

CERTA-3 OP ID: A2 DATE (MM/DD/YYYY)

09/03/2015

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorsei	ment. A stat	tement on th	is certificate does not c	onfer	rights to the	
Aqu	DUCER lesta Insurance - Cornelius Box 189		(-,	-	CONTAC NAME: PHONE	<sup>CT</sup> Denis Bi , <sub>Ext):</sub> 704-89		FAX (A/C No):	704-8	892-3266	
Cor	nelius, NC 28031				E-MAIL ADDRES	SS:		(A/C, 140).			
Den	nis Bilodeau				7,551,61		SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: Auto-O				18988	
INSL	JRED CertaPro Painters				INSURE	RB:					
	J&C Service Inc 809 Lakeview St				INSURE	RC:					
	Kannapolis, NC 28083				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х		35191580		01/01/2015	01/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	X ANY AUTO			4948641300		09/04/2015	09/04/2016	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
Α	EXCESS LIAB CLAIMS-MADE			4937126101		01/01/2015	01/01/2016	AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 10000							V PER L OTH-	\$		
А	AND EMPLOYERS' LIABILITY			35159049		04/04/2045	01/01/2016	X PER OTH- STATUTE ER		500 000	
Α		N/A		33139049		01/01/2015	01/01/2016	E.L. EACH ACCIDENT	\$	500,000 500,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE		500,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
Bra	Incription of operations / locations / vehicles ind Point Services Inc. is hereby non-contributory basis.	•		*			e space is requir	ed)			
CF	RTIFICATE HOLDER				CANC	ELLATION					
				BRAN115	-,						
	Brand Point Services Inc. PO Box 115				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Oaks, PA 19456					RIZED REPRESE					
	1				Olivis Bilodlaw						



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C	ertifi	cate holder in lieu	u of	f such e	ndors	eme	nt(s)			,. 5141						
	DUCE						. ,		CONTACT Denis Bilodeau							
	esta Box	Insurance - Corn	reli	us							2-6411			FAX (A/C, No):	704-	892-3266
Cor	neliu	s, NC 28031							E-MAIL ADDRES				1	· · · · · · · · · · · · · · · · · · ·		
Den	is Bi	lodeau									SURER(S) AFFOR	RDIN	G COVERAGE			NAIC #
									INSURER A : Auto-Owners Insurance Co							18988
INSU	RED	CertaPro P	air	iters					INSURER B :							
		J&C Service							INSURER C:							
		809 Lakevi			02				INSURER D:							
		Kannapolis	5, I	NC 200	03				INSURE							
									INSURE							
CO	VER	AGES			CER	TIFIC	CATE	NUMBER:				RE	VISION NUM	BER:		
TI IN C E	HIS IS IDICA ERTII XCLU	S TO CERTIFY THA TED. NOTWITHS FICATE MAY BE IS	TAN SSU	NDING AI IED OR	LICIES NY RE MAY I	OF I QUIR PERT POLIC	NSUF EMEI AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOC D H	UMENT WITH	RESPE	CT TO	WHICH THIS
SER LT		TYPE OF INSU	JRAN	NCE		ADDL INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	s	
Α	Х	CLAIMS-MADE		LIABILITY OCCUR				35191580		01/01/2015	01/01/2016	DAI	CH OCCURRENC MAGE TO RENTE EMISES (Ea occu	D	\$	1,000,000 50,000
										<u> </u>			\$	5,000		
												PEI	RSONAL & ADVI	NJURY	\$	1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:										GE	NERAL AGGREG	ATE	\$	2,000,000
		POLICY X PRO-		LOC								PR	ODUCTS - COMF	OP AGG	\$	2,000,000
		OTHER:	_												\$	
	АЛТ	OMOBILE LIABILITY										CO (Ea	MBINED SINGLE accident)	LIMIT	\$	1,000,000
Α	Х	ANY AUTO						4948641300	09/04/2015	09/04/2016	$\vdash$	DILY INJURY (Pe	r person)	\$		
		ALL OWNED AUTOS		CHEDULE UTOS	.D						ВО	DILY INJURY (Pe	r accident)	\$		
		HIRED AUTOS	l N	ÖN-ÖWNE UTOS	ED							OPERTY DAMAG	E	\$		
			٦	0.00									,		\$	
	Х	UMBRELLA LIAB	Х	OCCUR	!							EACH OCCURRENCE \$		\$	1,000,000	
Α		EXCESS LIAB		CLAIMS	-MADE			4937126101		01/01/2015	01/01/2016	AGGREGATE \$		\$	1,000,000	
		DED X RETENTI	ION S	\$ 1	0000									\$		
		KERS COMPENSATION EMPLOYERS' LIABILIT										Х	PER STATUTE	OTH- ER		
Α		PROPRIETOR/PARTNER CER/MEMBER EXCLUDE		ECUTIVE	YIN			35159049		01/01/2015	01/01/2016		. EACH ACCIDEN	•	\$	500,000
	∣(Man	datory in NH)	ED?		T	N/A						E.L	. DISEASE - EA E	(Per accident) \$ MAGE \$ \$ ENCE \$ \$ OTH- ER DENT \$ EA EMPLOYEE \$	500,000	
	If yes	i, describe under CRIPTION OF OPERATI	IONS	S below								E.L	. DISEASE - POL		500,000	
DES	CRIPT	ION OF OPERATIONS I	LOC	CATIONS I	VEHICL	.ES (A	CORD	) 101, Additional Remarks Schedul	le, may bo	e attached if mor	e space is requir	ed)				
CE	RTIF	ICATE HOLDER							CANO	ELLATION						
								CAM1300								

