

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2019

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 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).

CONTACT JAY BISIGNANO	
PHONE (A/C, No, Ext): (602)298-7907 FAX (A/C, No): (602)32	5-4920
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Acuity Insurance	14181
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	
REVISION NUMBER:	
)	NAME: DAY BISIGNANO PHONE (A/C, No, Ext): (602)298-7907 E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE  INSURER A: ACuity Insurance  INSURER B: INSURER C: INSURER C: INSURER C: INSURER F:

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		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3		
LIK	GENERAL LIABILITY	INSK	WVD	1 OLIO I NOMBER	(WIW/DD/1111)	(WIW/DD/1111)		\$ 1,000,000		
A	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	CLAIMS-MADE X OCCUR	x	Y	K99814	8/25/2019 8	8/25/2020	MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
							GENERAL AGGREGATE	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$ 2,000,000		
	X POLICY PRO- JECT LOC							\$		
A	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO			Y K99814		8/25/2019		BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS	x	: Y F		99814 8/2		8/25/2020	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Lowe's Companies, Inc. and any and all subsidiaries\* must be named as an additional insured with respect
to Commercial General Liability (including products liability) and Automobile Liability policies. A
waiver of subrogation shall be provided to Lowe's and any subsidiary with respect to the Commercial
General Liability, Products Liability and Automobile Liability. \*naming Lowe's Companies, Inc. and Lowe's
Home Centers, LLC

CERTIFICATE HOLDER	CANCELL ATION

Lowe's Companies, Inc. and any and all su Lowe's Companies, Inc. & Lowe's Home Cent Mail code: A3ESS Mail code: A3ESS 1000 Lowe's Blvd 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

Loree Littlefield/LLI

Stitlefield

Mooresville, NC 28117