CONTRACTUAL INSURANCE REQUIREMENTS

| requireme | ents should N | | | | | | | as indicated to myCOI. These contract regarding interpretation of this docum | | |
|--------------------------------------------|-----------------------------------|------------------------------------------|---|---------|-------------|--------------------------------|-------------------------------------------|---------------------------------------------------------------------------------|-----------|-----------|
| INSURED ABC Contractor | | | | | | CARRIER REQUIREMENTS | | | | |
| | | | | | 0 | | | | | |
| | POLICY LINE | | | | | | POLICY LIMITS | | | |
| GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | | \$ | 1,000,000 |
| | | CLAIMS MADE | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | |
| | X | OCCUR | | | | | MED EXP (Any one person) | | \$ | |
| | | | | | | | PERSONAL & ADV INJURY | | \$ | 1,000,000 |
| | | | | | | GENERAL AGGREGATE | | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | PRODUCTS - COMP/OP AGG | | \$ | 2,000,000 |
| | | POLICY | Х | PROJECT | | LOCATION | | | \$ | |
| AUTO LIABILITY UMBRELLA LIABILITY | | | | | | | COMBINED | SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO | | | | | BODILY INJURY (Per person) | | \$ | |
| | X | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | | \$ | | |
| | | SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | | \$ | | |
| | X | HIRED AUTOS | | | | | | | _ | |
| | X | NON-OWNED AUTOS | | | | | | | _ | |
| | | OCCUR | | | | | EACH OCCURRECE \$ | | | |
| | | Claims Made | | | | | AGGREGATE \$ | | | |
| WORKERS COMP /EMP | PLOYEE | | | | | | X | WC STATUTORY LIMITS | | |
| | | | | | | | E.L. EACH ACCIDENT | | \$ | 500,000 |
| LIABILITY | | | | | | | E.L. DISEASE - EA EMPLOYEE | | \$ | 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | | \$ | 500,000 |
| | | Property Causes of Loss | | | Deductibles | | | Building | \$ | |
| Property | | Basic | | | Building | | | Personal Property | \$ | |
| | | Broad | | | Contents | | | Business Income | \$ | |
| | | Special | | | | | | Extra Expense | \$ | |
| | | Earthquake | | | | | | Rental Value | \$ | |
| | | Wind | | | | | | Blanket Building | \$ | |
| | | Flood | | | | | | Blanket Pers Prop | \$ | |
| | | - | | - | | | | Blanket BLDG & PP | \$ | |
| | | | | | | | | | \$ \$ | |
| Boiler and Machine | | Boiler & Machinery /Equipment Break Down | | | | | | | \$ | |
| | | | | | | | l | | \$ | |
| | | | | | | | | | ۳ | |

Certification Holder

Sasser Companies, LLC PO Box 10 Whitsett, NC 27377

ADDITIONAL REQUIREMENTS

The Certificate holder and Owner, along with their respective officers, agents and employees, shall be named as additional insureds for Ongoing and Products/Completed Operations for General Liability and Excess/Umbrella Liability on a primary and non-contributory basis. The Contractor and Owner, along with their respective officers, agents and employees, shall be named as additional insureds for Auto Liability on a primary and non-contributory basis. A Waiver of Subrogation clause applies to General Liability, Auto Liability, Excess/Umbrella Liability and Workers Compensation in favor of Contractor and Owner, along with their respective officers, agents and employees. 30 (Thirty) days' notice of cancellation or any change in coverage applies. Policy forms attached.