

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2022

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

this certificat	e does not confer rights to	the	certi	ricate holder in lieu of su	CONTAC						
StateFarm Jon Lakamp State Farm					NAME: Angela McCowall						
7955 E. Brainerd Rd. Ste B					(A/C, No. Ext): 423-694-3056 (A/C, No): 423-694-3029 E-MAIL ADDRESS: angela.mcgowan.vaaa5h@statefarm.com						
Chattanooga, Tn 37421					TO THE PARTY OF TH						
Orialianooga, 111 37421					INSURER A: State Farm Fire and Casualty Company				NAIC # 25143		
INCLIDED						INSURER B: State Farm Mutual Automobile Insurance Company				25178	
Gutter Solution, LLC											
Guillot Goldifort, LLO					INSURER C:						
109 Lakota Ct					INSURER D:						
Smyrna, Tn 37167					INSURER E :						
SOCIAL DESCRIPTION OF THE PROPERTY OF THE PROP			ICATE NUMBER:			REVISION NUMBER:					
THIS IS TO C INDICATED. CERTIFICATE EXCLUSIONS	ERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	OF II	NSUF EME AIN, CIES.	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE REDUCED BY	THE INSURI OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
ISR TR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
CL				92C8R9604		09/16/2021	09/16/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,00 \$ 100, \$ 5,00 \$ 1,00 \$ 2,00 \$ 2,00 \$ 3,00	000 00 00,000 00,000 00,000	
ANY AU OWNED AUTOS HIRED AUTOS	SCHEDULED SCHEDULED AUTOS NON-OWNED			524 5033-F24-42		06/24/2021	06/24/2022	BODILY INJURY (Per person)	\$ \$ \$ \$		
EXCES:	LLA LIAB X OCCUR CLAIMS-MADE RETENTION \$	9		92-KZ-3990-2		06/29/2021	06/29/2022	AGGREGATE	\$ 1,00 \$ 1,00 \$	ATTACAS -	
	OMPENSATION 'ERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIE	TOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory is		"'^^						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describ DESCRIPTIO	a under N OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF	OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	9 101, Additional Remarks Schedu	ule, may b	e attached If mo	re space is requi	red)			
CERTIFICATE HOLDER						CANCELLATION					
Dominion Siding						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDANCE WITH THE POLICY PROVISIONS.					
5510 E. Division St. Ste 112						AUTHORIZED REPRESENTATIVE					
Mt. Juliet, Tn 37122						1 1/1/					