

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

FOI

12/10/2024 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

lieu C	of such endorsement(s).	14,	equire	all choorsement restar	ement on the conti		re comer rights		
PRODUCER					CONTACT NAME:				
Plyn	mouth Insurance Agency, Inc.				PHONE [A/C, NO EXT]: 1-800-966-5562				
273	9 US Highway 19 North				E-MAIL ADDRESS:				
Holi	iday, FL 34691				INSURER(S) AFFORDING COVERAGE NAI				#
					INSURER A: State N	12831	Tr.		
INICILIE	orp.				INSURER B:	TOC. O. TO.	unco company and	12031	
South East Employee Leasing Services, Inc.					INSURER C:				119
(LCF) Reno's Roofing Inc. 2739 Us Highway 19 North Holiday, FL 34691									1
					INSURER D:				110
					INSURER E:		POST AND DESCRIPTION OF THE PARTY OF THE PAR		11/3
201		-			INSURER F:	DEI/		The second second	- 1
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
CE	DICATED, NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH	EQUIP ERTAI I POLI	REMEN IN, THE ICIES. L	NT, TERM OR CONDITION OF INSURANCE AFFORDED B	OF ANY CONTRACT C BY THE POLICIES DES E BEEN REDUCED BY	OR OTHER DOO	CUMENT WITH RESPECT T	TO WHICH THIS	
LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	
	GENERAL LIABILITY						EACH OCCURENCE	\$	1
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurence)	\$	1 2
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	4
	THE PROPERTY OF THE PARTY OF TH						PERSONAL & ADV INJURY	\$	
						Manager 1	GENERAL AGGREGATE	\$	11
	GEN'L AGGREGATE LIMIT APPLIES PER:	-	-				PRODUCTS - COMP/OP AGG	\$	1
199	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY			No service and the service and			COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					The last of the	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED	-					BODILY INJURY (Per accident	\$	
	HIRED AUTO NON-OWNED						PROPERTY DAMAGE	5	TR
	AUTOS		1			The state of the s	(Per accident)	\$	10
	UMBRELLA LIAB OCCUR					March 1988	EACH OCCURRENCE	\$	1
	EXCESS LIAB CLAIMS-MADE	=					AGGREGATE	\$	1
	DED RETENTION \$					7.012.33183	Additioning	\$	1
1.5	WORKERS COMPENSATION	-	123 62	and weedles agreement	MARKET STATES	100000000000000000000000000000000000000	X WC STATU- TORY LIMITS OTH- ER		100
A	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			CWC71949-1361	1/1/2025	1/1/2026	E.L. EACH ACCIDENT	\$ \$1,000,00	00
	OFFICER/MEMBER EXCLUDED?	N/A		0.10,12,13,200			E.L. DISEASE -EA EMPLOYEE	\$ \$1,000,00	
100	(Mandatory in NH)  If yes, describe under DESCRIPTION OF DESCRIPTIONS below		1					\$ \$1,000,00	
	DESCRIPTION OF OPERATIONS below	1	1000				E.L. DISEASE - POLICY LIMIT	\$ \$1,000,00	)0
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES(A								100
(Cali	ifornia Operations Only) Coverage is exte contractors or nonleased employees of: R	nded eno's	to lease Roofing	ed employees as approved a ginc.	nd assigned by South	East Employee	Leasing Services, Inc. but n	ot	
Pro	oject Name: FOR BID PURPOSES ONLY								113
2000	Salar Sa								
ISSUE 01-18-23 (KLT)									
	A THE STATE OF THE PARTY OF THE					and a second			4
4	The second from the second transfer	CARRO	nage	on the histophysical state	ingraterou sincera	1.000000000	LECOURS LIBERTY (SEED)	10000000000000000000000000000000000000	4025
CERT	TIFICATE HOLDER		1000	A CONTRACTOR OF THE PARTY OF TH	CANCELLATION	AL AND ALL DELLA TO	H SAME THE SAME OF	STATE OF THE PARTY	11.10
Reno's Roofing Inc.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE SHALL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
11338 Garber Street					AUTHORIZED REPRESENTATIVE				
Sylmar, CA 91342									

ACORD25(2010/05)

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