

## CERTIFICATE OF LIABILITY INSURANCE

TXTKETTLE

	DATE (MM/DD/YYYY)
	10/29/2024
CERTIFIC	ATE HOLDER. THIS

FELLROO-01

								02	10	)/29/2024
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SUR	LY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTEI	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the pol	icy, certain j	policies may			
PRO	DUCER		CONTACT NAME:							
	AssuredPartners Austin 1120 S Capital of Texas Hwy Bldg 3, <u>Suite 300</u>				PHONE (A/C, No, Ext): (512) 328-7676 FAX (A/C, No):					
Bld					E-MAIL ADDRESS:					
Austin, TX 78746					INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURER A : Clear Blue Specialty Insurance Company				ny	37745
INSU	JRED				INSURER B : Acuity Insurance 14184					14184
	Feller Roofing & Remodeling, LLC dba Kanga Roof Austin 1317 Sam Bass Rd. Round Rock, TX 78661				INSURER C : Convex Insurance UK Limited					
					INSURER D : Texas Mutual Insurance Company				22945	
					INSURER E :					
					INSURE	RF:				
				E 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 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			POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY					(	(	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			AR01-RS-2406968-01		10/24/2024	10/24/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
B	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
				ZT0193		10/24/2024	10/24/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	1,000,000
С	UMBRELLA LIAB X OCCUR			XSC000619-1024		10/24/2024	10/24/2025	EACH OCCURRENCE	\$	1,000,000
	X EXCESS LIAB CLAIMS-MADE	-		X3C000019-1024	10/24/2024	10/24/2025	AGGREGATE	\$	1,000,000	
D	DED RETENTION \$	N		0002118895		10/24/2024	10/24/2025	X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY							N STATUTE   ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	۱					E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		1,000,000
в	Property			ZT0193		10/24/2024	10/24/2025	E.L. DISEASE - POLICY LIMIT Bus. Personal Prop	\$	108,160
В	Property			ZT0193		10/24/2024		Deductible		1,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC luded Officers: Scott Feller, Stacie Felle	LES ( er.	ACORI		ule, may be					
CE	RTIFICATE HOLDER				CANC	ELLATION				
FOR INFORMATIONAL PURPOSES 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

Brack KGo

FOR INFORMATIONAL PURPOSES ONLY \*AssuredPartners must issue COI's for each/every specific Certificate Holder\*

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