



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KM

DATE (MM/DD/YYYY)

12/29/16

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> Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News, VA 23602 Colony Insurance Agency, LLC	757-874-8374  757-988-0843	<b>CONTACT NAME:</b> Bonnie Settle-Brown <b>PHONE (A/C, No, Ext):</b> 757-253-2629 <b>FAX (A/C, No):</b> 757-253-8062 <b>E-MAIL ADDRESS:</b> bsettle-brown@colonycares.com <b>PRODUCER CUSTOMER ID #:</b> BLA-16I														
<b>INSURED</b> Chimney Service Corp DBA Black Goose Chimney 728-D Blue Crab Road Newport News, VA 23606	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Goodville Mutual Casualty Co.</td> <td>14044</td> </tr> <tr> <td>INSURER B : Liberty Mutual</td> <td></td> </tr> <tr> <td>INSURER C : TYSERS</td> <td></td> </tr> <tr> <td>INSURER D : Western Surety Company</td> <td></td> </tr> <tr> <td>INSURER E : Endurance American Specialty</td> <td></td> </tr> <tr> <td>INSURER F : Markel American Ins. Co.</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Goodville Mutual Casualty Co.	14044	INSURER B : Liberty Mutual		INSURER C : TYSERS		INSURER D : Western Surety Company		INSURER E : Endurance American Specialty		INSURER F : Markel American Ins. Co.	
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**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	
E	<input checked="" type="checkbox"/> GENERAL LIABILITY			CBP2001778300	01/01/17	01/01/18	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Pollution						PERSONAL & ADV INJURY	\$ 1,000,000
C	<input checked="" type="checkbox"/> Professional			SP00496	01/01/17	01/01/18	GENERAL AGGREGATE	\$ 2,000,000
C	<input checked="" type="checkbox"/> Professional			SP00496	01/01/17	01/01/18	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						SP00496	\$ 10K/100K
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			AC131708	01/01/17	01/01/18	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			MKLV2EUL100849	01/01/17	01/01/18	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 0							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC5-39S-357297-017	01/01/17	01/01/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
D	Bond			70435429	01/02/17	01/02/18	Bond	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*\*\*SAMPLE CERTIFICATE-FOR OFFICE USE ONLY\*\*\*

**CERTIFICATE HOLDER****CANCELLATION**

COLONY INSURANCE AGENCY  
 \*\*\*FOR OFFICE USE ONLY\*\*\*  
 13185 WARWICK BLVD  
 NEWPORT NEWS, VA 23602

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  
 Colony Insurance Agency, LLC

*Handwritten signature*

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