

## 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 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).

PRODUCER	CONTACT NAME:				
	PHONE   FAX (A/C, No, Ext): (A/C, No):				
Agent / Agency Info Here	E-MAIL ADDRESS: Please include agent email so we can contact directly in	n the future.			
Address	INSURER(S) AFFORDING COVERAGE	NAIC #			
City State Zip.	INSURER A: "A-" or better by A.M. Best's "In	surance			
INSURED	INSURER B: Guide and Ratings".				
Insured Info Here - MUST MATCH NAME ON CONTRACT Address	INSURER C:				
City State Zip.	INSURER D:				
	INSURER E :				
	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.

TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
COMMERCIAL GENERAL LIABILITY						FACH OCCURRENCE	s 1,000,00				
CLAIMS-MADE X OCCUR	Y	>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
			ı						MED EXP (Any one person)	\$	
			_	POLICY NUMBER.	XX/XX/XX.	XX/XX/XX.	PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:		'				GENERAL AGGREGATE	\$ 2,000,000				
POLICY X PRO-								PRODUCTS - COMP/OP AGG	\$		
OTHER:							\$				
UTOMOBILE LIABILITY	Y	Y	Υ					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00		
ANY AUTO				Υ					BODILY INJURY (Per person)	\$	
AUTOS ONLY V AUTOS					Υ	POLICY NUMBER.	XX/XX/XX.	XX/XX/XX	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$		
X UMBRELLA LIAB X OCCUR	Y	Y							EACH OCCURRENCE	\$ 4,000,00	
EXCESS LIAB CLAIMS-MADE			Y	POLICY NUMBER.	XX/XX/XX.	XX/XX/XX.	AGGREGATE	\$ 4,000,00			
DED RETENTION \$			] •	•					\$		
ORKERS COMPENSATION						X PER OTH-					
NY PROPRIETOR/PARTNER/EXECUTIVE Y / N	7 I I	N/A Y	N/A	NI / A	NI / A	_	POLICY NUMBER	XX/XX/XX	XX/XX/XX	E.L. EACH ACCIDENT	\$ 1,000,00
Mandatory in NH)				'	TOLIOT NOMBER.	70070070	700700700.	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00		
yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00				
	CLAIMS-MADE X OCCUR  ENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY  EXCESS LIAB  DED RETENTION \$  ORKERS COMPENSATION ID EMPLOYER'S LIABILITY IP POPPLEY STATION IP PROPERSOR SCHEDULED RETENTION \$  ORKERS COMPENSATION ID EMPLOYER'S LIABILITY IP PROPIET OR PARTIEN PLAYER FICERIMEMBER EXCLUDED? IN I	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  ENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY EXCESS LIAB  CLAIMS-MADE  ORKERS COMPENSATION DEMPLOYERS' LIABILITY  PROPRIETOR/PARTHER/EXECUTIVE FICER/MEMBER EXCLUDED? IT PROPRIETOR/PARTHER/EXECUTIVE FICER/MEMBER EXCLUDED? IT STATES TO THE PROPRIETOR OF THE	C COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y  ENIL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  C UMBRELLA LIAB EXCESS LIAB  DED RETENTION \$  ORKERS COMPENSATION ID EMPLOYER'S LIABILITY IP PROPRIETOR/PARTNER/EXECUTIVE IN I	C COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  POLICY NUMBER.  ENL AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCE OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  C UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  POLICY NUMBER.  POLICY NUMBER.	C COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y  POLICY NUMBER. XX/XX/XX.  ENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  W  POLICY NUMBER. XX/XX/XX.  POLICY NUMBER. XX/XX/XX.	C COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y  POLICY NUMBER. XX/XX/XX. XX/XX/XX.  EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY FOR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  ORKERS COMPENSATION ID EMPLOYERS' LIABILITY  Y POLICY NUMBER. XX/XX/XX.  YX/XX/XX.  POLICY NUMBER. XX/XX/XX.  XX/XX/XX.  Y/N POLICY NUMBER. XX/XX/XX.  XX/XX/XX.  Y/N POLICY NUMBER. XX/XX/XX.  XX/XX/XX.  XX/XX/XX.  XX/XX/XX.  Y/N POLICY NUMBER. XX/XX/XX.  XX/XX/XX.  XX/XX/XX.  XX/XX/XX.	C COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  POLICY NUMBER. XX/XX/XX. XX/XX/XX. PERSONAL & ADV INJURY  GENERAL AGGREGATE LIMIT APPLIES PER:  POLICY X PRO: OTHER:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS O				

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

- + PROVIDE FULL ENDORSEMENT PAGES
- Additional insured wording
- Waiver of subrogation wording
- Primary non-contributory wording

## CERTIFICATE HOLDER CANCELLATION

THIS IS HOW WE MUST BE LISTED ON THE CERTIFICATE

Glory EV Charging Solutions, LLC

540 Devall Dr, Suite 101 Auburn, AL 36832.

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** 

**EVIDENCE OF INSURANCE** 

ACORD 25 (2016/03)

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