

## **CERTIFICATE OF INSURANCE**

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 6/21/12

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000 Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAM	E AND ADDRESS		WINTERS INSURANCE A	CVIIC	AGENT'S NO.		COMPAI	IVITE	VERUDDING C	OVEDACE
		DEL	WINTERS INSURANCE A WADE AVE STE 202	GY LLC	JJ1501	Ço.: Ç	ERIE INSUR	ANCE	COMPANY	OVERAGE ASUALTY COMPANY Fact (Not Applicable) in NY NEW YORK
			EIGH, NC 27605-1158		331301	Co.: D	ERIE INSUR	ANCE ANCE	PROPERTY & CA FXCHANGE	ASUALIY COMPANY Not Applicable
		IVALI	EIGH, NC 2/603-1138			00	Erie Indemi	ity Co	., Attorney-in-l	Fact ( in NY
		(010)	828-7130			Co.: F	FLAGSHIP (	ANUE ITY II	CUMPANY OF I	VEW YORK PANY
MAN	IF AND ADDRESS	(919) OF NAMED INSURED			77.7	a inis cen	iticate is issi	lea toi	' information nur	noses only and confers t
INMIN						eno right	s on the cer	tincal	e holder. It doe	s not affirmatively or r the terms, exclusions
	TRI	IANGLE ELEC	TRICIANS			land con	ditions of ins	uranc	e coverane conta	ained in the noticulies)
	317	BLACK FORE	ST DR			lindicated	l below. The t	erms a	nd conditions of	the naticulies) agreem
	CL	AYTON, NC 27	7527			eine insu Shown n	rance covera 1av have bee	ige as n redi	applied to any inced by claims n	given situation. Limits aid. This certificate of
		,				Binsurand	ce does not	const	itute a contract	hetween the issuinal
						insurer Lectifica	(s), authori te holder.	zed r	epresentative (	or producer and the
This	is to certify that	policies, as indicate	d by the Policy Number below, are	in force for the Na	med Insured at th	e time th	at the Certific	ate is	heina issued	
LTRIn	s'd TYPE (	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)			<i>-</i>	LIMITS	. N. j. takan Ludgad
E	GENERAL LIA		Q27 1021126	3/10/11	3/10/12	E	OCCURRENCE	\$	1,000,000	
		HAL GENERAL LIABILITY	-	3/10/11	3/10/12		IAGE (Any One Fi		1,000,000	<b>∃</b>
	L CLAIF	WS MADE 🔀 OCCUR	XI OCCUR			MED EXP (Any One Person) \$			5,000	
							L & ADV. INJUI	<del></del>	1,000,000	
							AL AGGREGATE		2,000,000	
	GEN'L AGGREG	ATE LIMIT APPLIES PER:					S-COMP/OP A	- +4	2,000,000	
	X POLICY	PROJECT LOC				11100001	O-OOMI /OF AL	10 2	2,000,000	
E		BILE LIABILITY	027 1021127	3/10/11	3/10/12	BODII	Y INJURY			
New Park	"ANY AUTO	o" (OWNED, HIRED, NON-OWNED)	Q27 1021126	3/10/11	3/10/12	(EACH	PERSON)	\$		
Drive at 12 Au	OWNED					BODIL FACH	Y INJURY Accident)	\$		
	X HIRED						TY DAMAGE	\$		
	X NON-OWN	ED				1	INJURY AND	+		
The state of the s	GARAGE					PROPER	ITY DAMAGE	s	1,000,000	
Tr	EXCESS LIAB	ILITY	The state of the s			1	MBINED			
i.	OCCURRE						OCCURRENCE	\$		
DATE WANTED						AG	GREGATE	\$		
	RETENTIO	N S						\$		
		. •						\$		
	WORKERS CO	OMPENSATION &					<del></del>		STATUTORY	
	EMPLOYERS				and the same of th		ACCIDENT	\$	36 15 10 36 5 GP 6 5	EACH ACCIDENT
	I					BODILY INJURY	DISEASE	\$		POLICY LIMIT
						BY	DISEASE	S		EACH EMPLOYEE
	OTHER					<del>   </del>	DIOLIOL			LAGII EWIFLUTEE
	in the second				THE PARTY STATE OF THE PARTY STA					
	assumption of the second									
DES	CRIPTION OF OF	PERATIONS/LOCATION	NS/VEHICLES/EXCLUSIONS ADDED	BY ENDORSEMEN	T/SPECIAL PROVI	SIONS		- Commence		
CAN	CELLATION:	CHUILD WIN U	THE ADOVE DESCRIBED BOL	IOICO DE OANO						
Cardi A	VLEHNIVIS.	FRED IN ACCOR	THE ABOVE DESCRIBED POL DANCE WITH THE POLICY PRO	IICIES BE CANCI	ETTED RELOKE	IHE EXI	'IRATION D	ATE 1	HEREOF, NOT	ICE WILL BE DELIV-
IBER	OPTALIT.	The second secon						Weissberger		
I IVI P	ORTANT:	if the certificate	holder is an ADDITIONAL IN	SURED, the poli	cy(ies) must be	e endors	sed. If SUB	ROGA	TION IS WAIV	ED, subject to the
		terms and cond	litions of the policy, certain p	olicies may req	uire an endors	ement. A	A statemer	nt on	this certificat	e does not confer
		rights to the cei	tificate holder in lieu of such	endorsement(s	s).					
NA	WE AND ADD	RESS OF CERTIF	ICATE HOLDER			1			***************************************	
	AVANI	ENVIRONME	VTAL			81177105	7FD D=======	T-0-7-1	011	
		YNTHIA OR B				AUTHORI	ZED REPRESEN	IAHVE	/ ]  // .	- A
		RESS DR	O.D.				XIX	, (		nlla
			7504				$\mathcal{J}X$		- y y / V	A
	I OUNC	GSVILLE, NC 2	2/396			- Constitution of the Cons				Companies and the companies an
EIGE	230 8/11					economic				E CONTRACTOR DE

