

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/9/2021

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 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).

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PRODUCER		CONTACT NAME:	Casey Gerlach				
Aggressive Insurance Services, LLC		PHONE (A/C. No. Ext)	.(215) 322-4446	FAX (A/C, No); (215) 3	22-4004		
1057 Millcreek Dr.		E-MÁIL ADDRESS: casey@aissvcs.com					
Feasterville PA 19053			NAIC #				
		INSURER A :	<b>James River Insurance Company</b>	•	12203		
INSURED		INSURER B:	State Workers Insurance Fund		27677		
Roof Masters LLC di	oa USA Roof Masters	INSURER C:					
3070 Bristol Pike		INSURER D :					
1-214		INSURER E :					
Bensalem PA 19020		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.

INSR LTR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000 \$50,000
^	CLAIMS-MADE X OCCUR			00112017-0	01/21/2021	01/21/2022	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$1,000
	OLAIMO-MADE (SA) CCCOR					0112112022	PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
	POLICY X PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							,	\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ <b>2,000,000</b>
Α	X EXCESS LIAB CLAIMS-MADE			00112037-0	01/21/2021	01/21/2022	AGGREGATE	\$ <b>2,000,000</b>
	DED RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				01/23/2021	01/23/2022	X WC STATU- TORY LIMITS OTH- FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		06286244			E.L. EACH ACCIDENT	\$1,000,000
В	(Mandatory in NH)	N/A	A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 10) Additional Pamarks Schodule if more enace is required.)							

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER	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 ( . Helel