



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/17/2023

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).

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|--|--|---|
| <b>PRODUCER</b><br>  | <b>GARRETT C ESTES</b><br>4219 W. 210TH ST<br>FAIRVIEW PARK OH 44126                     | <b>CONTACT NAME:</b> SHARON WEST<br><b>PHONE (A/C, No, Ext):</b> 440.331.3111<br><b>FAX (A/C, No):</b> 440.331.0460<br><b>E-MAIL ADDRESS:</b> |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : State Farm Fire and Casualty Company | <b>NAIC #</b><br>25143  |
| <b>INSURED</b><br><b>CENTURY CHIMNEY INC</b><br>4770 BRIAR RD<br>CLEVELAND, OHIO 44135 | <b>INSURER B :</b> <input type="checkbox"/>  | <b>INSURER C :</b> <input type="checkbox"/>   |
|  | <b>INSURER D :</b> <input type="checkbox"/>  | <b>INSURER E :</b> <input type="checkbox"/>   |
|  | <b>INSURER F :</b> <input type="checkbox"/>  |   |

**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 INSD | SUBR WVD | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  | More Help |
|-------------------------------------|--|-----------|----------|-----------------------|-------------------------|-------------------------|---|-----------|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: <a href="#">More Help</a> |           |          | <b>95-GY-L578-2</b>   | <b>05/14/2023</b>       | <b>05/14/2024</b>       | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2000000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |           |
| <input type="checkbox"/>            | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO <a href="#">More Help</a><br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                  |           |          | <b>2399630-SFP-35</b> | <b>10/05/2023</b>       | <b>10/25/2023</b>       | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 100,000<br>BODILY INJURY (Per accident) \$ 300,000<br>PROPERTY DAMAGE (Per accident) <a href="#">More Help</a> \$ 100,000                                     |           |
| <input type="checkbox"/>            | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                       |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |           |
| <input type="checkbox"/>            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                       |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |           |

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

CHIMNEY CLEANING &amp; REPAIR

LOCATION: 4770 BRIAR RD CLEVELAND, OHIO 44135

**CERTIFICATE HOLDER****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

**Electronic Signature Not Available. Please Print and Sign.**

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