SHSMITH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/15/2024

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	CONTACT Sheryl Smith					
Towne Insurance Agency, LLC 4501 Cox Road	PHONE (A/C, No, Ext): (804) 888-7261 FAX (A/C, No): (804) 673-9110					
Glen Allen, VA 23060	E-MAIL ADDRESS: ssmith2@towneinsurance.com					
	INSURER(S) AFFORDING COVERAGE NAIC #					
	INSURER A : Central Mutual Insurance Company (OH) 20230					
INSURED	INSURER B:					
BNW Builders, LLC & WIEGAN PROPERTIES, LLC	INSURER C:					
8601 Staples Mill Rd	INSURER D:					
Henrico, VA 232282718	INSURER E:					
	INSURER F:					

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER
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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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs
Α	Х	COMMERCIAL GENERAL LIABILITY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***	EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR		BBBT404-10	4/16/2024	4/16/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	s 15,000
				0,			PERSONAL & ADV INJURY	s 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
		POLICY X PRO- X LOC	4				PRODUCTS - COMP/OP AGG	s 3,000,000
		OTHER:					EMPLOYMENT PRAC	s 100,000
Α	AUI	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	Х	ANY AUTO		F455-16	4/16/2024	4/16/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	Х	HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
		ACTOS CIVET				\mathbf{V}	(or accounty	\$
Α	Х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s 4,000,000
		EXCESS LIAB CLAIMS-MADE		MET CO of	4/16/2024	4/16/2025	AGGREGATE	\$
		DED X RETENTION\$						\$ 4,000,000
4	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	*
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below)		E.L. DISEASE - POLICY LIMIT	
				/ / Y				

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

600° 625.860 VA

A 100 US

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.
INSURED COPY	Shey Amith

ACORD 25 (2016/03)

2008 GMC CHEVY GO!

DESCRIPTION OF TAXABLE TO

2000 CONT TRAILER 484T9ETS

2008 CARR TRALER ATMOLY ATTRICHED ACORD 101

2008 CARR TRAILER ATECS, NEWSTREET STEAMS VA

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2024

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A stat this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	ement on
PRODUCER CONTACT NAME: Kari K. Smith	
Koon Incurence Agency PHONE (904)222 7272 FAX (904)222	-7273
4807 Radford Ave. (A/C, No, Ext): (004)322-1212 (A/C, No): (004)322 E-MAIL ADDRESS: kari@keeninsuranceva.com	1210
#104 INSURER(S) AFFORDING COVERAGE	NAIC#
Richmond VA 23230 VA 23230 INSURER A : National Builders Ins Co	16632
	10002
BNW Builders, LLC; INSURER B: INSURER C: Selective Insurance Company of America	12572
	12372
COOL OL LANGER	
8601 Staples Mill Rd. NA 22228	
Henrico VA 23228 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 POLICIES.	V PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE	E TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSUBANCE ADDL SUBR ADDL SUBR POLICY EFF POLICY EXP	
LTR TIPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)	
X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED	
CLAIMS-MADE X OCCUR	
MED EXP (Any one person) \$	
PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$	
POLICY PROJECT LOC PRODUCTS - COMP/OP AGG \$	
OTHER:	
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY SCHEDULED AUTOS WIND SHED AUTOS ONLY NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY \$ (Per accident)	
s s	
X UMBRELLA LIAB X OCCUR \$	
EXCESS LIAB CLAIMS-MADE \$	
DED RETENTION'S \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V(N) PER STATUTE OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE 1771 S 1,000.0	000
(Mandatory in NH)	000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,0	
Clients Property \$100.0	00
Crime Coverage 2/19/2024 2/19/2025	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
7	
CERTIFICATE HOLDER CANCELLATION	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE	

AUTHORIZED REPRESENTATIVE Monte for

Henrico

ACORD 25 (2016/03)

Email:

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VA 23228