

**KTHOMASON** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2022

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.

						terms and conditions of ificate holder in lieu of su	ıch end	lorsement(s)		require an endo	rsemen	t.As	tatement on
PRODUCER Brand & Britt Insurance Agency 20 Grayson New Hope Rd. Suite A							CONTACT NAME: PHONE (A/C, No, Ext): (770) 963-6427  E-MAIRESS: info@brandandbritt.com						
INSURER A : The Cincinnati Specialty Underwriters Insurance Company													
RoofClean, LLC 3135 Briscoe Road Loganville, GA 30052								INSURER B:					
								INSURER C:					
								INSURER D:					
								INSURER E :					
							INSURE	RF:					
		RAGES				NUMBER:				REVISION NUM			
I	NDIC.	ATED. NOTWITHSTAND IFICATE MAY BE ISSUE	ING ANY R D OR MAY	EQUI PER	REME TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE  INSR							POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
LTF A		TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
			OCCUR			CSU0187916		4/30/2022	4/30/2023	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MED EXP (Any one p		\$	Included
										PERSONAL & ADV II		\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIE	ES PER:							GENERAL AGGREG		\$	2,000,000
		POLICY PRO-	LOC							PRODUCTS - COMP		\$	2,000,000
		OTHER:	_									\$	
	ΑU	TOMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO								BODILY INJURY (Per	r person)	\$	
		OWNED SCH AUTOS ONLY AUT	IEDULED OS							BODILY INJURY (Per	r accident)	\$	
		HIRED NON AUTOS ONLY	N-OWNED OS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
												\$	
		T	OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB (	CLAIMS-MADE							AGGREGATE		\$	
	14/01	DED RETENTION \$								PER	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under									PER STATUTE	OTH- ER			
			N/A						E.L. EACH ACCIDEN		\$		
									E.L. DISEASE - EA E				
	DES	SCRIPTION OF OPERATIONS b	elow							E.L. DISEASE - POLI	CY LIMIT	\$	
			TIONS (NEW 1991			 0 101, Additional Remarks Schedu							
				·									
	DTIF	EICATE LIOL DED					CANC	CELLATION					
For Informational Purposes Only								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.					