

JFGLENDE DATE (MM/DD/YYYY)

C234INC-01

1			ER	RTI	FICATE OF LIA	ABIL	ITY INS	SURAN(CE	9/2	24/2020
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.											
H	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	oolicies may			
	DUCE						^{c⊤} Jamie Gl				
Toy	vne l	nsurance Agency, LLC				PHONE (A/C, No, Ext): (804) 751-0600 FAX (A/C, No):(804) 751-0605					
933 Che	u iro ester	on Bridge Road Suite A field, VA 23832				E-Mail ADDRESS: jglendenning@towneinsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURE	R A : Harleys	ville Worce	ster Insurance Com	bany	26182
INS	JRED					INSURE	R в : Selectiv	e Insuranc	e Company of Ameri	ca	12572
		C234 Inc. t/a Cross Timbers	Roof	ing					surance Company		10844
9000 Pams Ave Richmond, VA 23237						INSURE	R D : Westch	ester Surplu	s Lines Insurance Co	mpany	10172
						INSURE	RE:				I
						INSURER F :					
				-	E NUMBER:				REVISION NUMBER:		
ll C	NDIC/	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN	ENT, TERM OR CONDITIO	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSF LTR		TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	X	COMMERCIAL GENERAL LIABILITY					. ,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	MPA0000007539AB		10/1/2020	10/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X	GL Agg per project						-	MED EXP (Any one person)	\$	10,000
]						-	PERSONAL & ADV INJURY	\$	1,000,000
	GEI							-	GENERAL AGGREGATE	\$	2,000,000
								-	PRODUCTS - COMP/OP AGG	\$	2,000,000
В		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
D	AUT X				0.0450540	40/4/0000	4.0/4/0004	(Ea accident)	\$	1,000,000	
	^	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	X	X	S 2450518		10/1/2020	10/1/2021	BODILY INJURY (Per person)	\$	
	x	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						-	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
		AUTOS ONLY AUTOS ONLY						-		\$	
Α	X	UMBRELLA LIAB X OCCUR	+					EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE	X	Х	CMB000007541AB		10/1/2020	10/1/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 0)							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			x		10/1			X PER OTH- STATUTE ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WCP 1028530 07		10/1/2020	10/1/2021	E.L. EACH ACCIDENT	\$	1,000,000
									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below			MD 4 000007500 4 D		40/4/0000	40/4/0004	E.L. DISEASE - POLICY LIMIT Ded. \$1.000	\$	1,000,000
A		ased & Rented EQ Iution Liab.			MPA0000007539AB G46823254002		10/1/2020 10/1/2019		See Below		300,000 1,000,000
D	FOI				G40023234002		10/1/2019	10/1/2021	See Delow		1,000,000
Uml Cor \$1,0 \$10	orella tract 00,00 ,000 I ,000 I	TION OF OPERATIONS / LOCATIONS / VEHIC a extends liability to General Liabili tor's Pollution Liability Coverage - 00 Each Pollution Condition and \$2 Retention per Each Pollution Cond ertificate description would be mod TACHED ACORD 101	ty, Au Occur 2,000,0 ition	ito & renc 000 (Workers' Compensation; e Basis General Aggregate					lities**	
CERTIFICATE HOLDER				CANCELLATION							
						THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
**C234 Inc. t/a CTR 900 Pams Ave 100 Pams Ave						Authorized Representative					

900 Pams Ave Richmond, VA 23237

ACORD 25 (2016/03)

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AGENCY	CUSTOMER ID:	C234INC-0	1

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Towne Insurance Agency, LLC		NAMED INSURED C234 Inc. t/a Cross Timbers Roofing 9000 Pams Ave Richmond, VA 23237		
POLICY NUMBER				
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Project: As required by Contract

X Company is included as an additional insured with respects to General Liability for ongoing & completed operations of the named insured and Automobile Liability as required by written contract per forms CG2033 07/04, CG7250 12/10 and CA7165 02/17, attached. Coverage is primary & non-contributory as required by written contract per form CG7249 12/10, attached. A waiver of subrogation is included in favor of the named parties for General Liability, Auto Liability and Workers Compensation as required by written contracts per forms CG7356, CA7165 & WC980111 06/11, attached. Excess is following form. 30 Days' notice of cancellation except 10 Days' notice for non-payment of premium.

AGENCY CUSTOMER ID: ______ LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY	

CARRIER

POLICY NUMBER

NAMED INSURED

NAIC CODE EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _