



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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: Tonya Younts	
JC Demo Insurance Group, Inc 2217 Matthews Township Parkway Ste D-312		PHONE (A/C, No, Ext): (704) 541-5155	FAX (A/C, No):
Matthews NC 28105		E-MAIL ADDRESS: tyounsts@jcdemoinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURER A: Western World Insurance Co			
INSURER B: American Zurich Insurance Company			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			
Matthews NC 28104			

**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 SUBR INSD 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 type="checkbox"/> OCCUR	NPP1670748	08/31/2025	08/31/2026	EACH OCCURRENCE	\$ 1000000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100000		
	MED EXP (Any one person)				\$ 5000		
	PERSONAL & ADV INJURY				\$ 1000000		
	GENERAL AGGREGATE				\$ 2000000		
	PRODUCTS - COMP/OP AGG				\$ 2000000		
GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
OTHER:							
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO	BODILY INJURY (Per person)				\$		
OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$		
Hired AUTOS ONLY	PROPERTY DAMAGE (Per accident)				\$		
					\$		
UMBRELLA LIAB					EACH OCCURRENCE	\$	
EXCESS LIAB					AGGREGATE	\$	
DED	RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N N / A	6ZZUB-A403760-6-25	06/04/2025	<input checked="" type="checkbox"/> PER STATUTE	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$ 100000	
					E.L. DISEASE - EA EMPLOYEE	\$ 100000	
					E.L. DISEASE - POLICY LIMIT	\$ 500000	

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

CUSTOMER FILE COPY

CERTIFICATE HOLDER

CANCELLATION

INSURED FILE 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.

CUSTOMER FILE COPY

AUTHORIZED REPRESENTATIVE