COMMONWEALTH of VIRGINIA
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400; Richmond, VA 21233
Telephone: (804) 367-8500

NUMBER 2705142571

BOARD FOR CONTRACTORS CLASS A CONTRACTOR ASSIFICATIONS* BRK CIC HIC



CHIMNEY SERVICE CORP · BLACK GOOSE CHIMNEY SWEEP 728 BLUECHAB RD STE D **NEWPORT NEWS, VA 23606**



Status can be verified at http://www.dpor.virginia.gov

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/2017)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2023

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).

certificate holder in lieu of such endorsement(s).											
PRODUCER Colony Insurance Agency, LLC 13185 Warwick Blvd					CONTACT NAME Bonnie Settle-Brown						
					PHONE (A/C, No. Ext): 757-874-8374 FAX (A/C, No): 757-988-0843						
	Newport News VA 23602				ADDRESS: bsettle-brown@colonycares.com						
	Newport News VA 23002				INSURER(S) AFFORDING COVERAGE NAIC #						
INSU	RED				INSURER A: Nautilus Insurance Company					17370	
Ch	mney Service Corporation DBA Bla	ck			INSURER B: StarStone Specialty Insurance Company					44776	
Go	ose Chimney Sweep				INSURE	RC:					
	3-D Blue Crab Rd. wport News VA 23606				INSURER D:						
	**POTE NOW & **A 23000				INSURER E:						
CO	/ERAGES CFF	TIFI	CATE	NUMBER:	INSURER F:						
Th	IS IS TO CERTIFY THAT THE POLICIES	OF	INICI E	PANCE LISTED DELOW LIA	VE REE	N ISSUED TO	REVISION NUMBER: TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
CI	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	PERT	AIN	THE INCLIDANCE AFFORD	CI AN	TUE	OK OTHER I	JOCUMENT WITH RES	PECT TO	JICY PERIOD WHICH THIS THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	The state of the s	E BEEN REDUCED BY PAID CLAIMS. POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
	GENERAL LIABILITY	INSK	WVD	POLICY NUMBER NN1492122	-	(MM/DDYYYY)	(MM/DD/YYYY)		MITS		
Α	X COMMERCIAL GENERAL LIABILITY			11111102122		01/01/2023	501/01/202	DAMAGE TO RENTED		00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 1		,000	
								MED EXP (Any one person) \$5,			
										00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									00,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AG	\$	70,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	_		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per persor	\$ n) \$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accide	nt) \$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
-	UMBRELLA LIAB OCCUP								\$		
ł	EVERGELIAR							EACH OCCURRENCE	\$		
ŀ	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION		-						\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							WC STATU- OT TORY LIMITS E	H- R			
		N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						I II	E.L. DISEASE - EA EMPLOYEE \$			
B Contractrors				K80323231AEM		01/01/2022		E.L. DISEASE - POLICY LIM			
	Pollution Liability			TOUGHOUS PACIFIC	01/01/202301/01/2024\$1,000,000 Ea Poll. \$2,000,000 Agg.			•			
Liability						\$5,000 Deductible					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ttach A	ACORD 101, Additional Remarks S	Schedule,	If more space is	required)				
Refe	er to page 2 addendum										
	, 5: = =====										
ED	EDTIFICATE HOLDER										
CERTIFICATE HOLDER CA						CANCELLATION					
S. I						CHOILD AND OF THE ABOUT					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Chimney Service Corporation DBA Black					ACCC	RDANCE WIT	H THE POLICY	PROVISIONS.			
Goose Chimney Sweep					AUTHODISED OF DEPOSITATION						
728-D Blue Crab Rd.				AUTHORIZED REPRESENTATIVE							
Newport News VA 23606				Danielle D. Wade							

AGENCY CUSTOMER ID:	
100#	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED					
Colony Insurance Agency, LLC		Chimney Service Corporation DBA Black Goose Chimney Sweep 728-D Blue Crab Rd.					
POLICY NUMBER							
NN1492122							
CARRIER	NAIC CODE	Newport News VA 23606					
Nautilus Insurance Company	17370	EFFECTIVE DATE: 01/01/2023					
ADDITIONAL REMARKS	4	01/01/2023					

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Chimney Service

Professional Liability: \$1,000,000 Each Wrongful Act \$2,000,000 Aggregate \$5,000 Deductible Each Occurrence

Transportation Pollution Liability: \$1,000,000 Each Pollution Event \$2,000,000 Aggregate \$5,000 Deductible Each Pollution Event



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2022

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 have ADDITIONAL INSURED provisions or be endorsed.

tl	nis certificate does not confer rights	to the	cerl	rins and conditions of the con	ne pol	icy, certain : dorsement/s	policies may	require an endorsemen	it. A si	atement on	
PRODUCER STORES IN NEW OF SE						CONTACT Particol March					
Colony Insurance Agency, LLC						PHONE (757)874-8374 FAX (757)007-4007					
131	85 Warwick Blvd				E-MAIL has His to a second sec						
Newport News VA 23602						INSURER(S) AFFORDING COVERAGE INSURER A: Erie Insurance Exchange				NAIC#	
INSURED						INSURER B : American Interstate Insurance Company				26271	
	Black Goose Chimney Swe	ер			Wastern Curet.					31895	
	728-D Bluecrab Road	•			INSURER C: Western Surety					13188	
						INSURER D:					
Newport News VA 23606					INSURER E :						
	VERAGES CEI	RTIFIC	CATE	NUMBER:	INSURER F:						
T	IS IS TO CERTIFY THAT THE POLICIE	S OF	INICII	DANCE LICTED DELONGE	VE BE	EN ISSUED T		REVISION NUMBER:	ur poi	1014 5==== 1	
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E	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	POLI	IAIN, CIES.	LIMITS SHOWN MAY HAVE	ED BY	THE POLICI	ES DESCRIBE	D HEREIN IS SUBJECT T	O ALL	THE TERMS,	
INSR	TYPE OF INSURANCE	AUUL	SUBR	POLICY NUMBER	DELIT	POLICY EFF	POLICY EXP				
	COMMERCIAL GENERAL LIABILITY	INSU	MAN	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$		
	POLICY PRO- LOC							GENERAL AGGREGATE	\$		
	OTHER:							PRODUCTS - COMP/OP AGG	5		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	X ANY AUTO							(Ea accident)	\$ 1000000		
Α	OWNED SCHEDULED AUTOS ONLY			Q01-0141943		04/04/2022	04/04/0004	BODILY INJURY (Per person)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			401 0171070	01/0	01/01/2023	01/01/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE			
	ADIOS ONE							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION							✓ PER OTH	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		1					X PER STATUTE OTH-	4000000		
В	(Mandatory in NH)	N/A		AVWCVA3139252023		01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$ 1000000		
	If yes, describe under DESCRIPTION OF OPERATIONS below										
	BOND							E.L. DISEASE - POLICY LIMIT	s 1000000		
С	BOND		1 (70435429		01/02/2023	04/04/0004	Employee Distance	4000		
				70100420		01/02/2023	01/01/2024	Employee Dishonesty	1000	00	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e. may be	altached if mor	a ensee in countr	-41			
					o, may 2.	- actorned it life!	a shaca iz tedniu	80)			
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CEF	CERTIFICATE HOLDER CANCELLATION										
	ONNOELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							EN DECORE				
FOR INFORMATION ONLY Colony Insurance Agency, LLC						EXPIRATION	I DATE THE	REOF. NOTICE WILL B	BE DEL	IVERED IN	
						ACCORDANCE WITH THE POLICY PROVISIONS.					
Garrell man					AUTHORIZED REPRESENTATIVE						
13185 Warwick Blvd				Jun Salle Then							
Newport News VA 23602					V TITE COUNTY - EY WY						
Fax:(757)997-1007 Email:info@colonycares.com @ 1988-2015 A CORD CORDORATION AND A CORD CORD CORD CORD CORD CORD CORD CORD											

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (NEW DEVYYY)

12 28 2022 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(les) 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 halder in iteu of such endorsement(s). NAME: PHONE (A/C, No. Ex E-MAIL ADDRESS: Bonnie Settle-Brown (Williamsburg) Bonnie Settle-Brown (Williamsburg) FAX Ext: 757-253-2629 Colony Insurance Agency, LLC UC. Not: 757-253-8062 bsettle-brown@colonycares.com 13185 Warwick Blvd Newport News, VA 23602 INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: Evanston Insurance Company 35378 INSURED NEURER 8: Black Goose Chimney Sweep (Chimney Service Corp DBA) MISURER C: 728 Bluecrab Rd Ste D INSURER D: Newport News, VA 23606 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 HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDL SUBA TYPE OF INSURANCE LTB POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ОССИЯ MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE 3 GEN'L AGGREGATE LIMIT APPLES PER. PRODUCTS - COMP/OP AGG 3 POLICY PRO-\$ AUTOMOBILE LIABILITY COMBNED SINGLE LINIT ANY AUTO BODEY NJURY (Per person) ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS RODLY MJURY (Per accident) HIRED AUTOS PROPERTY DAMAGE UMBRELLA LIAB Х OCCUR \$2,000,000 EZXS3100894 01/01/2023 01/01/2024 EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE \$2,000,000 AGGREGATE DED RETENTION & O WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) il yes, describe under DESCRIPTION OF OPERATIONS below EL. DISEASE - EA EMPLOYE EL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Colony Insurance Agency THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 13185 Warwick Blvd Newport News, VA 23602 AUTHORIZED REPRESENTATIVI