



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2023

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 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 Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 https://support.thimble.com/	CONTACT NAME: THIMBLE https://support.thimble.com/ PHONE (A/C, No. Ext): E-MAIL ADDRESS: support@thimble.com INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: https://www.thimble.com/check-policy-status/	FAX (A/C, No): NAIC # 22608
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	IBL-FKMQ2JKSE	10/17/2023 11:50 AM EDT	10/17/2024 11:50 AM EDT	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Cyber Insurance - Claims-Made	N	N	IBL-FKMQ2JKSE	10/17/2023 11:50 AM EDT	10/17/2024 11:50 AM EDT	EACH CLAIM \$ 100,000
							AGGREGATE \$ 100,000
							\$
							\$

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

WARNING: THE GL POLICY IS NOT A COMPLETION BOND. IT PROVIDES COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, AND PERSONAL AND ADVERTISING INJURY. IT DOES NOT GUARANTEE THE COMPLETION OF WORK BY A CONTRACTOR.

(con't on form Acord 101)

CERTIFICATE HOLDER Michael Jaffe Halcyon Renovations, L.L.C.	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 
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**ADDITIONAL REMARKS SCHEDULE**

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AGENCY Verify Insurance Services, LLC DBA Thimble Insurance Services		NAMED INSURED Halcyon Renovations, L.L.C. DBA Ideal Siding of South Charlotte 4242 Denbigh Dr, Charlotte, NC, 28226 michael.jaffe@idealsiding.com
POLICY NUMBER IBL-FKMQ2JKSE		
CARRIER National Specialty Insurance Company	NAIC CODE 22608	EFFECTIVE DATE: 10/17/2023 11:50 AM EDT

ADDITIONAL REMARKS

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

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-FKMQ2JKSE until 10/17/2025 11:50 AM EDT



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/17/2023

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PRODUCER Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 https://support.thimble.com/	CONTACT NAME: THIMBLE https://support.thimble.com/ PHONE (A/C. No. Ext): E-MAIL ADDRESS: support@thimble.com PRODUCER CUSTOMER ID:	FAX (A/C. No):
INSURED Halcyon Renovations, L.L.C. DBA Ideal Siding of South Charlotte 4242 Denbigh Dr, Charlotte, NC, 28226 michael.jaffe@idealsiding.com	INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: https://www.thimble.com/check-policy-status/	
	NAIC # 22608	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
4242 Denbigh Dr, Charlotte, NC, 28226

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	IBL-FKMQ2JKSE	10/17/2023 11:50 AM EDT	10/17/2024 11:50 AM EDT	<input checked="" type="checkbox"/> BUILDING	\$
		CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 25,000
		DEDUCTIBLES				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 10,000 Sublimit
		BASIC				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 10,000 Sublimit
		BROAD				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL				BLANKET BUILDING	\$
		\$2,500				BLANKET PERS PROP	\$
		EARTHQUAKE				BLANKET BLDG & PP	\$
		WIND					\$
		FLOOD					\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS	Miscellaneous Articles Coverage				\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/>	SPECIAL PERILS					\$
	<input type="checkbox"/>	CRIME					\$
		TYPE OF POLICY					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(con't on form Acord 101)

CERTIFICATE HOLDER

Michael Jaffe
Halcyon Renovations, L.L.C.

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

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**ADDITIONAL REMARKS SCHEDULE**

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POLICY NUMBER IBL-FKMQ2JKSE		
CARRIER National Specialty Insurance Company	NAIC CODE 22608	EFFECTIVE DATE: 10/17/2023 11:50 AM EDT

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: Acord 24 **FORM TITLE:** Certificate of Property Insurance