

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2021

VENTPAI-01

	_									/10/2021
C B	ERT ELC	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN: ESENTATIVE OR PRODUCER, A	IVELY C	OR NEGATIVELY AMEND E DOES NOT CONSTITU), EXTEND	OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to the	e terms and conditions of	f the policy	ý, certain j	policies may			
		En License # BR-1009544		tilleate fiolder in fied of 3	CONTACT NAME:	Sement(S)	•			
		Construction Solutions								8/0-8201
361	Déla	aware Avenue NY 14202			PHONE (A/C, No, Ext): (716) 849-8618 FAX (A/C, No): (716) 849-8291 E-MAIL ADDRESS:					
Bui	aio,	NT 14202			ADDRESS:	1110				NAIG #
					INSURER(S) AFFORDING COVERAGE					NAIC #
INSL										23329
		Ventresca Painting, Inc dba	ContoDr	Deintere of WNV	INSURER C : AmTrust Insurance Company				15954	
		594 Sheridan Drive	Centarno		INSURER D					
		Tonawanda, NY 14150			INSURER E					
					INSURER F					
co	VER	AGES CER	TIFICAT	E NUMBER:	1			REVISION NUMBER:		
Т	HIS	IS TO CERTIFY THAT THE POLICI	ES OF IN	ISURANCE LISTED BELOW			TO THE INSUF	RED NAMED ABOVE FOR T		
		ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY								
		JSIONS AND CONDITIONS OF SUCH						ED HEREIN IS SUBJECT T	U ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	PC (MI	OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY					······ = = · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		S 2333317	2	2/13/2021	2/13/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X	Includes Contractual						MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AU.							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO		CAPI072818	2	2/13/2021	2/13/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE		S 2333317	2/13/202		13/2021 2/13/2022	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
C	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED?			KWC1240972	2/13/2021	2/13/2022	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES Whe	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC quired by written executed contrac	LES (ACOF	RD 101, Additional Remarks Schede lowing endorsements apply	ule, may be att v - See Aco	ttached if mor ord 101:	e space is requir	red)		
					-					
				CANCELLATION						
					SHOULI	D ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA		LED BEFORE
Ventresca Painting, Inc dba CertaPro Painters of WNY 594 Sheridan Drive				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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AGENCY CUSTOMER ID: VENTPAI-01



LOC #: 1

ADDITIONA		RKS SCHEDULE Page 1 of 1	
AGENCY License	# BR-1009544	A NAMED INSURED	٦
Lawley Construction Solutions		Ventresca Painting, Inc dba CertaPro Painters of WNY 594 Sheridan Drive	
POLICY NUMBER		Tonawanda, NY 14150 Erie	
SEE PAGE 1	_		
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL REMARKS			-
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>Certificate of Liabi</u>	ility Insurance		-
Non-Contributory Addl Insd, Waiver of Subrogation) CG 25 03 0509 Designated Construction Project Gener CG 25 04 0509 Designated Locations Aggregate Limit CG 79 88NY 0119 Contracting, Installation, Service and	ral Aggregat		
Auto: MU8389 0718 Merchants Commercial Automobile - Bro	oad Form Er	ndorsement	
Umbrella: XCL 4 0403 Commercial Umbrella Liability Coverage CXL 449NY 0617 Other Insurance Condition for Additio CXL 456 0517 Waiver of Transfer or Rights of Recover	onal Insured y Against O	ls - Non-Contributory - Blanket Basis thers To Us - Blanket Basis	
WC: WC000313 0484 - Waiver of our Right to Recover from	others endo	orsement	