

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/13/2022

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:
 INSURER C: , a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.
 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"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PRC2720-22010005	01/23/2022	01/23/2023	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 \$
				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

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).

CERTIFICATE HOLDER **ADDITIONAL INSURED** **LOSS PAYEE**

CERTIFICATE OF INSURANCE

PROOF OF INSURANCE
 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 