

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/23/2024

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 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)

	is certificate does not confer rights to				n endor	sement(s).			statement	UII	
PRODUCER					CONTACT Customer Service Department						
Gaslamp Insurance Services, LLC					PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-41))920-4107	
Bre	nt Nelson				E-MAIL ADDRE	SS:				T	
2244 Faraday Avenue #125 Carlsbad, CA 92008					INSURER(S) AFFORDING COVERAGE				NAIC#		
INSURED					INSURER A: Sutton Specialty Insurance Company					16848	
B&L Labor Services LLC					INSURER B:						
						INSURER C:					
1536 East Webb Avenue,					INSURER E :						
Burlington, NC 27217					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 3156104-002											
C IV	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIESTIFICATE MAY BE ISSUED OR MAY PERTAKCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TI	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER IES DESCRIBEI	R DOCUMENT V D HEREIN IS S	VITH RESPECT TO WHIC	CH THIS		
INSR TYPE OF INSURANCE INS			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	OLICY EFF POLICY EXP		IMITS	MITS	
	COMMERCIAL GENERAL LIABILITY		1	ISCPC04000031489		05/14/2024	05/14/2025	EACH OCCURRENCE	\$ \$1,0	000,000	
	CLAIMS-MADE OCCUR			1507004000031469		05/14/2024	05/14/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$50	,000	
			1					MED EXP (Any one person)	\$ \$5,		
Α		X						PERSONAL & ADV INJURY		000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG		000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person BODILY INJURY (Per accider			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGOREGATE	\$		
	WORKERS COMPENSATION							PER OTH STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	т \$		
Ce	ERIPTION OF OPERATIONS / LOCATIONS / VEHICL tificate Holder is named as Addition cy terms, exclusions and conditions	al În						itional Insured statu	s is subje	ct to all	
CERTIFICATE HOLDER						CANCELLATION					
Facility Solutions LLC 4211 S Church St Ext Roebuck, SC 29376					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						Bruce Carlile Brus & Jack					