ĄĆ	ORD [®] CERT	FIFI	CATE OF LIA	BIL	ITY IN	ISURA	NCE		= (MM/DD/YYYY) 5/19/2016
CERT BELO	CERTIFICATE IS ISSUED AS A M IFICATE DOES NOT AFFIRMATIV W. THIS CERTIFICATE OF INSUF ESENTATIVE OR PRODUCER, AI	ELY OR	R NEGATIVELY AMEND, EX DOES NOT CONSTITUTE A	TEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE	E POLIC	CIES
IMPO the te	RTANT: If the certificate holder is rms and conditions of the policy, cate holder in lieu of such endors	s an AD certain	DITIONAL INSURED, the policies may require an er						
PRODUCE			().	CONTA NAME:	Anul	ew Darlingtor			
PO Box 4539				PHONE (423)292-4142 FAX (A/C, No): (888)267-2063					
	Johnson City		TN 37602-	ADDRESS: AND EVENTASING COVERAGE				NAIC #	
				INSURI	INSURER A : American Interstate				
INSURED				INSURER B : Erie Insurance Exchange				26271	
	Leonard Roofing LLC			INSUR	ER C :				
	1540 Euclid Ave Bristol		VA 24201-3732	INSURER D :					
	Bristor		11 24201 0102	INSUR					
COVER	AGES CER	TIFICA	TE NUMBER:	INSUR	ERF:		REVISION NUMBER:		
INDICA CERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE IBR	I OF AN DED BY	Y CONTRACT	OR OTHER S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO TO ALL	WHICH THIS
-	IFFE OF INSURANCE	INSR W	Q41-0153904		(MM/DD/YYYY) 05/01/2016		EACH OCCURRENCE	\$	1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
GEN	VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	i \$ \$	2,000,000
B AUT	POLICY JECT LOC		Q05-0140396		05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Х	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident	t) \$	
X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	EXCESS LIAB OCCUR CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						AUGREGATE	\$	
	RKERS COMPENSATION		AVWCVA2495832016		05/01/2016	05/01/2017	X WC STATU- TORY LIMITS ER	1-	
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
(Ma	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYE	E \$	100,000
DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	- \$	500,000
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attao	ch ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
FOR BI	D PURPOSES ONLY								
									41.00.405
CERTIF	ICATE HOLDER				CELLATION				AI 00485
Leonard Roofing 1540 Euclid Ave Bristol VA 24201-3732				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							hh Un		
						0	A UN	20	•

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