

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/30/2025

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								CONTACT NAME: Ashley Clough					
L & W Insurance Inc. PO Box 918							PHONE (A/C, No, Ext): 302-674-3500 FAX (A/C, No): 302-674-2909						
Dover DE 19903								E-MAIL ADDRESS: aclough@lwinsurance.com					
							INSURER(S) AFFORDING COVERAGE				NAIC#		
								INSURER A: Penn National Insurance Co.				14990	
INSURED PJFITZP-01							INSURER B: National Casualty Co				11991		
P J Fitzpatrick LLC Bay Target LLC dba Bay Roofing							INSURER C: Lexington Insurance Company				19437		
Bathroom Buddy Remodeling LLC							INSURER D:						
21 Industrial Blvd							INSURER E :						
New Castle DE 19720-3147							INSURER F:						
CO	VER	AGES	CER	TIFIC	CATE	NUMBER: 2036748389				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! ADDLISUBR POLICY EFF POLICY EXP													
INSR LTR	TYPE OF INSURANCE			INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY					CX92029585		6/1/2025	6/1/2026	EACH OCCURRENCE	\$1,000	,000	
		CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,0	00	
										MED EXP (Any one person) \$10,00		0	
										PERSONAL & ADV INJURY	\$1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$2,000	,000	
	Х	POLICY PRO- JECT L	OC							PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:									COMBINED SINGLE LIMIT	\$			
Α			AU92029585			6/1/2025	6/1/2026	(Ea accident)	4				
	X ANY AUTO OWNED SCHEDULED								BODILY INJURY (Per person)	\$			
		AUTOS ONLY AUTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	Х	AUTOS ONLY X NON-O								(Per accident)	\$		
A X		UMBRELLA LIAB X OCCUR				UL92029585		6/1/2025	6/4/2026		-	202	
^	_	EVOESO LIAB	CUR			UL92029363		0/1/2025	6/1/2026	EACH OCCURRENCE	\$ 5,000	,	
		DED X RETENTION \$ 0								AGGREGATE	\$ 5,000	,000	
В	WORKERS COMPENSATION					WCC348000A		6/1/2025	6/1/2026	X PER OTH-ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N						0,1,2020	0,1,2020	E.L. EACH ACCIDENT	\$1,000,000			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA EMPLOYEE			
										E.L. DISEASE - POLICY LIMIT	\$ 1,000		
A C	Equi	pment Floater	vv			CX92029585		6/1/2025	6/1/2026	Leased/Rented Equip	50,00	0	
С	Pollu	ition Liability				PKC-115391		6/1/2025	6/1/2026	Pollution Liab.	5,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER								CANCELLATION					
TO WHOM IT MAY CONCERN								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
10 WHOWITI WAY GONOLINA							AUTHO	AUTHORIZED REPRESENTATIVE					
								11/11 Seu					