



Insurance Compliance
PO Box 100085 - HD
Duluth, GA 30096

April 02, 2018

Reference Number: PA1818879
USA Supplier Level 1

CAROLINES TREASURES INC
Attn: Denny Knight
3720 Cottage Hill Rd
Mobile, AL 36609

SUBJECT: INSURANCE REQUIREMENTS NOTIFICATION

We would like to take this opportunity to remind you that you must be continuously insured while doing business with The Home Depot Inc. According to our records, the insurance coverage from Jack Green Agency issued on 3/28/2018 requires your immediate attention and response for the following reason(s):

<u>Deficiency</u>	<u>Date</u>	<u>Policy #</u>
* General Liability and /or Products Liability - We are not properly named as an Additional Insured.	06/28/2018	Binder Received-
* General Liability and / or Products Liability- Each Occurrence Limit does not meet required minimum.	06/28/2018	Policy number required
		Binder Received-
		Policy number required

It is not necessary to call us. A complete listing of our insurance requirements is shown on the reverse of this notice. Please have your insurance agent mail a new Certificate of Insurance showing the correct coverage information to the address shown on the back of this notice. Any requested contractor license information should be sent to the address on the back of this notice as well. Should you have any questions about this notice or the required coverages, please call us at (951) 766-2210.

We should receive the requested Information within 30 days of the date of this letter in order to avoid a Hold being placed on your account and possible interruption of your activities with The Home Depot Inc. Please include your account number on all correspondence.

Sincerely,

Chris Farmer
Insurance Department

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The Home Depot Inc Insurance Requirements

USA Supplier Level 1

The Certificate must:

- * Be an original document - We cannot accept faxed information.
- * List all subsidiaries or DBA's covered by the certificate provided.
- * Provide at least 0 days notice of cancellation.
- * Show complete insurance carrier names as listed in the A.M. Best Property & Casualty Guide.

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The Certificate of Insurance must be completed in its entirety and signed.

Binders are not acceptable.

Commercial General Liability (CGL) (occurrence form) coverage not less than:

\$2,000,000.00 General Aggregate
\$2,000,000.00 Products and Completed Operations Aggregate
\$2,000,000.00 Each Occurrence

Coverage must be placed with a carrier rated not less than A-, VIII by A. M. Best & Co.

The required Additional Insured wording is: The Home Depot, Inc., its affiliates and subsidiaries

Note: Please mail your insurance information to the address shown on the front of this notice. We DO NOT accept faxed information.

If you are no longer doing business with The Home Depot Inc please complete the following section and return this form to the address shown on the front of this notice.

To The Home Depot Inc:

My company is no longer doing business with The Home Depot Inc.

CAROLINES TREASURES INC
PA1818879

The date of the last transaction was

Authorized Signature

Date

Printed Name

Title

Phone Number

For Home Office use

The Home Depot Inc Approval by: _____ Date _____