CAMS- Community Association Management Services 1300 Baxter St. Suite 260 Charlotte, NC 28284 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

Olus Bilodean



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CE	ertificate holder in lieu of such endors	eme	nt(s)								
	DUCER				CONTACT Denis Bi	ilodeau					
	esta Insurance - Cornelius Box 189				PHONE (A/C, No, Ext): 704-89	2-6411		FAX (AJC, No):	704-8	92-3266	
Corr	nelius, NC 28031				E-MAIL ADDRESS:			(10), 110).			
Den	is Bilodeau				INS	URER(S) AFFOR	DING COVERAGE			NAIC #	
					INSURER A : Auto-O		18988				
INSU	- Ochai io i amicolo				INSURER B :						
	J&C Service Inc 809 Lakeview St				INSURER C :						
	Kannapolis, NC 28083				INSURER D :						
	,				INSURER E :						
					INSURER F :						
				NUMBER:			REVISION NUN				
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PROCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT. POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER [ S DESCRIBED PAID CLAIMS.	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS	
NSR LT		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х	х	35191580	01/01/2015	01/01/2016	EACH OCCURRENCE DAMAGE TO RENTE PREMISES (Ea occu	ΞD	\$	1,000,000 50,000	
							MED EXP (Any one		\$	5,000	
							PERSONAL & ADV I		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$	2,000,000	
	POLICY X PRO-						PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
Α	X ANY AUTO		Х	4948641300	09/04/2015	09/04/2016	BODILY INJURY (Pe	r person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Pe	1	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAG (Per accident)	,E	\$		
									\$		
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE		\$	1,000,000	
Α	EXCESS LIAB CLAIMS-MADE			4937126101	01/01/2015	01/01/2016	AGGREGATE		\$	1,000,000	
	DED X RETENTION \$ 10000						I PER	LOTH	\$		
	AND EMPLOYERS' LIABILITY		v	35159049	04/04/2045	04/04/2042	X PER STATUTE	OTH- ER		E00.000	
Α	TOT TO LIVING INDEX EXCEDDED:	N/A	X	33139049	01/01/2015	01/01/2016	E.L. EACH ACCIDEN		\$	500,000 500.000	
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA E			500,000	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	ICY LIMIT	\$	500,000	
DESC	LOCATION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A	CORD	   101   Additional Remarks Schedule	may be attached if mor	e snace is require	ed)				
Cha Spo resp the	riotte Motor Speedway LLC, Spee irts Inc and/or each of their subsid bective officers, managers, directo operations are Additional Insured a primary basis. A Waiver of Subro	dwa liari ors, wit	ay Cl es a emp h reg	hildren's Charities, Spe nd affiliates and their Noyees and agents rela gard to the General Lia	eedway Motor	o opaso io regant	,				

CERTIFICATE HOLDER		CANCELLATION
Charlotte Motor Speedway LLC PO Box 600	CHARL60	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, NC 28026		Uluri Bilodlaw

