



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2026

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

GEICO Commercial Lines Program
PO Box 5316
Binghamton NY 13902

CONTACT	GEICO Commercial Lines Program	
NAME:		
PHONE (A/C, No, Ext):	(877) 515-2191	FAX (A/C, No):
E-MAIL	commercialservice@homesite.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Midvale Indemnity Company		27138
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

DECK BUDDY, LLC.
220 N Hatcher Ave Suite # 183
Purcellville VA 20132

COVERAGES

CERTIFICATE NUMBER: 00001057933864

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY	N	N	CP00188835	02/10/2026	02/10/2027	EACH OCCURRENCE	\$1,000,000					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000					
	<input type="checkbox"/>						MED EXP (Any one person)	\$5,000					
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$1,000,000					
	<input type="checkbox"/>						GENERAL AGGREGATE	\$2,000,000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000					
	OTHER:												
	AUTOMOBILE LIABILITY											COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO											BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)							
UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE							
EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE							
DED	<input type="checkbox"/> RETENTION \$												
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				PER STATUTE	OTHR-						
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT							
PROFESSIONAL LIABILITY						E.L. DISEASE - EA							
						E.L. DISEASE - POLICY LIMIT							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													

Painting

CERTIFICATE HOLDER

CANCELLATION

WEST VIRGINIA CONTRACTOR LICENSING BOARD 1900 KANAWHA BLVD E BLD 3, RM 200 CHARLESTON WV 25305	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 	