OP ID: LT

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/31/2021

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).

| (-)· | | | | | | |
|--|--|--------------|---|------------|---------|--|
| PRODUCE | t | 703-938-3232 | CONTACT Terry L Williams | | | |
| Langford Insurance Agency, Inc 3107 Pine Oaks Way | | | | (A/C, No): | 88-2855 | |
| Herndon | Herndon, VA 20171 | | E-MAIL ADDRESS: twilliams.langfordinsurance@verizon.net | | | |
| Terry L Williams | | | INSURER(S) AFFORDING COVERAGE | NAIC # | | |
| | | | INSURER A: Cincinnati Insurance Company | | 10677 | |
| INSURED | Douglas Roofing Co Inc 10503 Wickens Road Vienna, VA 22181 | | INSURER B Commonwealth Contractors Group | | | |
| | | | INSURER C: | | | |
| | | | INSURER D: | | | |
| | | | INSURER E: | | | |
| | | | INSURER F: | | | |
| | | | | | | |

COVERAGES CERTIFICATE NUMBER: 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.

| LTR | TYPE OF INSURANCE | | INSD | WYD POLICY NUMBER POLICY EFF POLICY EXP | | LIMITS | LIMITS | | | |
|-------|-------------------|---|------|---|-------------|------------|------------|--|------------|----|
| A | Х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 1,000,0 | 00 |
| | | CLAIMS-MADE X OCCUR | | | EPP 0174286 | 01/01/2021 | 01/01/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,0 | 00 |
| | | | | | | | | MED EXP (Any one person) | \$ 10,0 | 00 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,0 | 00 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,0 | 00 |
| | | POLICY X PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,0 | 00 |
| | | OTHER: | | | | | | | \$ | |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,0 | 00 |
| | X | ANY AUTO | | | EBA0174286 | 01/01/2021 | 01/01/2022 | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | 7,0,00,00,00 | | | | | | , | \$ | |
| Α | Х | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ 1,000,0 | 00 |
| | | EXCESS LIAB CLAIMS-MADE | | | EPP 0174286 | 01/01/2021 | 01/01/2022 | AGGREGATE | \$ 1,000,0 | 00 |
| | | DED X RETENTION\$ 0 | | | | | | | \$ | |
| В | WOF | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER OTH- | | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE | _ | | 602-2473 | 04/01/2021 | 04/01/2022 | E.L. EACH ACCIDENT | \$ 100,0 | 00 |
| | OFFI (Mar | CER/MEMBER EXCLUDED? | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | s 100,0 | 00 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | | \$ 500,0 | 00 |
| | | | | | | | | | • | |
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| ldash | | | | | | | | | | |

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

| CERTIFICATE HOLDER | | CANCELLATION |
|--------------------|---------|--|
| SAMPLE SAMPLE | SAM FUN | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| SAMPLE SAMPLE | | AUTHORIZED REPRESENTATIVE Perry & William |