

Plymouth Insurance Agency, Inc.

Producer:

CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY) 12/12/2023

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).

2739 U.S. Highway 19 North										
Holiday, FL 34691					INSURER(S) AFFORDING COVERAGE Insurer A: State National Insurance Company, Inc.				NAIC #	
Insured:					1 //				12831	
(P) South East Employee Leasing Services, Inc.					Insurer B:					
2739 US Hwy 19 N						Insurer C:				
Holiday, FL 34691 (C) (LCF) Reno's Roofing Inc.				Insurer D:						
11338 Garber Street Sylmar, CA 91342						Insurer E:				
					Insurer F		DEVICTOR R	HIMPED.		
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 INSR	SUBR WVD	POLICY NUI	MBER .	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY		111010	WVD			(1111/00/11111)	(1111/00/11111/	EACH OCCURENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMESIS PREMISES (Fa occurrence)	\$	
CLAIMS-MADE OCCUR								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
ŀ								GENERAL AGGREGATE	\$	
(GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
l	POLICY PROJECT LOC							,	\$	
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea Accident)	\$	
ŀ								BODILY INJURY (Per Person)	\$	
-	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per Accident)	\$	
-	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE (Per Accident)	\$	
-	AUTOS							(Fer Accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
 	EXCESS LIAB CLAIMS MADE							AGGREGATE	¢	
	DED RETENTION\$							AGGREGATE	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N		N/A				1/1/2024	1/1/2025	X WC STATU- TORY LIMITS OTH- ER		
				CWC71949-1	.361				#1 000 000	
								E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$1,000,000	
	IPTION OF OPERATIONS/LOCATIONS/VEHICLES									
	rnia Operations Only) Coverage is extended to le			ees as approved ar	nd assigned b	y South East Em	ployee Leasing	Services, Inc. but not		
subcontractors or nonleased employees of: Reno's Roofing Inc.										
Project Name: CONTRACTORS STATE LICENSE NUMBER: 1040958										
ISSUE 12 12 22 (CE)										
ISSUE 12-12-23 (CF)										
CERTIFICATE HOLDER C					ANCELLATION					
CENTIFICATE HOLDER					ANGELLATION					
CONTRACTORS STATE LICENSE BOARD					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
P.O. BOX 26000					AUTHORIZED REPRESENTIVE					

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SACRAMENTO, CA 95826