



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2016

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).

PRODUCER Stone Insurance Agency 3439 Main Street Deckerville MI 48427	CONTACT NAME	810-376-2915	FAX	
	PHONE (Area, No., Ext.)		URL	stoneinsurance@stoneinsuranceagency.net
INSURED Parraghi Roofing and Sheet Metal LLC Margo Parraghi 5543 Galbraith Line Rd Croswell MI 48422	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Nautilus Insurance Company		040714	
	INSURER B: TRAVELERS INDEMN CO		10187	
	INSURER C:		88888	
	INSURER D:			
	INSURER E:			

COVERAGES**CERTIFICATE NUMBER:****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 HEREON IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM	TYPE OF INSURANCE	CLASS	CLASS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	N	N	NN596143	09/02/2016	09/02/2017	EACH OCCURRENCE 1 1,000,000
	PERSONAL AND AUTO INJURY 1 100,000						
B	COMMERCIAL AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NONOWNED AUTOS <input type="checkbox"/> HIRED AUTOS	N	N	03700532-1	05/04/2016	05/04/2017	MED EXP (Per Occurrence) 1 5,000
	PERSONAL AND AUTO INJURY 1 1,000,000						
C	EMPLOYERS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPERTY OWNED/LEASED BY THE CERTIFICATE HOLDER EXCLUDED (Excluded in MI) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N	N	6Kub-2e45108-a-16	09/04/2016	09/04/2017	GENERAL AGGREGATE 1 2,000,000
	PRODUCTS - COMMERCIAL 1 2,000,000						
							Fire Legal Liability 1
							COMBINED SINGLE LIMIT (Per Occurrence) 1 1,000,000
							BODILY INJURY (Per Occurrence) 1
							BODILY INJURY (Per Occurrence) 1
							PROPERTY DAMAGE (Per Occurrence) 1
							ADDITIONAL
							EACH OCCURRENCE 1
							AGGREGATE 1
							1
							PER STAYMENT: 100,000
							ILL. DISEASE - AN EMPLOYEE 1 100,000
							ILL. DISEASE - POLICY LIMIT 1 500,000

DESCRIPTION OF OPERATIONS / FLIGHT HOME / VEHICLES (ACORD 101, Addition of Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Reference

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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