



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/23/2019

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 INSURERS, 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 endorsements.

PRODUCER Titman Insurance Agency, Inc. 3964 Old U.S. HWY 41 North Idaho GA 31602	CONTACT NAME: Zane Simans PHONE (A/C, H/O, Ext): (229) 242-5377 FAX (A/C, H/O): (229) 247-4704 EMAIL ADDRESS: zsimans@ta-ins.com INSURERS AFFORDING COVERAGE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Western World Insurance Company</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B: United Specialty Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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 A: Western World Insurance Company	NAIC #	INSURER B: United Specialty Insurance Co.		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													
INSURED Liberty Moves, Inc. 15 Diamond Head Dr. S. Pinhurst NC 28374													

COVERAGES **CERTIFICATE NUMBER:** CL1961207015 **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.

LINE	TYPE OF INSURANCE	RISK	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 type="checkbox"/> GEN AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER-EVENT <input type="checkbox"/> LOC OTHER		NPP8395794	06/09/2019	06/09/2020	SACH OCCURRENCE <input type="checkbox"/> 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					SAMAGE TO RENTED TRUCKS (Excludes Int'l) <input type="checkbox"/> 100,000 MED EXP (Excludes Person) <input type="checkbox"/> 5,000 PERSONAL & ADJ INJURY <input type="checkbox"/> 1,000,000 GENERAL AGGREGATE <input type="checkbox"/> 2,000,000 PRODUCTS-COMP/OPAGG <input type="checkbox"/> 1,000,000 COMBINED SINGLE LIMIT (Ex accident) <input type="checkbox"/> SOGLY INJURY (Per person) <input type="checkbox"/> SOGLY INJURY (Per accident) <input type="checkbox"/> PROPERTY DAMAGE (Per accident) <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory for ME) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below
B	Motor Truck Cargo		USA4273891	06/09/2019	06/09/2020	Per Conveyance Deductible <input type="checkbox"/> 40,000 2,500

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

CERTIFICATE HOLDER North Carolina Utilities Commission 430 North Salisbury St. 9th Floor Raleigh NC 27603	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. AUTHORIZED REPRESENTATIVE
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