



# CERTIFICATE OF LIABILITY INSURANCE

OP ID JB

DATE (MM/DD/YYYY)

10/15/10

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).

|  |   |              |
|--|---|--------------|
| <b>PRODUCER</b><br><br>Roeding Group Companies, Inc.<br>2734 Chancellor Dr<br>Crestview Hills KY 41017-0900<br>Phone: 859-341-0202 Fax: 859-341-3709 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS: _____<br><b>PRODUCER CUSTOMER ID #:</b> A1QUA-1 |              |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |              |
| <b>INSURED</b><br><br>A 1 Quality Home Improvements<br>Kelvin Mitchell<br>4727 Loreta Ave<br>Cincinnati OH 45238-4515                                | INSURER A: <b>SELECTIVE INSURANCE</b>   | NAIC # 12572 |
|  | INSURER B:  |              |
|  | INSURER C:  |              |
|  | INSURER D:  |              |
|  | INSURER E:  |              |
|  | INSURER F:  |              |

**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 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 INSR  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|--|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> GENERAL LIABILITY   |  |          | S1951539-00   | 10/15/10                | 10/15/11                | EACH OCCURRENCE \$ 1000000                          |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                              |  |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                |  |          |               |                         |                         | MED EXP (Any one person) \$ 10000                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |  |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1000000                    |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |          |               |                         |                         | GENERAL AGGREGATE \$ 3000000                        |
|          | <input type="checkbox"/> UMBRELLA LIAB  |  |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 3000000                   |
|          | <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> OCCUR                                   |          |               |                         |                         |   |
|          | <input type="checkbox"/> DEDUCTIBLE   | <input type="checkbox"/> CLAIMS-MADE                             |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$              |
|          | <input type="checkbox"/> RETENTION \$   |  |          |               |                         |                         | BODILY INJURY (Per person) \$                       |
|          | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                        |  |          |               |                         |                         | BODILY INJURY (Per accident) \$                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |  |          |               |                         |                         | \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Home Improvements

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>INFORMO</b><br><br>**INFORMATION 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<br><br><b>John Barnes</b>  |

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