PAX 919- 570 2863

## \*\* Transmit Confirmation Report \*\*

P. 1

Jun 21 2012 11:35am

Name/Fax No.	Mode	Start	Time	Page	Result	Note
9195702863	Normal	21,11:35am	0'45"	quant	0 K	
		· · · · · · · · · · · · · · · · · · ·				

F	Erie Insurance

## **CERTIFICATE OF INSURANCE**

DATE ISSUED (MM/DD/YY) 6/21/12

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Pennsylvana 16530 - 6 · www.erieinsurance.com NTERS INSURANCE ADE AVE STE 202 3H, NC 27605-1158 3-7130 ICIANS DR 7 whe Policy Number below, a POLICYNUMBER Q27 1021126	AGY LLC	AGENT'S NO. JJ] 501	no righ negative and con insicate the insi shown insuran	is on the ca why amend, ex whitens of in- d below. The i was caves; may have be ce does not	est or rificat tend, o uranci erms a erms a se redu consti	Coverage contains of applied to any conditions of applied to any coverage process of the applied by claims p	poses only and conf is not affirmatively if the terms, exclusion sined in the policy(i the policy(ies) gove given situation. Lim
ADE AVE STE 202 GH, NC 27605-1158 8-7130 ICIANS DR 7 whe Policy Number below, a POLICY NUMBER	ue in force for the N	JJ 1501	no righ negative and con insicate the insi shown insuran	is on the ca why amend, ex whitens of in- d below. The i was caves; may have be ce does not	est or rificat tend, o uranci erms a erms a se redu consti	renormation per to holder. It does to otherwise after the coverage contained conditions of applied to any placed by claims placed.	poses only and conf is not affirmatively if the terms, exclusion sined in the policy(i the policy(ies) gove given situation. Lim
3H, NC 27605-1158 3-7130 ICIANS DR 7 ythe Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	imed insured at the	no righ negative and con insicate the insi shown insuran	is on the ca why amend, ex whitens of in- d below. The i was caves; may have be ce does not	est or rificat tend, o uranci erms a erms a se redu consti	renormation per to holder. It does to otherwise after the coverage contained conditions of applied to any placed by claims placed.	poses only and conf is not affirmatively if the terms, exclusion sined in the policy(i the policy(ies) gove given situation. Lim
ICIANS DR 7 y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	arned insured at it	no righ negative and con insicate the insi shown insuran	is on the ca why amend, ex whitens of in- d below. The i was caves; may have be ce does not	est or rificat tend, o uranci erms a erms a se redu consti	renormation per to holder. It does to otherwise after the coverage contained conditions of applied to any placed by claims placed.	poses only and conf is not affirmatively if the terms, exclusion sined in the policy(i the policy(ies) gove given situation. Lim
ICIANS DR 7 y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	amed insured at the	no righ negative and con insicate the insi shown insuran	is on the careful amend, ex- vity amend, ex- ditions of in- dividual. The in- proce cover, may have been ce does not	est or rificat tend, o uranci erms a erms a se redu consti	renormation per to holder. It does to otherwise after the coverage contained conditions of applied to any placed by claims placed.	poses only and conf is not affirmatively if the terms, exclusion sined in the policy(i the policy(ies) gove given situation. Lim
