

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 4/9/19

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY MARCO INSURANCE SERVICES 221 S LAFAYETTE ST STE 3 SHELBY, NC 28150-5484 (704)487-1060	AGENT'S NO. JJ2318	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
NAME AND ADDRESS OF NAMED INSURED AMAYA GLAZE COMPANY LLC 610 SCHENCK ST. SHELBY, NC 28150		This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

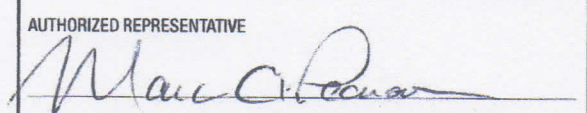
This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR/Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS													
E <input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q28 0621448	4/6/19	4/6/20	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 4,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	FIRE DAMAGE (Any One Fire)	\$ 2,000,000	MED EXP (Any One Person)	\$ 5,000	PERSONAL & ADV. INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS-COMP/OP AGG	\$ 4,000,000	
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E <input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q04 0630941	4/6/19	4/6/20	<table style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000					
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E	WORKERS COMPENSATION & EMPLOYERS LIABILITY	Q88 0600768	4/6/19	4/6/20	<table style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">STATUTORY</th></tr> <tr><td style="text-align: center;">BODILY INJURY BY</td><td> <table style="width: 100%; border-collapse: collapse;"> <tr><td>ACCIDENT</td><td style="text-align: right;">\$ 500,000</td><td>EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 500,000</td><td>POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 500,000</td><td>EACH EMPLOYEE</td></tr> </table> </td></tr> </table>	STATUTORY		BODILY INJURY BY	<table style="width: 100%; border-collapse: collapse;"> <tr><td>ACCIDENT</td><td style="text-align: right;">\$ 500,000</td><td>EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 500,000</td><td>POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 500,000</td><td>EACH EMPLOYEE</td></tr> </table>	ACCIDENT	\$ 500,000	EACH ACCIDENT	DISEASE	\$ 500,000	POLICY LIMIT	DISEASE	\$ 500,000	EACH EMPLOYEE
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<input type="checkbox"/>	OTHER																	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 REMODELING CONTRATOR, KITCHENS, BATHS, REFINISHING, TILE. CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED PER CG2010 AND CG2037. CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED ON THE COMMERCIAL AUTO. GENERAL LIABILITY IS WRITTEN ON A PRIMARY, NON-CONTRIBUTORY BASIS.

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER [Redacted]	AUTHORIZED REPRESENTATIVE 
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