

**COMMONWEALTH of VIRGINIA**

Department of Professional and Occupational Regulation

9960 Mayland Drive, Suite 400, Richmond, VA 23293

Telephone: (804) 467-8500

EXPIRES ON  
08-31-2023

NUMBER  
2705142571

BOARD FOR CONTRACTORS  
CLASS A CONTRACTOR  
CLASSIFICATIONS\* BRK CIC HIC



CHIMNEY SERVICE CORP  
BLACK GOOSE CHIMNEY SWEEP  
728 BLUECRAB RD STE D  
NEWPORT NEWS, VA 23606



*Maureen A. ...*  
Maureen A. ...  
Director

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).**

<b>PRODUCER</b> Colony Insurance Agency, LLC 13185 Warwick Blvd  Newport News VA 23602	<b>CONTACT NAME:</b> Bonnie Settle-Brown <b>PHONE (A/C No, Ext):</b> 757-874-8374 <b>FAX (A/C, No):</b> 757-988-0843 <b>E-MAIL ADDRESS:</b> bsettle-brown@colonycares.com														
<b>INSURED</b> Chimney Service Corporation DBA Black Goose Chimney Sweep 728-D Blue Crab Rd. Newport News VA 23606	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Nautilus Insurance Company</td> <td style="text-align: center;">17330</td> </tr> <tr> <td>INSURER B : StarStone Specialty Insurance Company</td> <td style="text-align: center;">44776</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nautilus Insurance Company	17330	INSURER B : StarStone Specialty Insurance Company	44776	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NN1492122	01/01/2023	01/01/2024	EACH OCCURRENCE      \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 100,000
							MED EXP (Any one person)      \$ 5,000
							PERSONAL & ADV INJURY      \$ 1,000,000
							GENERAL AGGREGATE      \$ 2,000,000
							PRODUCTS - COMPROP AGG      \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)      \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE      \$
	EXCESS LIAB						AGGREGATE      \$
	DED      RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS      OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT      \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE      \$
							E.L. DISEASE - POLICY LIMIT      \$
B	Contractors Pollution Liability			K80323231AEM	01/01/2023	01/01/2024	\$1,000,000 Ea Poll. \$2,000,000 Agg. \$5,000 Deductible

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

Refer to page 2 addendum

<b>CERTIFICATE HOLDER</b>  Chimney Service Corporation DBA Black Goose Chimney Sweep 728-D Blue Crab Rd. Newport News VA 23606	<b>CANCELLATION</b>  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  <i>Danielle D. Wade</i>
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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

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

**ADDITIONAL REMARKS**

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

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<b>PRODUCER</b> Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News VA 23602		<b>CONTACT NAME:</b> Bonnie Settle-Brown <b>PHONE (A/C, No, Ext):</b> (757)874-8374 <b>E-MAIL ADDRESS:</b> bsettle-brown@colonycares.com <b>FAX (A/C, No):</b> (757)997-1007	
<b>INSURED</b> Black Goose Chimney Sweep 728-D Bluecrab Road Newport News VA 23606		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Erie Insurance Exchange	<b>NAIC #</b> 26271
		<b>INSURER B:</b> American Interstate Insurance Company	31895
		<b>INSURER C:</b> Western Surety	13188
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q01-0141943	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AVWCV3139252023	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
C	<b>BOND</b>			70435429	01/02/2023	01/01/2024	Employee Dishonesty 100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**      **CANCELLATION**

FOR INFORMATION ONLY Colony Insurance Agency, LLC  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 
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<b>PRODUCER</b> Bonnie Settle-Brown (Williamsburg) Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News, VA 23602	<b>CONTACT NAME:</b> Bonnie Settle-Brown (Williamsburg) <b>PHONE (A/C No. Ext):</b> 757-253-2629 <b>E-MAIL ADDRESS:</b> bsettle-brown@colonycares.com	<b>FAK (A/C No.):</b> 757-253-8062
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Black Goose Chimney Sweep (Chimney Service Corp DBA) 728 Bluecrab Rd Ste D Newport News, VA 23606	<b>INSURER A:</b> Evanston Insurance Company <span style="float: right;">NAIC # 35378</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

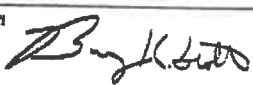
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ 0			EZXS3100894	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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