

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/24/2024

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									
V W Brown Insurance Service				NAME: PHONE (410) 720 0000 FAX (410) 720 0010					
10380 Old Columbia Rd.				(A/C, No, Ext): (410) 730-2000 (A/C, No): (410) 730-0219 E-MAIL atallon@vwbrown.com ADDRESS:					
Ste 104				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
Columbia MD 21046				INSURER A : Penn National Security Insurance Company					
INSURED				INSURER B : Pennsylvania National Mutual Casualty Ins. Co.				14990	
S&K Roofing, Siding & Windows, Inc.				INSURER C : Chesapeake Employers Insurance Company					
5399 Enterprise Street				INSURER D :					
				INSURER E :					
Sykesville MD 21784				INSURER F :					
COVERAGES CERTIFICATE NUMBER: 2024-2025				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 SUB	R POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	<sub>\$</sub> 1,00	0,000	
CLAIMS-MADE 🗙 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 500,	000	
						MED EXP (Any one person)	<sub>\$</sub> 10,0	00	
A		CX9 0779358		07/01/2024	07/01/2025	PERSONAL & ADV INJURY	<sub>\$</sub> 1,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	<sub>\$</sub> 2,00	0,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	<sub>\$</sub> 2,00	0,000	
OTHER:							\$		
						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
						BODILY INJURY (Per person)	\$		
A OWNED AUTOS ONLY SCHEDULED AUTOS		AX9 0779358		07/01/2024	07/01/2025	BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
						EACH OCCURRENCE	φ	0,000	
B EXCESS LIAB CLAIMS-MADE		UL9 0779358		07/01/2024	07/01/2025	AGGREGATE	\$ 5,00	0,000	
DED RETENTION \$ 0							\$		
AND EMPLOYERS' LIABILITY Y / N						X PER OTH- STATUTE ER	4.00	0.000	
C ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A	2647176		07/01/2024	07/01/2025	E.L. EACH ACCIDENT	1 000 000		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	φ.		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 1,00	0,000	
		<u> </u>							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	101, Additional Remarks Schedule,	, may be at	tached if more s	pace is required)				
For Evidence of Insurance									
CERTIFICATE HOLDER CANCELLATION									
S & K Roofing, Siding & Windows, Inc.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
5399 Enterprise Street	AUTHOR	AUTHORIZED REPRESENTATIVE							
Sykesville		allisa C							

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