

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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							uire an endorsement. A	Statem	ent on	
PRODUCER						CONTACT NAME: ADAM GIBBS					
MCKINNEY INSURANCE LLC					PHONE (A/C, No, Ext): (704) 481-7522 (A/C, No): (980) 404-0930						
113 N LAFAYETTE ST						E-MAIL ADDRESS: adam.mckinneyins@gmail.com					
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
SHELBY NC 28150						INSURER A: ERIE INSURANCE COMPANY				26263	
INSURED					INSURER B: ERIE INSURANCE EXCHANGE					26271	
AMAYA GLAZE COMPANY LLC					INSURER C:						
3137 VIOLA LN					INSURER D:						
					INSURER E:						
MONROE				NC 28110-5216	INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER' CLUSIONS AND CONDITIONS OF SUCH PO	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WE	HICH THI		
INSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					`	,	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
			Q61-0261850			04/06/2025	04/06/2026	MED EXP (Any one person)	\$	5,000	
				Q61-0261850				PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY						04/06/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO					04/06/2025		BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY			Q04-0630941				BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							✗ PER STATUTE OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Q88-0600768		04/06/2025	04/06/2026	E.L. EACH ACCIDENT	\$	500,000	
Б	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	uired)			
CERTIFICATE HOLDER						CANCELLATION					
AMAYA GLAZE COMPANY LLC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
3137 VIOLA LN					AUTHORIZED REPRESENTATIVE						
MONPOE NC 28110					(<i>MMIUHAH</i> -)						

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