NOTEPAD:		CHARL60 CertaPro Painters	CERTA-3 OP ID: A2	PAGE 2  Date 09/03/2015
in favor of Charlo Speedway Motor Spe Comp.	otte Motor Sp orts Inc with	eedway LLC, Speedway Chi regard to General Liab	ildren's Charities, ility, Auto and Work	



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	ertificate holder in lieu of such endors DUCER			CONTACT Denis B	ilodeau					
	iesta Insurance - Cornelius			PHONE (A/C, No, Ext): <b>704-89</b>		FAX (A/C, No): <b>704</b> -	992 3266			
	Box 189 nelius, NC 28031			(A/C, No, Ext): 7 04-03 E-MAIL ADDRESS:	2-0411	(A/C, No): 104	-032-3200			
	is Bilodeau									
					` '	RDING COVERAGE	NAIC#			
				INSURER A : Auto-O	18988					
INSU	JRED CertaPro Painters			INSURER B:						
	J&C Service Inc 809 Lakeview St			INSURER C:						
	Kannapolis, NC 28083			INSURER D:						
	• •			INSURER E :						
				INSURER F:						
CO	VERAGES CER	TIFICAT	E NUMBER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FOUND ON THE RESULT OF SUCH IS AND CONDITIONS O	QUIREME PERTAIN, POLICIES ADDLISUB	ENT, TERM OR CONDITION THE INSURANCE AFFORD LLIMITS SHOWN MAY HAVE R	OF ANY CONTRACT DED BY THE POLICIE	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALI	O WHICH THIS			
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	1 000 000			
_			254.04.500	04/04/2045	04/04/2040	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
	CLAIMS-MADE 🐧 OCCUR		35191580	01/01/2015	01/01/2016		50,000			
						MED EXP (Any one person) \$	5,000			
						PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000			
	POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG \$	2,000,000			
	AUTOMOBILE LIABILITY			09/04/2015 0		COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000			
Α	X ANY AUTO		4948641300		09/04/2016	BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$				
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)				
						\$				
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$	1,000,000			
Α	EXCESS LIAB CLAIMS-MADE		4937126101	01/01/2015	01/01/2016	AGGREGATE \$	1,000,000			
	DED X RETENTION \$ 10000					\$	, ,			
	WORKERS COMPENSATION					X PER OTH-				
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		35159049	01/01/2015	01/01/2016	E.L. EACH ACCIDENT \$	500,000			
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	500,000			
	If yes, describe under					E.L. DISEASE - POLICY LIMIT \$	500,000			
	DÉSCRIPTION OF OPERATIONS below					L.L. DISLASE - FOLICI LIVIII   \$	550,550			
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOR	 D 101, Additional Remarks Schedu	le, may be attached if mor	e space is requir	ed)				
		(		, <b>.,</b>		,				
CE	RTIFICATE HOLDER			CANCELLATION						
			FIF8035							
						ESCRIBED POLICIES BE CANCE				
	Fifth and Poplar Resident	ial		ACCORDANCE W		EREOF, NOTICE WILL BE D BY PROVISIONS.	PELIVERED IN			
	Condominium Owners As		on							
	Inc. c/o Ciraconnect			AUTHORIZED REPRESENTATIVE						
	PO Box 803555			AUTHORIZED REPRESENTATIVE						

