



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2024

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. 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).

PRODUCER Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News VA 23602		CONTACT NAME: Bonnie Settle-Brown PHONE (A/C, No, Ext): (757) 874-8374 E-MAIL ADDRESS: info@colonycares.com FAX (A/C, No): (757) 997-1007	
INSURED Black Goose Chimney Sweep 728-D Bluecrab Road Newport News VA 23606		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Erie Insurance Exchange	NAIC # 26271
		INSURER B: American Interstate Insurance Company of Texas	NAIC # 12228
		INSURER C: Western Surety	NAIC # 13188
		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		Q01-0141943	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y N/A	TVWCVA3328622025	01/01/2025	01/01/2026	<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	BOND		70435429	01/02/2025	01/02/2026	Employee Dishonesty 100000

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

CERTIFICATE HOLDER Turnberry Wells Townhomes 574 - L Turnberry Blvd Newport News VA 23602	CANCELLATION 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>[Signature]</i>
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PRODUCER Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News VA 23602	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Bonnie Settle-Brown</td> </tr> <tr> <td>PHONE (A/C No, Ext): 757-874-8374</td> <td>FAX (A/C No): 757-988-0843</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: bsettle-brown@colonycares.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td style="text-align: right;">NAIC # 41297</td> </tr> <tr> <td>INSURER B: StarStone Specialty Insurance Company</td> <td style="text-align: right;">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>	CONTACT NAME: Bonnie Settle-Brown		PHONE (A/C No, Ext): 757-874-8374	FAX (A/C No): 757-988-0843	E-MAIL ADDRESS: bsettle-brown@colonycares.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Scottsdale Insurance Company	NAIC # 41297	INSURER B: StarStone Specialty Insurance Company	44776	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	N	CPS4078864	01/01/2025	01/01/2026	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 - COM/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO						
	ALL OWNED AUTOS			SCHEDULED AUTOS			
	HIRED AUTOS			NON-OWNED AUTOS			
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
B	Contractors Pollution Liability	N	N	K80323253AEM	01/01/2025	01/01/2026	\$1,000,000 Ea Poll \$2,000,000 Aggreg. \$5,000 Deductible

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

Refer to page 2 addendum

CERTIFICATE HOLDER Turnberry Wells Townhomes 574 - L Turnberry Blvd Newport News, VA 23602	CANCELLATION 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>
--	--

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 CPS4078864		NAIC CODE 41297	EFFECTIVE DATE: 01/01/2025
CARRIER Scottsdale Insurance Company			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Chimney Service

Certificate holder is included as Additional Insured on the General Liability per blanket form GLS-571 (11/23).

Professional Liability per policy K80323253AEM:

\$1,000,000 Each Wrongful Act

\$2,000,000 Aggregate

\$5,000 Deductible Each Wrongful Act

Professional Liability is Claims Made.

Retroactive Date: 01/01/2022 PL / 01/01/2022 PL - Mold

Transportation Pollution Liability per policy K80323253AEM:

\$1,000,000 Each Pollution Event

\$2,000,000 Aggregate

\$5,000 Deductible Each Pollution Event



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PRODUCER Bonnie Settle-Brown Colony Insurance Agency, LLC 13185 Warwick Blvd Newport News, VA 23602		CONTACT NAME: Bonnie Settle-Brown PHONE (A.C. No. Exp): 757-253-2629 FAX (A.C. No.): 757-253-8062 E-MAIL ADDRESS: bsettle-brown@colonycares.com	
INSURED Black Goose Chimney Sweep 728 Bluecrab Rd Ste D Newport News, VA 23606		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
NAIC # 35378			

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	AUTOMOBILE LIABILITY <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 type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			EZXS3182778	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER 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)

As per the Classifications shown on the Commercial General Liability Coverage Part Declarations page.

CERTIFICATE HOLDER**CANCELLATION**

Turnberry Wells Townhomes 574 - L Turnberry 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 

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
CPS4078864	01/01/25	Chimney Service Corporation DBA Black Goose Chimney Sweep	32022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTORS EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following coverage extensions are added to this policy:

SCHEDULE

Coverage	Limits of Insurance
Lost Key Coverage	\$25,000 Each Occurrence \$25,000 Aggregate
Construction Project Or Location Aggregate Limit When Required By Contract Subject To A Maximum Per Policy General Aggregate Limit	\$5,000,000 Maximum Per Policy General Aggregate Limit
Property Damage Extension	\$5,000 Each Occurrence \$25,000 Aggregate
Primary And Non-Contributory—Other Insurance Condition	Included
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	Included
Increased Limit of Insurance for Medical Expense	\$10,000 Any One Person
Increased Limit of Insurance for Damage to Premises Rented to You	\$300,000 Any One Premises
Additional Insureds: <ul style="list-style-type: none"> • Owners, Lessees Or Contractors—Automatic Status When Required In A Written Construction Agreement With You (Ongoing Operations) • Lessor Of Leased Equipment—Automatic Status When Required In A Written Lease Agreement With You • Managers Or Lessors Of Premises—Automatic Status When Required In A Written Contract Or Agreement With You • Mortgagee, Assignee Or Receiver—Automatic Status When Required In A Written Contract Or Agreement With You 	Included
The Limits of Insurance shown above may be subject to limitations as described in this endorsement. Refer to the individual coverage wording.	



Application Decision Letter - Certification #: 686631 SWaM Certification

From Virginia Department of Small Business and Supplier Diversity <noreply@sbsd.virginia.gov>

Date Sat 11/16/2024 10:39 PM

To Jim Bostaph <jim@blackgoose.com>

Cc sylvia.thomas@sbsd.virginia.gov <sylvia.thomas@sbsd.virginia.gov>



Company Name: Chimney Service Corp. dba Black Goose Chimney

Certification Number: 686631

Small Certification Start Date: Nov 16, 2024

Micro Certification Start Date: Nov 16, 2024

SWaM Certification Expiration Date: Nov 16, 2029

Dear Applicant,

We are pleased to inform you that your request for certification has been approved. Your company has been approved for the following designations:

Small, Micro

Your SWaM certification is valid for a term of five years from the date of your approval; re-certification is required at the end of that term.

You may log into your account to download a copy of your company's SWaM certificate as well as the SWaM-certified logo to use on marketing materials.

You will see your company listed as a certified vendor in our directory at <https://www.sbsd.virginia.gov/directory/>

It is very important that you keep your contact information up to date. Submit your changes electronically by logging into your account and updating the necessary information.

To do business with the Commonwealth of Virginia, you need to register your company with the eVA system, the state's online procurement system at <https://eva.virginia.gov>. All state solicitations are conducted on this site.

To check Procurement and Business Opportunities with state agencies, local governments, and others, please visit: <https://mvendor.cgjeva.com/Vendor/public/AllOpportunities>

COMMONWEALTH of VIRGINIA

Department of Professional and Occupational Regulation

9960 Mayland Drive, Suite 400, Richmond, VA 23233

Telephone: (804) 367-8500

EXPIRES ON

08-31-2025

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



Denarius J. Mills, Director
Denarius J. Mills, Director

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

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/2017)