

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/11/2021

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
7225 John Norton Rd.
Knoxville, TN 37920

INSURER A: 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.
INSURER B: , a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.
INSURER C:
INSURER D:

"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 <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Include Products <input checked="" type="checkbox"/> Include Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PRC2708-21010004	01/23/2021	01/23/2022	EACH OCCURRENCE \$ \$1,000,000.00
				FIRE DAMAGE (Any one fire) \$ N/A
				MED EXP (Any one person) \$ N/A
				PERSONAL ADV INJURY \$ N/A
				GENERAL AGGREGATE \$ \$2,000,000.00
				PRODUCTS - COMP/OP AG \$ \$2,000,000.00
				Per Person \$ \$300,000.00
AUTO LIABILITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				ANNUAL AGGREGATE \$
				BODILY INJURY (Per Person) \$
				BODILY INJURY (Per Accident) \$
				PROPERTY DAMAGE (Per Accident) \$
GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> CARGO <input type="checkbox"/> ON HOOK <input type="checkbox"/> EMPLOYEE DISHONESTY <input type="checkbox"/> WRONGFUL REPOSSESSION				PER PERSON \$
				PER ACCIDENT \$
				AGGREGATE \$
				PROPERTY DAMAGE \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
				AGGREGATE \$

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED
Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Contracted Services - roofing, siding, gutters, - Using fully insured subcontractors, Contractors - Executive Supervisors., Fire Damage (Any one fire), Med./Exp. (Any one person).

<input type="checkbox"/> CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE
Tennessee Contractors Board 500 James Robertson Pkwy. Nashville, TN 37243 Fax Number:		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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