Dallas, TX 75380-3555

Veus Bilodlar



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tł	ne te	erms and conditions of the policy icate holder in lieu of such endor	, cert	tain p	olicies may require an ei							
PRO	DUCE	ER		(0)	-	CONTA NAME:	CT Denis Bi	ilodeau				
Aqu	esta	a Insurance - Cornelius				PHONE	o, Ext): 704-89			FAX	704-	892-3266
Cor	neliu	189 us, NC 28031				E-MAIL ADDRE	SS:		!	, tro, 140).	- •	·= - <b>=</b>
Den	is B	ilodeau				ADDRE		NIDED(S) AFFOR	RDING COVERAGE			NAIC #
						INIGIIDE	RA: Auto-O					18988
INSU	JRED	CertaPro Painters				INSURE		WIICI3 1113u	rance oo			10000
		J&C Service Inc										
		809 Lakeview St				INSURER C:						
		Kannapolis, NC 28083				INSURER D:						
						INSURER E :						
	VER	PACES CEE	TIEL	CATI	- NUMBED.	INSURER F :   REVISION NUMBER:						
		RAGES CERTIFY THAT THE POLICIES			ENUMBER:	VE BEE	N ISSUED TO				IE DC	NICY BERIOD
IN C	IDICA ERTI XCLU	ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	RESPEC	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR			35191580		01/01/2015	01/01/2016	DAMAGE TO RENTE PREMISES (Ea occur	rence)	\$	50,000
									MED EXP (Any one p	erson)	\$	5,000
									PERSONAL & ADV IN	IJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000
		POLICY X PRO-							PRODUCTS - COMP/	OP AGG	\$	2,000,000
		OTHER:									\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000
Α	Х	ANY AUTO			4948641300	(		09/04/2016	BODILY INJURY (Per	person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per		\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
											\$	
	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	Ξ	\$	1,000,000
Α		EXCESS LIAB CLAIMS-MADE			4937126101		01/01/2015	01/01/2016	AGGREGATE		\$	1,000,000
		DED X RETENTION \$ 10000									\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
Α		PROPRIETOR/PARTNER/EXECUTIVE Y/N ICER/MEMBER EXCLUDED?	N/A		35159049		01/01/2015	01/01/2016	E.L. EACH ACCIDEN	Т	\$	500,000
	∣(Mar	ndatory in NH)	''' ^						E.L. DISEASE - EA EI	MPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	500,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
CE	RTIF	FICATE HOLDER				CANO	ELLATION					
					JWS5832							
		JW Services Inc of NC 5832 Gold Hill Rd			-11-11-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Concord, NC 28025				AUTHORIZED REPRESENTATIVE						
						10 pm Bilosten						



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500,000

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certificat	te holder in lieu of such	endorsement(s).								
PRODUCER			CONTACT Denis Bilodeau							
Aquesta in: PO Box 189	surance - Cornelius 9		PHONE (A/C, No, Ext): 704-892-6411 FAX	, No): 704-892-3266						
Cornelius,			E-MAIL ADDRESS:							
Denis Biloc	ieau		INSURER(S) AFFORDING COVERAGE	NAIC #						
			INSURER A: Auto-Owners Insurance Co	18988						
INSURED	CertaPro Painters		INSURER B:							
	J&C Service Inc 809 Lakeview St		INSURER C:							
	Kannapolis, NC 280	083	INSURER D:							
	, ,		INSURER E :							
			INSURER F:							
COVERAG	SES	CERTIFICATE NUMBER:	REVISION NUMBE	R:						
			AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FO							
INDICATE	D. NOTWITHSTANDING	ANT REQUIREMENT, LEKM OR CONDITION	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RE	SPECI 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 Α Х EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 01/01/2015 01/01/2016 CLAIMS-MADE | X | OCCUR Х X 35191580 50,000 \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$ GENERAL AGGREGATE

POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1.000.000 \$ (Ea accident) Х X 4948641300 09/04/2015 09/04/2016 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) AUTOS \$ X X UMBRELLA LIAB 1.000.000 EACH OCCUPRENCE

			٠.	J UCCUR						EACH OCCURRENCE	D.	1,000,00
4		EXCESS LIAB		CLAIMS-MADE			4937126101	01/01/2015	01/01/2016	AGGREGATE	\$	1,000,00
		DED X RETENTI	ON \$	10000	1						\$	
	WOF	RKERS COMPENSATION	1							X PER OTH-		
	AND	<b>EMPLOYERS' LIABILIT</b>	Υ	Y/N							—	
4		PROPRIETOR/PARTNER		ECUTIVE V	N/A	X	35159049	01/01/2015	01/01/2016	E.L. EACH ACCIDENT	\$	500,00
		CER/MEMBER EXCLUDE Idatory in NH)	=DY	•	1117					E.L. DISEASE - EA EMPLOYEE	\$	500,00
		s, describe under								EL BIOCAGE BOLLOVILINE		500.00
	IDES	CRIPTION OF OPERATI	IONS	below	1					E.L. DISEASE - POLICY LIMIT	\$	300,00

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

Project: Craig Avenue Freezer Addition The Certificate Holder, Owner and all other parties as required by contract are additional insured on a primary & non-contributory basis which includes 'your work". Waiver of subrogation in favor of holder is provided on the above General Liability, Auto Liability, and Workers Comp. 30 day (con't)

CERTIFICATE HOLDER		CANCELLATION
W C Construction Co, LLC PO Box 25051	WCC2505	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Winston Salem, NC 27114		AUTHORIZED REPRESENTATIVE Ulurs Dilodlaur
		o zerra

NOTEPAD:	HOLDER CODE INSURED'S NAME	WCC2505 CertaPro Painters	CERTA-3 OP ID: A2	PAGE <b>2</b> Date <b>09/03/2015</b>
ancellation notice	is in favo	r of the certificate holder.		



