

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2021

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 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).

INSURER F:						
Austin TX 78752						
1212 E. Anderson Ln, Ste 200  Avertic TV 70752	39993					
dba Kidd Gutters Insurer D : State Automobile Mutual Insurance Company	25135					
D.R. Kidd Company, Inc. dba Kidd Roofing  INSURER C: The Travelers Lloyds Insurance Company	41262					
INSURED DRKID-1 INSURER B: Texas Mutual Insurance Company	22945					
INSURER A: Evanston Insurance Company	35378					
INSURER(S) AFFORDING COVERAGE	NAIC #					
Houston TX 77079  E-MAIL address: jdedear@pathfinderlld.com	E MAII					
Pathfinder/LL&D Insurance Group, LLC 12141 Wickchester Lane, Suite 500  PHONE [A/C, No), Ext): 281-556-9999  (A/C, No): 281-5	56-9609					
PRODUCER CONTACT NAME: Jason DeDear	NAME: Jason DeDear					

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	INSR LTR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	Χ	COMMERCIAL GENERAL LIABILITY			MKLV4PBC001815	5/1/2021	5/1/2022	EACH OCCURRENCE	\$ 1,000,000			
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
					1			MED EXP (Any one person)	\$ 10,000			
								PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:			1			GENERAL AGGREGATE	\$ 2,000,000			
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000			
		OTHER:							\$			
D	AUT	OMOBILE LIABILITY			10059611CA	2/11/2021	2/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	Χ	ANY AUTO			<u> </u>			BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	Χ	HIRED AUTOS X NON-OWNED AUTOS			1			PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α		UMBRELLA LIAB X OCCUR			MKLV4EUL103248	5/1/2021	5/1/2022	EACH OCCURRENCE	\$ 5,000,000			
	Χ	EXCESS LIAB CLAIMS-MADE			1			AGGREGATE	\$ 5,000,000			
	DED X RETENTION \$ N/A								\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				0001179562	5/1/2021	5/1/2022	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				1			E.L. EACH ACCIDENT	\$ 1,000,000			
	(Mandatory in NH)				1			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
EC	E Contractors Pollution Liability C Equipment Floater				CSP305060 QT-660-8J919042-TLC-21	5/1/2021 5/1/2021	5/1/2022 5/1/2022	Each Occurrence Policy Aggregate Rented/Leased Equip.	2,000,000 2,000,000 500,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												

CERTIFICATE HOLDER

CANCELLATION

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

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