



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/30/2024

**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: Jason DeDear	
	PHONE (A/C. No. Ext): 281-556-9999	FAX (A/C. No): 281-556-9609
	E-MAIL ADDRESS: jdedear@pathfinderlld.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: Texas Mutual Insurance Company	NAIC # 22945
INSURED D.R. Kidd Company, Inc. dba Kidd Roofing 1212 E. Anderson Ln, Ste 200 Austin TX 78752	INSURER B: Travelers Lloyds Insurance Company	41262
	INSURER C: State Automobile Mutual Insurance Company	25135
	INSURER D: Colony Insurance Company	39993
	INSURER E: Convex Insurance UK Limited	
	INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER: 237574769** **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	
E	X	COMMERCIAL GENERAL LIABILITY			PGL000100-0524	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 15,000
								PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Per Project	\$ 10,000,000
C		AUTOMOBILE LIABILITY			10172467CA	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
E		UMBRELLA LIAB			XSC000285-0524	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 5,000,000
	X	EXCESS LIAB						AGGREGATE	\$ 5,000,000
		DED							\$
		RETENTION \$							
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0001179562	5/1/2024	5/1/2025	X PER STATUTE	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
		If yes, describe under DESCRIPTION OF OPERATIONS below							
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		Contractors Pollution Liability			CSP305060	5/1/2024	5/1/2025	Each Occurrence	2,000,000
B		Equipment Floater			660-8J919042	5/1/2024	5/1/2025	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  Sample Cert	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 