DR 7 y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	amed insured at it	and con indicate the insu shown insuran	ditions of ins d below. The i France covers may have been ce does not	uranci erme a ige as in redu consti	Coverage contains of applied to any conditions of applied to any coverage process of the applied by claims p	t the terms, exclusionable in the policy(in the policy(ies) govern situation. Lim
DR 7 y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	aned insured at it	and con indicate the insu shown insuran	ditions of ins d below. The i France covers may have been ce does not	uranci erme a ige as in redu consti	Coverage contains of applied to any conditions of applied to any coverage process of the applied by claims p	t the terms, exclusionable in the policy(in the policy(ies) govern situation. Lim
7 y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	amed insured at the	Shown insuran	may have bee ce does not	n redu consti	iced by claims p	កុំខ្មែល Piesenbu Fill
y the Policy Number below, a POLICY NUMBER	PART SMM/LEDIST	med insured at the	Shown insuran	may have bee ce does not	n redu consti	iced by claims p	កុំខ្មែល Piesenbu Fill
	PART SMM/LEDIST	med insured at the	certifica	te holder.		AR Potantotive	between the issui
	PART SMM/LEDIST	BUGG RESTREE ST SE				. 10.0000000000000000000000000000000000	n bindacet sud t
Q27 1021126		1. 15 C - 2. 2. 3. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	TO SILID E	lat the Certific	ate is	being issued.	
	3/10/11	3/10/12	FACH	OCCURRENCE	16	1,000,000	
		3/10/12	2	AAGE (Any One Fi	. 10	1,000,000	
				P (Any One Person		5.000	
				L & ADV. INJUI		1,000,000	
					S	2,000,000	1
			PRODUCT	S-COMP/OP AC	G \$	2,000,000	la lag
027 1021126	2/40/44		7,0Ds	NATES WARES	-		(A. 1884)
Q27 1021120	3/10/11	3/10/12	EACH	i Person)	S		
			BODE	Y INJURY ACTIONS	1		
					s		14 14 14 14 14 14 14 14 14 14 14 14 14 1
			BODEY	INJURY AND	1		
			CO	etined Henry	5	1,000,000	Fig. 1.5
			EACH!	COURRENCE	\$		
			AG	GREGATE	\$		
			<u> </u>	· · · · · · · · · · · · · · · · · · ·			, Th
			<u> </u>	·	\$		
						STARTORY	Service Control of the Control of th
			BODILY	ACCIDENT			EACH ACCIDENT
			irjiry	DISEASE	\$	Ē	POLICY LIMIT
			BY	DISEASE	\$		EACH EMPLOYEE
	Q27 1021126	Q27 1021126 3/10/11	Q27 1021126 3/10/11 3/10/12	Q27 1021126 3/10/11 3/10/12 BODI FAR BODILY PROPER BOULY PROPER CH CACH AG	Q27 1021126 3/10/11 3/10/12 BODLY INJURY GACH PERSON) BODLY INJURY GACH PERSON) BODLY INJURY GACH PERSON) BODLY INJURY BACH ACCIDENT PROPERTY JAMAGE COMMINION  EACH OCCURRENCE AGGREGATE  BODLY RUPRY RUPRY DISEASE	GENERAL AGGREGATE S PROBUCTS-COMPTOP AGG \$  Q27 1021126 3/10/11 3/10/12 BOOLY IN ARRY (FACH PERSON) SECRET Y LANAGE PROPERTY LANAGE SECRET Y DAMAGE (OHERNED \$  AGGREGATE \$  S  BOOLY SALTRY ACCIDENT \$  S  BOOLY HARRY S  ACCIDENT \$  S  BLOCK BROOKLY ACCIDENT \$  S  BLOCK BROOKLY ACCIDENT \$  S  BLOCK BROOKLY DISEASE \$	Q27 1021126   3/10/11   3/10/12   BODILY IN ARRY   S.   2,000,000

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER AVANI ENVIRONMENTAL ATT: CYNTHIA OR BOB 95 CYPRESS DR

YOUNGSVILLE, NC 27596

ElG6230 8/11

PAX 919, 570. 2863