

CERTIFICATE OF LIABILITY INSURANCE

MCROWLEY

DATE (MM/DD/YYYY) 9/23/2024

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 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)

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PRODUCER		CONTACT NAME:				
Kennedy Nemier Insurand 1225 S Main St	e Services	PHONE (A/C, No, Ext): (734) 454-4058	34) 454-4172			
Plymouth, MI 48170		E-MAIL ADDRESS: info@kennedynemier.com				
		INSURER(S) AFFORDING COV	NAIC#			
		INSURER A : Fremont	13994			
Insured		INSURER B: Technology Insurance Co	42376			
Renaissance	Roofing, Inc	INSURER C : Scottsdale Insurance Cor	41297			
15113 Northville Rd Plymouth, MI 48170-2548		INSURER D : Cowbell Insurance Agend				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION	ON 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 SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S
Α	X COMMERCIAL GENERAL LIABILITY			, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR		CPP 0051506	9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00
						MED EXP (Any one person)	\$ 5,00
						PERSONAL & ADV INJURY	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
	X ANY AUTO		CAP 0025349	9/30/2024	9/30/2025	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00
	EXCESS LIAB CLAIMS-MADE		CUP 0033453	9/30/2024	9/30/2025	AGGREGATE	\$ 5,000,00
	DED X RETENTION \$ 10,000					Prod/Compl Ops	\$ 5,000,00
В	AND EMPLOYEDS! HARRIETY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		TWC4497792	10/1/2024	10/1/2025	E.L. EACH ACCIDENT	\$ 1,000,00
						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
_	C Management Liab		EK13489074	8/1/2024	8/1/2025	EPLI/D&O	1,000,00
D	D Cyber Liability		FLY-CB-QWSR3Z4QS002	8/1/2024	8/1/2025	Aggregate Limit	500,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation: Officers excluded = Donald DePriest, Karen DePriest

CERTIFICATE HOLDER	CANCELLATION
Informational Copy	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
1	Margaret ame Crowley