CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/23/2018

PRODUCER AND THE NAMED INSURED

Transworld Building Trades and Contractors Liability Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45.
P.O. Box 469
Sandy, UT 84091-0469

800-851-8364

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Mo Shingles Inc.

DBA: Mo Shingles
7450 Chapman Hwy #302
Knoxville , TN 37920

INSURER A:
INSURER B:
INSURER C:
INSURER D:

NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the Transworld Building Trades and Contractors Liability Association, Inc.
, a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

Prime Insurance Company

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	$ $1,000,000.00
☑ **Claims Made**				FIRE DAMAGE (Any one fire)	$ N/A
☑ **Exclude Products**	**PRC2672-18010009**	**01/23/2018**	**01/23/2019**	MED EXP (Any one person	$ N/A
☑ **Exclude Completed Operations**				PERSONAL ADV INJURY	$ N/A
				GENERAL AGGREGATE	$ $2,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AG	$
☑ POLICY ☐ PRO-JECT ☐ LOC				Per Person	$ $300,000.00
AUTO LIABILITY				ANNUAL AGGREGATE	$ $0.00
☐ ANY AUTO				BODILY INJURY (Per Person)	$ $0.00
☐ ALL OWNED AUTOS				BODILY INJURY (Per Accident)	$ $0.00
☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)	$ $0.00
☐ HIRED AUTOS					
☐ NON-OWNED AUTOS					
☐ DRIVE AWAY					
GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO				PER PERSON	$ $0.00
☐ G.K.L.L.				PER ACCIDENT	$ $0.00
☐ O.T.R.P.D.				AGGREGATE	$ $0.00
☐ D.O.C.				PROPERTY DAMAGE	$ $0.00
☐ CARGO					
☐ ON HOOK					
☐ EMPLOYEE DISHONESTY					
☐ WRONGFUL REPOSSESSIO					
EXCESS LIABILITY				EACH OCCURRENCE	$ $0
☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	$ $0
☐ RETENTION $					$

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION

Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Contractors - Executive Supervisors, Contracted Services - roofing, sheet metal, Using fully insured subcontractors.

☑ **CERTIFICATE HOLDER** ☐ **ADDITIONAL INSURE** ☐ **LOSS PAYEE**

SAMPLE CERTIFICATE

COPY

Fax Number:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE