

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2022

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 have ADDITIONAL INSURED provisions or 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 liqu of such endorsement(s).

this certificate does not confer rights to	the ce	ertific	ate holder in lieu of such							
PRODUCER	CONTACT Kim Carter									
D'Camera Group					PHONE (410) 268-8000 FAX (A/C, No, Ext): (410)					
3601 MacCorkle Ave, Ste 50					E-MAIL ADDRESS: kcarter@hilbgroup.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
Charleston WV 25304					INSURER A: Chesapeake Employers' Insurance Company					
INSURED					INSURER B:					
Chesapeake Roofing Windows & Siding Inc					INSURER C:					
PO Box 4524					INSURER D :					
					INSURER E :					
Crofton MD 21114					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 22/23 WC CO										
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		POLICY EFF   POLICY EXP								
TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD \	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	ERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED			
CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG			
OTHER:							COMPINED ONIOLE LIMIT	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident	) \$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)		2050225	00/00/0000	00/00/0000	E.L. EACH ACCIDENT	<sub>\$</sub> 500	0,000			
			2058325		02/09/2022	02/09/2023	E.L. DISEASE - EA EMPLOYE	\$ 500,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	500	0,000	
								†		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACC	ORD 10	1, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Evidence of Coverage										
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CERTIFICATE HOLDES				04315	NELL ATION					
CERTIFICATE HOLDER CANCELLATION										
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
Chesapeake Roofing, Windows & Siding, Inc.					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE									
Crofton	C JM)C									