CERTA-3 OP ID: A2

DATE (MM/DD/YYYY) 09/03/2015

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.

tł	MPORTANT: If the certificate holder he terms and conditions of the policy, ertificate holder in lieu of such endor:	cert	ain p	olicies may require an er							
_	DUCER	301110	111(3)		CONTAC NAME:	T Denis Bi	lodeau				
	iesta Insurance - Cornelius					Ext): 704-89		FAX	704-9	392-3266	
PO Cor	Box 189 nelius, NC 28031				E-MAIL ADDRES	Ext): 704-00	2-0-11	(A/C, No):	704-	332-0200	
	nis Bilodeau				ADDRES						
							. ,	RDING COVERAGE		NAIC #	
INISI	JRED CertaPro Painters				INSURER A : Auto-Owners Insurance Co 18988 INSURER B :						
INSC	J&C Service Inc										
	809 Lakeview St				INSUREF						
	Kannapolis, NC 28083				INSURER D:						
					INSURER E :						
					INSURER F:						
				NUMBER:	45 BEEL	LIGOLIED TO		REVISION NUMBER:		LIOV DEDICE	
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN R	CONTRACT HE POLICIES EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO O ALL	WHICH THIS	
INSR LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			35191580		01/01/2015	01/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
Α	X ANY AUTO			4948641300		09/04/2015	09/04/2016	BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
Α	EXCESS LIAB CLAIMS-MADE			4937126101		01/01/2015	01/01/2016	AGGREGATE	\$	1,000,000	
	DED X RETENTION\$ 10000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	NI / A		35159049		01/01/2015	01/01/2016	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	lf yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	) 101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
CE	KIIIICATE HOLDER			HEND919	CANC	LLLATION					
	Henderson Properties 919 Norland Road			HENDSTS	THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL LY PROVISIONS.			
	Charlotte, NC 28205				AUTHOR	IZED REPRESEI	NTATIVE				
					10. 10.						
					Veur Bilodlan						



CERTA-3 OP ID: A2

09/03/2015

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)

the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certaincate does not confer rights to the											
er	tificate	holder in lieu of su	ch endorsem	ent(s)	•						
PRODUCER						CONTACT Denis Bilodeau					
Aquesta Insurance - Cornelius PO Box 189 Cornelius, NC 28031 Denis Bilodeau					PHONE (A/C, No, Ext): 704-892-6411 FAX (A/C, No): 704-892-3:				392-3266		
					E-MAIL ADDRES						
<b>D</b> OIII.	onoueau				INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A: Auto-Owners Insurance Co				18988	
INSUR	ED	CertaPro Painter		INSURE	RB:						
	J&C Service Inc 809 Lakeview St				INSURER C:						
	Kannapolis, NC 28083					INSURER D:					
					INSURER E :						
					INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:				
									D NAMED ABOVE FOR THE PO		
									DOCUMENT WITH RESPECT TO DIFFREIN IS SUBJECT TO ALL		
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		L SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X coi	MMERCIAL GENERAL LIAB	ILITY						EACH OCCURRENCE \$	1,000,000	

ÍR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	) LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		35191580	01/01/2015	01/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	Χ	ANY AUTO			4948641300	09/04/2015	09/04/2016	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
Α		EXCESS LIAB CLAIMS-MADE			4937126101	01/01/2015	01/01/2016	AGGREGATE	\$ 1,000,000
		DED X RETENTION \$ 10000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				35159049 01/01/2015			X PER OTH- STATUTE ER	
Α			N/A	3515904		01/01/2016	E.L. EACH ACCIDENT	\$ 500,000	
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Greystar Real Estate Partners LLC, its affiliates, and the ownership entities of their owned or managed communities are named additional insured with regard to the above referenced General Liabilty policy per attached form 55205.

CERTIFICATE HOLDER	CANCELLATION
GRE1150 Greystar- Division 2 fka Riverstone	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
c/o Compliance Depot PO Box 115006 Carrollton, TX 75011	Olur Bilodlaw