



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2025

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 <b>State Farm</b> 	CONTACT NAME: Ashley Boyette		
	PHONE (A/C, No. Ext): 912-626-1029	FAX (A/C, No.):	
449 S. Columbia Ave Ste C		E-MAIL: ashley.boyette.tz1n@statefarm.com	
Rincon		ADDRESS:	
GA 313266821		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: State Farm Fire and Casualty Company	25143
INSURED		INSURER B:	
Matthew & Jamie Pratt DBA Patriot Pros Roofing 131 CYPRESS DR		INSURER C:	
RINCON		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.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB INSD	WIND	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							EACH OCCURRENCE	\$ 1,000,000
A								DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:							MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY NON-OWNED AUTOS ONLY	N	N		91-GN-K378-0	12/01/2025	12/01/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB				C44 1586-F01-11D	12/01/2025	06/01/2026	GENERAL AGGREGATE	\$ 2,000,000
	DED RETENTION \$							PRODUCTS - COMPIOP AGG	\$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	N	91-KQ-X055-2	07/31/2025	07/31/2026	<input checked="" type="checkbox"/> PER STATUTE	OTHER \$
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Roofing Contractors Only: Operations typical of a Roofing Contractor not excluded, including no Action Over, Bodily Injury to Independent Contractors, Claims from Additions or Remodeling Projects, Multi-Story, Prior Work, Residential or Habitation, Work Performed by Subcontractors, Open Roof, Torch, or other similar restrictions, exclusions, endorsements, or limitations.

## CERTIFICATE HOLDER

## 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.

## AUTHORIZED REPRESENTATIVE

Ashley Boyette, State Farm

This form was system-generated on 11/24/2025

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