



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2020

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).

PRODUCER Orr & Associates Insurance Services 28780 Single Oak Dr Ste 255 Temecula CA 92590	CONTACT NAME: Certificates PHONE (A/C, No, Ext): 800-311-3081 E-MAIL ADDRESS: certs@orrassociates.com	FAX (A/C, No): 800-474-3003
	INSURER(S) AFFORDING COVERAGE	
License#: 0E63493 TEAMHIL-01	INSURER A: Scottsdale Insurance Company	41297
INSURED Lane Roofing Co. 520 N. Locust Ave. Lawrenceburg TN 38464	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1213870181

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		RBS0025055	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hot Tar/Torch			RBS0025055	2/1/2020	2/1/2021	Sublimit 100,000

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

Certificate is subject to policy limits, conditions and exclusions.
 Certificate Holder is named as Additional Insured as per attached endorsement form(s).

CERTIFICATE HOLDER**CANCELLATION**

Owens Corning Roofing Contractor Network
 2175 E. Gaines St. #C
 Lawrenceburg TN 38464

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

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ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
RBS0025055	2/1/2020	Team Hill Roofing	047BZ

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED—ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II—WHO IS AN INSURED, paragraph **C.** is amended to include, for **COVERAGE A—BODILY INJURY, PROPERTY DAMAGE, PERSONAL INJURY AND ADVERTISING INJURY LIABILITY** only, as an **additional insured**, any person, entity or organization for whom the **Named Insured** is performing **ongoing operations** only when the **Named Insured** has agreed with the person, entity or organization in an **insured contract** to name the person, entity or organization as an **additional insured**.

1. Such person, entity or organization is only an **additional insured** with respect to liability for **bodily injury** or **property damage** caused, in whole or in part, by the **ongoing operations** of the **Named Insured** performed for the **additional insured**.
2. The **insured contract** must be currently in effect or become effective during the **policy period**, be executed prior to the **bodily injury** or **property damage** first happening, and be between the **Named Insured** and the **additional insured**.
3. This coverage does not apply to **bodily injury** or **property damage** after:
 - a. **Your work** for the **additional insured** has been completed; or
 - b. That portion of **your work** out of which the **bodily injury** or **property damage** arises has been put to its intended use by any person or organization.
4. The applicable limit of our liability shall not be increased by the inclusion of the **additional insured** under the policy.
5. We shall have no duty to indemnify the **additional insured** for **damages, claims** or any other liabilities arising from actions, inactions, errors or omissions of the **additional insured**.
6. **Our** duty to indemnify the **additional insured** under an **insured contract** pursuant to this endorsement shall be limited to that sum derived by applying the percentage of fault of the **Named Insured** as determined by the trier-of-fact to the total damage sum allocated by the trier-of-fact to the **additional insured**. Under no circumstances shall we pay more than this proportionate indemnity share required of the policyholder in the **insured contract**.
7. Any indemnity payments made on behalf of any **additional insured** under an **insured contract** shall reduce the applicable limits of insurance on a dollar for dollar basis. Any indemnity payments paid to or on behalf of the **additional insured** pursuant to this endorsement are subject to the terms, conditions and limitations of the policy.

8. This endorsement does not create a duty on **our** part to defend the **additional insured** or to participate in, contribute to, or reimburse any person, organization or entity for any fees or expenses incurred in the defense of the **additional insured**.

SECTION IV—COMMERCIAL GENERAL LIABILITY CONDITIONS, Condition **B. INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT** of the policy is amended to include:

An **additional insured** under this endorsement shall in addition to complying with all provisions of the policy:

1. Give written notice to **us** of an **occurrence** or an offense which may result in a **claim** or **suit** within thirty (30) days of notice to the **additional insured**.
2. Give written notice to **us** of a **claim** or **suit** brought against the **additional insured** within thirty (30) days of the **additional insured** being served with the **claim** or **suit**.
3. Give written notice to any other insurer who has or may have coverage under its policy or policies for a **claim,suit** or demand for defense or indemnity within thirty (30) days of the **additional insured** being served with the **claim,suit** or demand for defense or indemnity. Such notice must demand the full coverage available under the policy. The **additional insured** will not take any action to waive or limits such other coverage available to it.
4. Obtain and provide to **us** copies of each and every policy from each and every insurer identified pursuant to the preceding paragraph.

This endorsement is subject to all terms, conditions and exclusions of the policy, which remain unchanged.



AUTHORIZED REPRESENTATIVE

2/6/2020

DATE

