



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2026

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: Terri Holcomb PHONE (A/C, No, Ext): 832-230-0608 E-MAIL ADDRESS: tholcomb@pathfinderlld.com		FAX (A/C, No): 281-556-9609			
	INSURER(S) AFFORDING COVERAGE					
INSURED D.R. Kidd Company, Inc. dba Kidd Roofing 1212 E. Anderson Ln, Ste 200 Austin TX 78752	DRKID-1	INSURER A :	Texas Mutual Insurance Company	NAIC #	22945	
		INSURER B :	Colony Insurance Company		39993	
		INSURER C :	Convex Insurance UK Limited			
		INSURER D :	Incline Casualty Company		11090	
		INSURER E :	Travelers Casualty Insurance Company of America		19046	
		INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 1183778667

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	
C	<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 <input type="checkbox"/> OTHER:			PGL000100-0526	5/1/2026	5/1/2027	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
D	<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			ANCR000436-00	5/1/2026	5/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			6XSC000285-0526	5/1/2026	5/1/2027	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	N/A	0001179562	5/1/2026	5/1/2027	<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
B	Contractors Pollution Liability Equipment Floater			CPLP305060	5/1/2026	5/1/2027	Each Occurrence	2,000,000
E				QT-630-9W368687-TLC-26	5/1/2026	5/1/2027		Policy Aggregate
							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:

Policy # PGL000100-0526

Carrier: Convex Insurance UK Limited

Term: 05/01/2026 - 05/01/2027

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

See Attached...

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE ONLY

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

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		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

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

POLLUTION LIABILITY:

Policy # CPLP605060
 Carrier: Colony Insurance Company
 Term: 05/01/2026 - 05/01/2027
 Form No. CPL101-0615 - Blanket Additional Insured - Ongoing Operations as required by written contract
 Form No. CPL100-0615 - Blanket Additional Insured - Completed Operations as required by written contract
 Form No. CPL117-0615 - Blanket Waiver as required by written contract
 Form No. CPL111-0615 - Blanket Primary and Non-Contributory as required by written contract

AUTO LIABILITY:

Policy # ANCR000436-00
 Carrier: Incline Casualty Company
 Term: 05/01/2026 - 05/01/2027
 Form No. HGA AI-B 01 25 - Blanket Additional Insured as required by written contract
 Form No. HGA AI-B 01 25 - Blanket Waiver of Subrogation as required by written contract
 Form No. CA 04 49 11 16 - Blanket Primary and Non-Contributory as required by written contract
 Form No. HGA 30DNOC 01 25 - Blanket 30 Day Notice of Cancellation

WORKERS COMPENSATION:

Policy # 0001179562
 Carrier: Texas Mutual Insurance Company
 Term: 05/01/2026 - 05/01/2027
 Form No. WC 00 03 13 - Blanket Waiver of Subrogation as required by Written Contract
 Form No. WC 42 06 01 - Blanket 30 Day Notice of Cancellation as required by Written Contract

EXCESS LIABILITY:

Policy # 6XSC000285-0526
 Carrier: Convex Insurance UK Limited
 Term: 05/01/2026 - 05/01/2027
 Form No. XSC-513 02-24 - Blanket Waiver of Subrogation as required by written contract
 Form No. XSC-514 02/24 - Blanket Primary and Non-Contributory as required by written contract

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.