

Public Records Request #2226

The following materials have been gathered in response to public records request #2226. These materials include:

- Certificate of Liability Insurance – Sonny Development LLC

This information was provided as a response to a public records request on 4/4/19 and is current to that date. There is a possibility of more current information and/or documents related to the stated subject matter.

Further Information

For further information about this request or the Citywide Records Program, please contact:

Cheyenne Flotree
Citywide Records Program Manager
City of Charlotte/City Clerk's Office
600 East 4th Street, 7th Floor
Charlotte, NC 28202
Cheyenne.Flotree@charlottenc.gov

Amelia Knight
Public Records Specialist
City of Charlotte/City Clerk's Office
600 East 4th Street, 7th Floor
Charlotte, NC 28202
Amelia.Knight@charlottenc.gov

Greetings,

You are receiving this email because you currently have a contract with the City of Charlotte with insurance coverage that is getting ready to expire.

In order to remain in compliance with your contract, please email an updated insurance certificate to the contact and email address attached.

Remember:

- 1. Faxed or mailed certificates will no longer be accepted.**
- 2. All certificates must have the corresponding contract number or project name listed in the Description of Operations section of the certificate.**
- 3. If this contract is no longer in force, please contact me at the number listed so I can stop the automatic delivery of this message.**

Thank you for your help and if you have any questions, please contact me.

Contracts Department
Engineering & Property Management

704-336-2291



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2019

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 877.469.5385 877.288.2079 Contractor's Edge Insurance Services Alisa Greenblatt 107 Avenida de la Estrella, Suite 201A San Clemente, CA 92672	CONTACT NAME: Alex Goit PHONE (A/C, No, Ext): 877.469.5385 FAX (A/C, No): 877.288.2079 E-MAIL ADDRESS: certs@contractorsedgeinsurance.com PRODUCER CUSTOMER ID #:														
INSURED Richard Haffner Sonny Development LLC 8310 Park Vista Circle Charlotte, NC 28226	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : United Specialty Insurance Company</td> <td>12537</td> </tr> <tr> <td>INSURER B : Metropolitan Life Insurance Company</td> <td>65978</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D : Certain Underwriter at Lloyds, London</td> <td>11200</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Specialty Insurance Company	12537	INSURER B : Metropolitan Life Insurance Company	65978	INSURER C :		INSURER D : Certain Underwriter at Lloyds, London	11200	INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

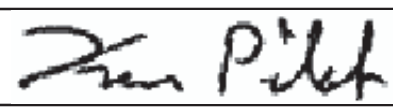
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SIZGL3411B210505	12/05/18	12/05/19	EACH OCCURRENCE \$ 1,000,000												
	<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"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$												
B	AUTOMOBILE LIABILITY			CA033151P2018	11/13/18	11/13/19	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000												
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$												
	UMBRELLA LIAB						EACH OCCURRENCE \$												
	EXCESS LIAB						AGGREGATE \$												
	DEDUCTIBLE						\$												
	RETENTION \$						\$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<table border="1"> <thead> <tr> <th></th> <th>WC STATUTORY LIMITS</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </tbody> </table>		WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
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D	Inland Marine			IMEB01606	11/19/18	11/19/19	Scheduled \$27,445 Deductible \$1,000												

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

City of Charlotte is listed as an additional insured on the general liability policy.
 6013 Ingleside drive storm drainage Improvement project
 project number: SWDES00603
 Contract number: 2019000422

CERTIFICATE HOLDER**CANCELLATION**

City of Charlotte 600 East Fourth Street Charlotte, NC 28202	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 
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