



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2024

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
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT
NAME: CLIENT CONTACT CENTER
PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURED
31-W INSULATION CO., INC
7434 CYCLE LN
GOODLETTSVILLE, TN 37072-9359

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2519

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		N	N	6089057	11/01/2024	11/01/2025	EACH OCCURRENCE		\$1,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000
									MED EXP (Any one person)		\$10,000	
									PERSONAL & ADV INJURY		\$1,000,000	
									GENERAL AGGREGATE		\$2,000,000	
									PRODUCTS & COM/OP ACC		\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:										
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC							
<input type="checkbox"/>	OTHER:											
A	AUTOMOBILE LIABILITY			N	N	6089057	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000	
	<input checked="" 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 OWNLY	<input type="checkbox"/>						NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per Accident)		
	<input type="checkbox"/>											
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	N	N	1819532	11/01/2024	11/01/2025	EACH OCCURRENCE	\$10,000,000
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE	\$10,000,000
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N	N/A	N	6089060	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	
			E.L EACH ACCIDENT	\$1,000,000								
			E.L DISEASE EA EMPLOYEE	\$1,000,000								
			E.L DISEASE - POLICY LIMIT	\$1,000,000								

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

CERTIFICATE HOLDER

DENNIS BUTLER BUILDERS
9387 ROCKY FORK ALMAVILLE RD
SMYRNA, TN 37167-6017

2519 0

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