NORTEND-01

JSIMULCIK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/19/2024

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 noticulies) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject s certificate does not confer rights to	t to t	the t	terms and conditions of	the po	licy, certain	policies may			
	les H. Litaker, Inc.			CONTACT NAME: PHONE (A/C, No, Ext): (704) 376-9896 FAX (A/C, No): (704) 375-5810					375-5810	
P.O. Box 221129 Charlotte, NC 28222-1129					E-MAIL ADDRESS: poi@litakerinsurance.com					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURE	RA: Cincinn	ıati İnsuran	ce Company		10677
INSURED					INSURER B :					
North End Terraces Townhomes C/O Cusick Management 8008 Corporate Center Dr #206						INSURER C:				
						INSURER D:				
	Charlotte, NC 28226				INSURER E :					
					INSURE	RF:				
CO/	'ERAGES CER'	TIFIC/	ATE	NUMBER:			***************************************	REVISION NUMBER:		
INI	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH F	EQUIR PERT/	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RES	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LII	MITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		(CICTBD		1/19/2024	1/19/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
-								MED EXP (Any one person)	\$	5,000
										1.000.000

PERSONAL & ADV INJURY 2,000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY OTHER: PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ HIREDS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Blanket Building CICTBD 1/19/2024 1/19/2025 Ded \$5000 1,782,000 Crime / Fidelity CICTED 1/19/2024 1/19/2025 50,000

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

Equipment Breakdown Included 69 Unit Townhomes When Built Out Rapicemeth Cost / Agreed Value

Borrower name: Brittany Jones

Address: 2230 N Graham Street Charlotte, NC 28206

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Movement Mortgage ISAOA/ATIMA PO Box 29411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Phoenix, AZ 85038-9411	AUTHORIZED REPRESENTATIVE
	A LOS

AGENCY CUSTOMER	iD:	NORTEND-01
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JSIMULCIK

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Charles H. Litaker, Inc. POLICY NUMBER SEE PAGE 1		NAMED INSURED North End Terraces Townhomes C/O Cusick Management 8008 Corporate Center Dr #206 Charlotte, NC 28226		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Description of Operations/Locations/Vehicles: Loan #: 4137675