

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 10/31/2025

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 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).

and definitions and the regime to the definition in hour or care characteristics.										
PRODUCER		CONTACT NAME:								
Next First Insurance Agency, Inc. PO Box 60787		PHONE (A/C, No, Ext)	FAX (A/C, No):							
Palo Alto, CA 94306		E-MAIL ADDRESS: support@nextinsurance.com								
			INSURER(S) AFFORDING COVERAGE		NAIC#					
		INSURER A:	Next Insurance US Company		16285					
INSURED	nspection	INSURER B :								
Wesley Upchurch Wesley Upchurch DBA Upchurch Inspe 4956 Austin Peay Hwy		INSURER C:								
4956 Áustin Peay Hwy Arlington, TN 38002		INSURER D :								
Armigion, TN 30002		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 016783921		REVISION NU	MBER:						

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000.00 \$100,000.00
								MED EXP (Any one person)	\$15,000.00
Α					NXTPC49HQ4-00-GL	10/31/2025	10/31/2026	PERSONAL & ADV INJURY	\$1,000,000.00
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000.00
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000.00
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					PER OTH- STATUTE ER	
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Prof CLA	ressional Liability (Errors & Omissions) IMS-MADE			NXTH4HPPT4-00-PL	10/31/2025	10/31/2026	Aggregate Limit:	\$250,000.00 \$250,000.00 \$0.00
		ION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed)	

## **CERTIFICATE HOLDER**

Wesley Upchurch Wesley Upchurch DBA Upchurch Inspection 4956 Austin Peay Hwy Arlington, TN 38002

## LIVE CERTIFICATE

Click or scan to view

## 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

an Ryan