

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2023

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).

		NAME: Delitey Edison PHONE (407) 838-3445 FAX (407) 838-3460				
LRA Insurance		(A/C. No. Ext): (407) 636 3443				
P.O. Box 948173		E-MAIL ADDRESS: jlarson@lrainsurance.com				
Mai: 12-3		INSURER(S) AFFORDING COVERAGE				
Maitland FL 32794		INSURER A: Bridgefield Casualty Ins Co				
INSURED		INSURER B:				
Janney Roofing, LLC		INSURER C:				
1211 State Road 436		INSURER D:				
Suite 227		INSURER E :				
Casselberry FL 32707		INSURER F:				
COVERAGES CERTIFICATE NUMBER: 23/24 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 INSD WVD POLIC	Y NUMBER PC	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY		,	`	EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
				MED EXP (Any one person) \$		
				PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$		
PRO-				PRODUCTS - COMP/OP AGG \$		
OTHER:				\$		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT		
ANY AUTO				(Ea accident) \$ BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED				BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE &		
HIRED AUTOS AUTOS				(Per accident) \$		
UMBRELLA LIAB OCCUR						
				EACH OCCURRENCE \$		
CLAIIVIG-IVIADE				AGGREGATE \$		
DED RETENTION \$ WORKERS COMPENSATION				X PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		. /1 /0000	11 /1 /0004	E.L. EACH ACCIDENT \$	1,000,000	
A (Mandatory in NH) 0196-56341	11	1/1/2023	11/1/2024	E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$	1,000,000	
			,			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) John Carlton Janney is qualifier and covered: CCC1334170 and CGC1532814						
CERTIFICATE HOLDER CANCELLATION						
For Informational Purposes Only	THE EXP	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						
M Williamson/JLARSO Watt Williamson						
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