

Public Records Request #6237

The following materials have been gathered in response to public records request #6237. These materials include:

• Certificate of Liability Insurance – United of Carolinas, Inc.

This information was provided as a response to a public records request on 10/13/21 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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

						and the second s	17/2019
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	VELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	s an ADD to the ter	ITIONAL INSURED, the rms and conditions of the	he policy, certain p	olicies may	NAL INSURED provision require an endorsemen	s or be t. A sta	endorsed. atement on
this certificate does not confer rights t	o the cert	ificate holder in lieu of s				1.11	
PRODUCER ECM Solutions	CONTACT NAME: Melanie Somers						
PO Box 12457	PHONE (A/C, No, Ext): 704-496-7346 FAX (A/C, No): 704-496-7347						
4000 Park Road	E-MAIL ADDRESS: somers@ecmins.com						
Charlotte NC 28220-2457			INSURER(S) AFFORDING COVERAGE				NAIC #
			INSURER A: Selective Insurance Company of America				12572
NSURED		6805	INSURER B : Builders	Mutual Insur	ance		10844
United of Carolinas, Inc. 9507 Wood Valley Lane Charlotte NC 28270			INSURER C :				
			INSURER D :				
			INSURER E :				
a constant of the second se	INSURER F :						
OVERAGES CER	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH ISPI	QUIREME	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
ISR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	and a summer of a property of a	LIMIT	12 2 2 2 2 2	0.10
A X COMMERCIAL GENERAL LIABILITY	-	S 2371534-01	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,	Carana -
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 500,00	
					MED EXP (Any one person)	\$ 15,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000	
POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,	000
OTHER:	·					5	
AUTOMOBILE LIABILITY	-	S 2371534-01	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
X ANY AUTO		a production of the	1.1.1.1		BODILY INJURY (Per person)	in) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS X HIRED X AUTOS ONLY X AUTOS ONLY			T. 1		BODILY INJURY (Per accident)	ent) 5	
					PROPERTY DAMAGE (Per accident)	\$	
					and a start have	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION S						s	
3 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP106175801	1/1/2020	1/1/2021	X PER STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE	NIA				E.L. EACH ACCIDENT	\$ 1,000,000	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		+			E.L. DISEASE - EA EMPLOYEE	- 10 0451 CG 1	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000.	1.1.1
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI Project: Tatlersall Storm Drainage Improver	ES (ACORD	101, Additional Remarks Schedu act #: 671-14-135 Contract	ile, may be attached if mor #2020000685	e space is requir	ed)		
		그렇게 이번 모두가 있어야 한다.			Taxa a taxa		
City of Charlotte is an additional insured in mits as specified in the policy.	respects to	o general liability when req	uired by written conti	act or agreen	nent and subject to the ter	rms, cor	iditions and
mits as specified in the policy.							
a second s			the first start				
ERTIFICATE HOLDER	CANCELLATION						
City of Charlotte - E&PM D	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
600 East Fourth Street - 12th Floor Charlotte NC 28202-2844			Authorized Representative				
			and the second se			All righ	ts rese

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