**MJSMITHSO** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2023

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 confer rights to the certificate holder in lieu of such endorsement(s)

PRODUCER Li	cense # 1298	CONTACT Lisa Stubbe, CISR, CIC			
Hub International Mid-South 3011 Armory Drive Suite 250 Nashville, TN 37204		PHONE (A/C, No, Ext): FAX (A/C, No):			
		E-MAIL ADDRESS lisa.stubbe@hubinternational.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Westfield National Insurance Company	24120		
INSURED	Quality Roofing Restoration & Const. dbaQuality RRC Construction Inc. DBA Quality RRC Inc 8702 Stewarts Ferry Pike Mount Juliet, TN 37122	INSURER B: Travelers Property Casualty Company of America	25674		
		INSURER C:			
		INSURER D:			
		INSURER E :			
		INSURER F:			
COVEDAC	CEDTIFICATE NUMBER.	DEVISION NUMBER			

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,

R	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
AX	COMMERCIAL GENERAL LIABILITY		CWP9839119		8/1/2024	EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR			8/1/2023		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00
	N'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$	5,00
						PERSONAL & ADV INJURY	\$	1,000,00
						GENERAL AGGREGATE	\$	2,000,00
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,00
A AU	OTHER:		CWP9839119		8/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
X	OWNED SCHEDULED AUTOS ONLY AUTOS			8/1/2023		BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
X	AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
A X	UMBRELLA LIAB X OCCUR		CWP9839119	8/1/2023	8/1/2024	EACH OCCURRENCE	\$	2,000,00
	EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0					AGGREGATE	\$	2,000,00
WORKERS CAPE NATION					5.45	X PER OTH-	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			6JUBOW50351123	4/26/2023	4/26/2024	E.L EACH ACCIDENT	\$	1,000,00
						E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	escribe under IPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
	SCRIPTION OF OPERATIONS below					E.L DISEASE - POLICY LIMIT	4	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

**AUTHORIZED REPRESENTATIVE** 

Phil Baines