



# **CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)**

2/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Christine Payton	
The Pivotal Insurance Agency LLC PO Box 1021		<b>PHONE (A/C, No, Ext):</b> 540-967-8770	<b>FAX (A/C, No):</b> 888-665-4378
		<b>E-MAIL ADDRESS:</b> cpayton@pivotalins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
Louisa	VA 23093	<b>INSURER A:</b> ACCIDENT FUND	
<b>INSURED</b>		<b>INSURER B:</b> CHESAPEAKE EMPLOYERS INS CO	
The Roof Docs LLC dba Roof-ER 8100 Boone Blvd Ste 400		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
Vienna	VA 22182	<b>INSURER F:</b>	

## **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		ADD'L SUBR INSD	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
									\$		
		GEN'L AGGREGATE LIMIT APPLIES PER:									
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									
		OTHER:									
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
		<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/>	SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
		<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB		<input type="checkbox"/>	OCCUR			EACH OCCURRENCE	\$		
		EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE			AGGREGATE	\$		
		DED <input type="checkbox"/> RETENTION \$							\$		
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N/A	ARP12006212707	01/29/2025	01/29/2026	X PER STATUTE	OTHE-R	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$	100,000	
B		WORKERS COMPENSATION MARYLAND				8016566	01/29/2025	01/29/2026	E.L. DISEASE - EA EMPLOYEE	\$	100,000
								E.L. DISEASE - POLICY LIMIT	\$	500,000	
								EACH ACCIDENT		100,000	
								DISEASE EA EMPLOY		100,000	
								DISEASE POLICY LIM		500,000	

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

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes	<p>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>