

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2023

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 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 confor rights to the certificate holder in liquid found and properties.

	SUBROGATION IS WAIVED, Subject to is certificate does not confer rights to						may require	an endorsement. A state	ment c	on	
PRODUCER						CONTACT CL Internal Client Care					
The Hilb Group, LLC						PHONE (966) 060 0447 FAX					
3601 MacCorkle Ave, Ste 50						E-MAIL RusinossCustomorCaro@hilharoup.com					
,						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
Charleston WV 25304						INSURER A: Chesapeake Employers' Insurance Company				11039	
INSURED						MOOKEK A				11000	
						INSURER B:					
Chesapeake Roofing Windows & Siding Inc						INSURER C:					
PO Box 4524						INSURER D:					
Conflor					INSURER E :						
	Crofton	MD 21114			INSURER F:						
COVERAGES CERTIFICATE NUMBER: Master 23-24 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 POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED 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:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	<u> </u>							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	D D		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					02/09/2023	02/09/2024		_{\$} 500,	000	
Α				2058325				E.L. EACH ACCIDENT	\$ 500,		
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 500,		
	DÉSĆRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 000,	-	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	OPD 1	01 Additional Romarks Schodulo	may bo a	tached if more er	aco is roquirod)				
DESC	RIF HON OF OPERATIONS / LOCATIONS / VEHICLE	_5 (AC	OKD I	or, Additional Remarks Schedule, I	illay be a	ttached il more sp	Jace is required)				
CER	TIFICATE HOLDER		CANC	CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Chesaneake Roofing Windows	ሄ Si4	ina In	nc				, NOTICE WILL BE DELIVER PROVISIONS.	LD IN		
Chesapeake Roofing, Windows & Siding, Inc. PO Box 4524											
						AUTHORIZED REPRESENTATIVE					
Crofton NAD 04444						E. Putt Engle					
Crofton				MD 21114	c. full trep						