

**NEXT INSURANCE US COMPANY**

(a stock insurance company)

251 Little Falls Drive  
Wilmington, DE 19808  
(855) 222-5919

Administered by:

Next First Insurance Agency, Inc.  
PO Box 60787  
Palo Alto, CA 94306  
(855) 222-5919

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

**CERTAIN COVERAGES IN THE POLICY MAY BE WRITTEN ON A CLAIMS-MADE BASIS.  
PLEASE READ YOUR POLICY CAREFULLY.**

**POLICY NUMBER:** NXTDINEQFT-00-GL

**Named Insured and Mailing Address:** Thomas Brownfield  
Pro Plus Heating & Cooling  
2378 Losantiville Ave Apt 2  
Cincinnati, OH 45237

Policy Period: From: 09/07/2020 To: 09/07/2021  
at 12:01 a.m. standard time at the mailing address shown above

**DESCRIPTION OF BUSINESS**

Insured is:

☒ Individual / Sole Proprietor ☐ Partnership/Joint Venture  
☐ Limited Liability Company ☐ Trust  
☐ Other - Corporation

Business of Insured: HVAC Work

**LIMITS OF INSURANCE**

|   |                 |                                |
|---|-----------------|--------------------------------|
| Each Occurrence Limit                         | \$ 1,000,000.00 |                                |
| Damages to Premises Rented to You Limit       | \$ 100,000.00   | Any one premises               |
| Medical Expense Limit                         | \$ 15,000.00    | Any one person                 |
| Personal & Advertising Injury Limit           | \$ 1,000,000.00 | Any one person or organization |
| General Aggregate Limit                       | \$ 2,000,000.00 |                                |
| Products/Completed Operations Aggregate Limit | \$ 2,000,000.00 |                                |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2020

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).

|  |  |                       |               |
|--|--|-----------------------|---------------|
| <b>PRODUCER</b><br>Next First Insurance Agency, Inc.<br>PO Box 60787<br>Palo Alto, CA 94306                              | <b>CONTACT NAME:</b>                             |                       |               |
|  | <b>PHONE (A/C, No, Ext):</b> (855) 222-5919      | <b>FAX (A/C, No):</b> |               |
|  | <b>E-MAIL ADDRESS:</b> support@nextinsurance.com |                       |               |
| <b>INSURED</b><br>Thomas Brownfield<br>Pro Plus Heating & Cooling<br>2378 Losantiville Ave Apt 2<br>Cincinnati, OH 45237 | <b>INSURER(S) AFFORDING COVERAGE</b>             |                       | <b>NAIC #</b> |
|  | <b>INSURER A:</b> Next Insurance US Company      |                       | 16285         |
|  | <b>INSURER B:</b>                                |                       |               |
|  | <b>INSURER C:</b>                                |                       |               |
|  | <b>INSURER D:</b>                                |                       |               |
|  | <b>INSURER E:</b>                                |                       |               |
|  | <b>INSURER F:</b>                                |                       |               |

## COVERAGES

CERTIFICATE NUMBER: 5673163

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   | ADDL INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                              |                |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|-------------------------------------|----------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | X         |          | NXTDINEQFT-00-GL | 09/07/2020              | 09/07/2021              | EACH OCCURRENCE                     | \$1,000,000.00 |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence)   |           |          |                  |                         |                         | \$100,000.00                        |                |
|          | MED EXP (Any one person)  |           |          |                  |                         |                         | \$15,000.00                         |                |
|          | PERSONAL & ADV INJURY   |           |          |                  |                         |                         | \$1,000,000.00                      |                |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          |                  |                         |                         | GENERAL AGGREGATE                   | \$2,000,000.00 |
|          |   |           |          |                  |                         |                         | PRODUCTS - COMP/OP AGG              | \$2,000,000.00 |
|          |   |           |          |                  |                         |                         |                                     | \$             |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) | \$             |
|          |   |           |          |                  |                         |                         | BODILY INJURY (Per person)          | \$             |
|          |   |           |          |                  |                         |                         | BODILY INJURY (Per accident)        | \$             |
|          |   |           |          |                  |                         |                         | PROPERTY DAMAGE (Per accident)      | \$             |
|          |   |           |          |                  |                         |                         |                                     | \$             |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE                     | \$             |
|          |   |           |          |                  |                         |                         | AGGREGATE                           | \$             |
|          |   |           |          |                  |                         |                         |                                     | \$             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                  |                         |                         | PER STATUTE                         | OTH-ER         |
|          |   |           |          |                  |                         |                         | E.L. EACH ACCIDENT                  | \$             |
|          |   |           |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE          | \$             |
|          |   |           |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT         | \$             |
| A        | Contractors Errors and Omissions  | X         |          | NXTDINEQFT-00-GL | 09/07/2020              | 09/07/2021              | Each Occurrence:                    | \$25,000.00    |
|          |   |           |          |                  |                         |                         | Aggregate:                          | \$50,000.00    |

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

Proof of insurance

## CERTIFICATE HOLDER

Thomas Brownfield  
Pro Plus Heating & Cooling  
2378 Losantiville Ave Apt 2  
Cincinnati, OH 45237

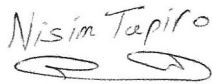
## CANCELLATION

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

## SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



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(signature)  
Secretary



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(signature)  
President