge Pkwy #250 Charlotte NC 28217 USA			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER B: American Zurich Ins Co</td> <td>40142</td> </tr> <tr> <td>INSURER C: XL Insurance America Inc</td> <td>24554</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Ins Co	16535	INSURER B: American Zurich Ins Co	40142	INSURER C: XL Insurance America Inc	24554	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																		
INSURER E:																		
INSURER F:																		
<b>COVERAGES      CERTIFICATE NUMBER: 570094967691      REVISION NUMBER:</b>																		
<p>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.      <b>Limits shown are as requested</b></p>																		
LN#	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE(MMDDYYYY)	POLICY EXPI. DATE(MMDDYYYY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASSIS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 90' R/R Exclusion/Debit <input checked="" type="checkbox"/> XOL/Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input checked="" type="checkbox"/> LOC OTHER:		GL0489601815	08/31/2022	08/31/2023	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$5,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP/ACC \$10,000,000												
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP 6480660-00	08/31/2022	08/31/2023	COMBINED SINGLE LIMIT (EA ACCIDENT) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)												
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION		US00076358122A	08/31/2022	08/31/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000												
B	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 checked="" type="checkbox"/> N	WC489601718	08/31/2022	08/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE- EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: UNC Charlotte - Campus Infrastructure Development Roads and Utilities coverages afforded under the above described policies will not be cancelled, reduced in amount, or coverages eliminated until at least 30 days after mailing written notice of such alteration or cancellation by certified mail, return receipt requested to the insured and owner. Workers Compensation Coverage not included in Monopolistic states - OH, ND, WA, WY and Puerto Rico.																		
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>															
university of north carolina @ charlotte 9201 University City Blvd. Charlotte NC 28223 USA			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 															

Holder Identifier :

Certificate No : 570094967691

### Example 3

**ACORD. CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
9/14/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

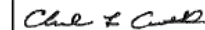
<b>PRODUCER</b> McGriff Insurance Services 4777 Sharon Rd., 4th Floor Charlotte, NC 28210 704 954-3000	<b>CONTACT</b> NAME: PHONE (A/C No., Ext): 704 954-3000      FAX (A/C No.): 800-751-3197 E-MAIL ADDRESS: NCCertificateTeam@mcgriff.com																					
<b>INSURED</b> Recycling Equipment Inc PO Box 1474 Hickory, NC 28603	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Twin City Fire Insurance Company</td> <td></td> <td>29459</td> </tr> <tr> <td>INSURER B: Hartford Underwriters Insurance Company</td> <td></td> <td>30104</td> </tr> <tr> <td>INSURER C: Trumbull Insurance Company</td> <td></td> <td>27120</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Twin City Fire Insurance Company		29459	INSURER B: Hartford Underwriters Insurance Company		30104	INSURER C: Trumbull Insurance Company		27120	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER E:																						
INSURER F:																						

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.

REF LTR	TYPE OF INSURANCE	ADDL. SUBR. INBR 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 <input checked="" type="checkbox"/> BI/PPD Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X X	22CESOF8290	09/20/2022	09/20/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X X	22UENAE5205	09/20/2022	09/20/2023	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		22XSON193B	09/20/2022	09/20/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	22WEAH2BVT	09/20/2022	09/20/2023	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedules, may be attached if more space is required)  
**Blanket Waiver of Subrogation**  
**Blanket Additional Insured**  
 The University of North Carolina at Charlotte is included as additional insured on the General Liability and Auto Liability if required by written/executed contract before a loss.  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> The University of North Carolina at Charlotte 9201 University City Blvd Charlotte, NC 28223	<b>CANCELLATION</b> 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 
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Example 4

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 09/19/2022

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).

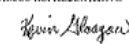
<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> Willis Towers Watson Certificate Center NAME: PHONE: 1-877-945-7378 FAX: 1-888-467-2378 (AG No. Ext) (A/C No.) E-MAIL: certificates@willis.com ADDRESS: certificates@willis.com
<b>INSURED</b> Balfour Beatty Construction, LLC 2100 McKinney Street Dallas, TX 75201	INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company NAIC# 16535 INSURER B: Berkshire Hathaway Specialty Insurance Co 22276 INSURER C: American Guarantee and Liability Insurance 26247 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: #25987244 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	ADDITIONAL INSURED (INSR) / WAIVED (WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOG OTHER:	Y X	GLO 6476684-09	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGO \$ 6,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	BAV 6476603-09	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input checked="" type="checkbox"/> RETENTION \$ 25,000		47-UM-301826-00	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NC) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N [ ] H/A [ ] X [ ]	NC 6476665-09	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
C	Excess Liability (1st Layer)		AEC 0194602-07	10/01/2022	10/01/2023	\$15,000,000 excess of \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project: Science Building Project Early Package II - Regional Utility Plant 5, Data Center, Demolition of Existing Buildings, Grading.  
 The State of North Carolina through the University of North Carolina, Charlotte is included as an Additional Insured as respects to General Liability and Automobile Liability where required by written contract.  
 Waiver of Subrogation applies in favor of The State of North Carolina through the University of North Carolina, Charlotte with respects to General Liability and Workers Compensation, where required by written contract and as

<b>CERTIFICATE HOLDER</b>  The State of North Carolina through the University of North Carolina at Charlotte 9201 University City Blvd. Charlotte, NC 28223	<b>CANCELLATION</b> 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 
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# Questions?



## Charlotte Col



**MIKE CAUSEY**  
INSURANCE COMMISSIONER & STATE FIRE MARSHAL

**BRIAN TAYLOR**, CHIEF STATE FIRE MARSHAL

CERTIFICATE OF COVERAGE  
FOR  
THE STATE OF NORTH CAROLINA

Certificate Holder: Public Officers & Employee Liability Insurance Commission  
of North Carolina and the General Statutes of North Carolina, Chapter  
143, Articles 31 to 31D, Sections §143-291 to § 143-300.

Period: February 01, 2022 until February 01, 2023


Coverage: A) Tort Claims against Departments, Agencies, and Employees  
B) Excess Liability for State Employees  
Ambridge Partners, LLC – Policy # PK1035822;  
Kinsale Insurance Company – Policy #0100154762-1

Limits A) \$1,000,000 for Tort claims against the State  
B) \$2,000,000 per employee/\$10,000,000 aggregate for claims  
against state employees

Description: The State of North Carolina and its employees, officers, agents, as  
covered by the Defense of State Employees as per NCGS § 143 300.2.

Administrator: Department Insurance - Risk Management Division  
Public Officers & Employees Liability Insurance Commission  
1202 Mail Service Center, Raleigh, NC 27699-1202

Note: This Certificate is for informational purposes only and does not alter any  
provision of the Tort Claims or Defense of State Employees General  
Statutes of the State.

Verified By:   
Bryan Heckle, CIC, CPCU, CRM  
Deputy Commissioner of Risk Management

POELIC Certificate

OFFICE OF STATE FIRE MARSHAL - RISK MANAGEMENT

1202 MAIL SERVICE CENTER | RALEIGH, NC 27699-1202 | Tel 919.647.0000 | Fax 919.715.0067