



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

01/16/2026

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 POLICY UNDERLYING THIS CERTIFICATE OF INSURANCE. 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. 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).

INSURER Corporate Risk Solutions P.O. Box 823 Southington, CT 06489 License #: 1043303	CONTACT NAME: Anthony Campanelli PHONE (A/C, No, Ext): (860)426-1080 FAX (A/C, No): (860)426-1999 E-MAIL ADDRESS: acampanelli@underwritingpros.com																					
INSURED BROWN ROOFING COMPANY INC 12 PROGRESS AVENUE SEYMOUR, CT 06483	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>MS Transverse Specialty Insurance</td> <td>41807</td> </tr> <tr> <td>INSURER B :</td> <td>Arbella Insurance Co</td> <td>41360</td> </tr> <tr> <td>INSURER C :</td> <td>Markel</td> <td>38970</td> </tr> <tr> <td>INSURER D :</td> <td>Travelers Insurance</td> <td>41769</td> </tr> <tr> <td>INSURER E :</td> <td>Twin City Fire Insurance Company</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC	INSURER A :	MS Transverse Specialty Insurance	41807	INSURER B :	Arbella Insurance Co	41360	INSURER C :	Markel	38970	INSURER D :	Travelers Insurance	41769	INSURER E :	Twin City Fire Insurance Company		INSURER F :		
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COVERAGES **CERTIFICATE NUMBER:** 00003468-1268806 **REVISION NUMBER:** 152

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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	TSLBGL-0002453-00	01/06/2026	01/06/2027	EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500 MED EXP (Any one person) \$ 10 PERSONAL & ADV INJURY \$ 1,000 GENERAL AGGREGATE \$ 2,000 PRODUCTS - COMP/OP AGG \$ 2,000
<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	1020170563	01/06/2026	01/06/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	MKLV5EUL106398	01/06/2026	01/06/2027	EACH OCCURRENCE \$ 5,000 AGGREGATE \$ 5,000
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NN) If yes, describe under DESCRIPTION OF OPERATIONS below			R51320251	01/06/2026	01/06/2027	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH- E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - EA EMPLOYEES 1,000 E.L. DISEASE - POLICY LIMIT \$ 1,000
PLI			31 KB 0367732-26	02/05/2026	02/05/2027	1,000

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

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

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