

CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: **WV060193**

CLASSIFICATION:
SPECIALTY
ROOFING
FINISHED CARPENTRY
WINDOW INSTALLATION


BANDS CONSTRUCTION LLC
DBA B & B CONSTRUCTION OF OHIO LLC
PO BOX 1252
PROCTORVILLE, OH 45669

DATE ISSUED
NOVEMBER 21, 2023


EXPIRATION DATE
NOVEMBER 21, 2024

Authorized Signature _____

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **05/24/2024**

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 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: The Hutch Agency 121 Ferry Street, PO Box 822 Proctorville, OH 45669 License #: 3243868	CONTACT NAME: Christie Suter PHONE (AC, No. Ext.): (740)888-7200 FAX (AC, No.): (740)888-7200 EMAIL ADDRESS: christie@thehutchagency.com INSURER A: Motorists Mutual Insurance Company NAIC # INSURER B: Encova 15137 INSURER C: INSURER D: INSURER E:
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INSURED: B&B Construction, LLC
55 Private Drive 1740
Chesapeake, OH 45619-7502

COVERAGES **CERTIFICATE NUMBER:** 0001096-133090 **REVISION NUMBER:** 3

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.

INSURER	TYPE OF INSURANCE	ACORD/UBR (RFD, UBR)	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY		5000121051	05/13/2024	05/13/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence)
						\$ 1,000,000
						MED EXP (Any one person)
						\$ 5,000
						PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
						PRODUCTS - COMPOV AGG
						\$ 2,000,000
						OTHER
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT EA accident
						\$
						OWNED
						\$
						NON-OWNED
						\$
						AUTOS ONLY
						\$
						BODILY INJURY (Per accident)
						\$
						PROPERTY DAMAGE (Per accident)
						\$
						AGGREGATE
						\$
						RETENTION \$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		WCP7007142	06/12/2023	06/12/2024	E.L. EACH ACCIDENT
						\$ 100,000
						E.L. DISEASE - EA EMPLOYEE
						\$ 100,000
						E.L. DISEASE - POLICY LIMIT
						\$ 500,000

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

CERTIFICATE HOLDER City of Huntington PO Box 1659 Huntington, WV 25707	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 <i>Christie Suter</i> (CDS)
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ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD Printed by CDS on 05/24/2024 at 08:32AM

Ohio

Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215


Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer 80078070	Period specified below 07/01/2024 to 07/01/2025
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BandB Construction LLC
PO BOX 1252
PROCTORVILLE, OH 45669-1252



H to
Administrator/CEO

www.bwc.ohio.gov
Issued by: _____

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana, or a controlled substance not prescribed by the employee's physician, is the proximate cause (main reason) of the work-related injury.


The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation

DP-29 BWC-1629 (Rev. Dec. 22, 2022)



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