

CERTIFICATE OF INSURANCE				DATE (MM/DD/YY) 02/07/2024	
<b>PRODUCER AND THE NAMED INSURED</b> Transworld Building Trades and Contractors Liability Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45. P.O. Box 469 Sandy, UT 84091-0469 8008518364			<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.</b>		
<b>INSURED</b> Mo Shingles Inc.  DBA: Mo Shingles 7225 John Norton Rd. Knoxville , TN 37920			<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the Transworld Building Trades and Contractors Liability Association, Inc.  INSURER B: , a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.  INSURER C: Prime Insurance Company		
<b>COVERAGES</b>		<b>"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"</b>		<b>710825</b>	
The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.					
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability</b>		PRC2744-24010003	01/23/2024	01/23/2025	\$300,000 Per Person
<input checked="" type="checkbox"/> Claims Made					\$1,000,000 Per Accident
<input checked="" type="checkbox"/> Exclude Products					\$2,000,000 Policy Aggregate
<input checked="" type="checkbox"/> Exclude Completed Operations					\$300,000 Property Damage
					\$50,000 Fire Damage Legal Liability
					\$5,000 Medical Benefit
<input type="checkbox"/> <b>Commercial Auto Liability</b>					
<input type="checkbox"/> Any Auto					
<input type="checkbox"/> All Owned Autos					
<input type="checkbox"/> Scheduled Autos					
<input type="checkbox"/> Hired Autos					
<input type="checkbox"/> Non-Owned Autos					
<input type="checkbox"/> Drive Away					
<input type="checkbox"/> Specifically Described Autos					
<input type="checkbox"/> <b>Commercial Garage Liability</b>					
<input type="checkbox"/> G.K.L.L.					
<input type="checkbox"/> O.T.R.P.D.					
<input type="checkbox"/> D.O.C.					
<input type="checkbox"/> Cargo					
<input type="checkbox"/> On Hook					
<input type="checkbox"/> Employee Dishonesty					
<input type="checkbox"/> Wrongful Repossession					
<input type="checkbox"/> Exclude Completed Operations					
<input type="checkbox"/> Exclude Products					
<input type="checkbox"/> Claims Made					
<input type="checkbox"/> <b>Excess Liability</b>					
<input type="checkbox"/> Claims Made					
<b>OTHER</b> PCL-00-01 COMMERCIAL LIABILITY INSURANCE POLICY SECTION IV - SELF-INSURED RETENTION (SIR) OBLIGATION Paragraph A 1. is deleted and replaced with the following: A 1. The Policy shall have available at the option of the Insurer, medical benefits payable as expenses in excess of any other collectible insurance or benefit available to any injured third party. The maximum benefit is \$5,000 per person, with an aggregate limit of \$25,000 per Policy Period.					
<b>DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b> Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Contractors - Executive Supervisors, Contracted Services - roofing, siding, gutters, - Using fully insured subcontractors					
<input checked="" type="checkbox"/> <b>CERTIFICATE HOLDER</b> <input type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>WAIVER OF SUBROGATION</b> <input type="checkbox"/> <b>PRIMARY AND NON-CONTRIBUTORY</b>					
Tennessee Contractors Board  500 James Robertson Pkwy Nashville , TN 37243			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NO WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  <b>AUTHORIZED REPRESENTATIVE OF THE 'PURCHASING GROUP'</b> 		