

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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