



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Pathfinder/LL&D Insurance Group, LLC 12141 Wickchester Lane, Suite 500 Houston TX 77079	CONTACT NAME: Kaitlan Logan PHONE (A/C, No, Ext): 832-230-0672 E-MAIL ADDRESS: klogan@pathfinderlld.com FAX (A/C, No): 281-556-9609
INSURED D.R. Kidd Company, Inc. dba Kidd Roofing 1212 E. Anderson Ln, Ste 200 Austin TX 78752	INSURER(S) AFFORDING COVERAGE INSURER A: Texas Mutual Insurance Company INSURER B: Travelers Lloyds Insurance Company INSURER C: Colony Insurance Company INSURER D: Convex Insurance UK Limited INSURER E: State Automobile Mutual Insurance Company INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 64063514**REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PGL000100-0525	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Project \$ 5,000,000
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			10172467CA	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XSC000285-0525	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	0001179562	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C B	Contractors Pollution Liability Equipment Floater			CSP305060 660-8J919042	5/1/2025 5/1/2025	5/1/2026 5/1/2026	Each Occurrence 2,000,000 Policy Aggregate 2,000,000 Rented/Leased Equip. 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Additional Page

GENERAL LIABILITY:

Form No. CG 0001 04/13 - Commercial General Liability Coverage Form

Form No. CG 2010 10/01 - Blanket Additional Insured - Ongoing Operations as required by written contract

Form No. CG 2037 10/01 - Blanket Additional Insured - Completed Operations as required by written contract

Form No. CG 2001 12/19 - Blanket Primary and Non-Contributory as required by written contract

Form No. CG 2404 12/19 - Waiver of Subrogation

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Sample Cert

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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ADDITIONAL REMARKS SCHEDULE

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AGENCY Pathfinder/LL&D Insurance Group, LLC		NAMED INSURED D.R. Kidd Company, Inc. dba Kidd Roofing 1212 E. Anderson Ln, Ste 200 Austin TX 78752
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Form No. PGL-609 01/24 - Blanket 60 Day Notice of Cancellation

POLLUTION LIABILITY:

Includes additional insured status when required by written contract

Includes Waiver of Subrogation when required by written contract

AUTO LIABILITY:

Form No. BA 3000 12/15 - Blanket Additional Insured as required by written contract

Form No. BA 3000 12/15 - Blanket Waiver of Subrogation as required by written contract

Includes 30 day notice of cancellation

WORKERS COMPENSATION:

Form No. WC 42 03 04 B - Blanket Waiver of Subrogation as required by Written Contract

Form No. WC 42 06 01 - Texas Notice of Material Change Endorsement

Form No. WC 00 03 01 - Alternate Employer Endorsement

ALL LOCATIONS

Excess Liability follows form over General Liability, Auto Liability and Employers Liability.

GL/Excess excludes all work covered under a consolidated (wrap-up) insurance program with an exception for work performed off-site. There are no residential exclusions. There is no contractual Liability Exclusion

Third Party Action Over coverage is not excluded on the General Liability policy evidenced above.

General Liability policy does not contain an exclusion for Explosion, Collapse or Underground.

Contractors Pollution Liability Policy includes coverage for Mold/Fungus.