

**Summary of Insurance (Continued)**

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**Workers' Compensation Summary of Insurance  
with  
Property & Casualty Ins Co. of Hartford  
A member company of The Hartford  
07/01/2018 - 07/01/2019**

**Policy Detail:** Worker's Compensation  
**Policy States:** NC

**Location 2 Premises Address:**  
325 FRANKLIN ST  
FAYETTEVILLE NC 28301

**Location 1 Premises Address:**  
245 PERSON ST  
FAYETTEVILLE NC 28301

**Worker's Compensation Coverages:**

<b>Employer's Liability Limits</b>	<b>Limit</b>
Disease - Policy Limit	\$1,000,000
Bodily Injury – Accident	\$1,000,000
Disease - Each Employee	\$1,000,000

<b>Class/Payroll Detail</b>	<b>Class Description</b>	<b>Class Code</b>	<b>Payroll</b>
Location 1 - NC	SALESPERSONS OR COLLECTORS - OUTSIDE	8742	\$92,400
Location 2 - NC	CLERICAL OFFICE EMPLOYEES NOC	8810	\$1,000
Location 1 - NC	CLERICAL OFFICE EMPLOYEES NOC	8810	\$539,000

This Summary and its attachments provides a high level overview of policy coverages and does not include all conditions, limitations or exclusions. Please refer to the actual policy forms for detailed coverages, limits and deductibles.

Client#: 260155

27FAYETARE3

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/06/2019

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 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).

PRODUCER: McGriff Insurance Services, P.O. Drawer 2038, Fayetteville, NC 28302, 910 435-3600. CONTACT NAME: Cathy G. Jackson, PHONE: 910 435-8838, FAX: 8772971025, E-MAIL ADDRESS: cjackson@mcgriffinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Pennsylvania National Mutual Cas Ins Co (NAIC # 14990), INSURER B: Philadelphia Indemnity Insurance Co. (NAIC # 18058), INSURER C, D, E, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (BP90721826), Umbrella Liability (UL90721826), Workers Compensation and Employers' Liability (PHSD1332471), and Director/Officer Liability (PHSD1332471).

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

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: County of Cumberland, 117 Dick Street, Fayetteville, NC 28301. 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: Cathy G. Jackson

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