# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/15/2016

**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).**

| PRODUCER | CONTACT NAME: Dell Johnson | |
|---|---|---|
| Citadel Insurance Services, LC | PHONE:801-610-2733 | FAX: 801-610-2701 |
| 826 E State Rd, Suite 100 | EMAIL ADDR: dellj@citadelus.com | |
| American Fork, UT 84003 | INSURER(S) AFFORDING COVERAGE | NAIC |
| | INSURER A : AmTrust International Underwriters Limited | AA1780074 |
| INSURED | INSURER B : | |
| Alpha & Omega Home Inspections, LLC | INSURER C : | |
| | INSURER D : | |
| 2992 Howells Ferry Rd. | INSURER E : | |
| Hickory Grove, SC 29717 | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | **GENERAL LIABLITY** | | | PAL1256082.1602779-00 | 7/31/2016 | 7/31/2017 | EACH OCCURRENCE | $1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) | $100,000 |
| | X CLAIMS-MADE [ ] OCCUR | | | | | | MED EXP(ANY ONE PERSON) | $5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS-COMP/OP AGG | $1,000,000 |
| | X POLICY [ ] PROJECT [ ] LOC | | | | | | | |
| | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | ANY AUTO | | | | | | BODILY INJURY (Per Person) | |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| | **UMBRELLA LIAB** [ ] OCCUR | | | | | | EACH OCCURRENCE | |
| | **EXCESS LIAB** [ ] CLAIMS-MADE | | | | | | AGGREGATE | |
| | DED [ ] RETENTION $ | | | | | | | |
| | **WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** Y/N | | | | | | [ ] WC Statutory LIMITS [ ] OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] | | | | | | E.L. EACH ACCIDENT | |
| | **(Mandatory in NH)** | | | | | | E.L. DISEASE – EA EMPLOYEE | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE – POLICY LIMIT | |
| A | **Professional (E&O)** | | | PAL1256082.1602779-00 | 7/31/2016 | 7/31/2017 | Per Claim Limit | $1,000,000 |
| | | | | | | | Aggregate | $1,000,000 |

**DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)**

Insured Inspector: Joe Funderburk

**CERTIFICATE HOLDER**

Proof of Insurance

**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.**

**AUTHORIZED REPRESENTATIVE**

Anthony Eardley

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