

OP ID: KA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/07/2022 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.

ADDITIONAL INSURED the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

PRODUCER 619-797-1442 Michael Kennedy Insurance Agency, Inc.						CONTACT Britney Winchester NAME: PHONE (A/C, No, Ext): 619-797-1442 FAX (A/C, No): 619-797-1459						
229	5 Fletcher Parkway,Ste.100 caion. CA 92020		E-MAIL britney@kennedyinsurance.com									
House Account INSURED Rolling Enterprises, Inc.						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: Ohio Security Insurance Co					24082	
						INSURER B:						
Prec	cise Garage Door Services 4 Sorrento Valley Blvd, #H		INSUR	RC:								
	Diego, CA 92121				INSUR	RD:						
						INSURER E :						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:							
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE PERTA POLICI	ISUR EMEN IN, ES. I	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF AN	Y CONTRACT THE POLICIES EDUCED BY F	OR OTHER I	ED NAMED AB DOCUMENT W	OVE FOR TI	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURR		\$	1,000,000	
	CLAIMS-MADE X OCCUR			BLW65305695		10/04/2022	10/04/2023	DAMAGE TO RE PREMISES (Ea	ENTED occurrence)	\$	500,000	
								MED EXP (Any o	one person)	\$	15,000	
								PERSONAL & A		\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC							GENERAL AGG		\$	2,000,000	
	JEO1							PRODUCTS - Co	OMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SIN	GLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY	(Per nerson)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)		\$		
	70.00 0.12.									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURR	ENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACC		\$		
	If yes, describe under							E.L. DISEASE -		\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE -	POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	0 101, Additional Remarks Schedu	le, may l	e attached if mor	e space is requi	red)				
	policy terms and conditions apply							,				
CE	RTIFICATE HOLDER				CANO	ELLATION						
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						RIZED REPRESE	_	h				

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