

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2025

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								
PRODUCER				NAME: Worgan Frank				
Lemon Mohler Insurance Agency				(A/C, No, Ext): (A/C, No): (220) 002 0100				
11240 Highway 49 Suite D				ADDRESS: certificates@lemonmohler.com				
				INSURER(S) AFFORDING COVERAGE				
Gulfport MS 39503				INSURER A: Builders Mutual Insurance Company				
INSURED				INSURER B :				
Carl Hamilton Renovations LLC				INSURER C :				
1603 Kensington St				INSURER D :				
				INSURER E :				
Ocean Springs MS 39564				INSURER F :				
COVERAGES CERTIFICATE NUMBER: 25-26 MASTER 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. INSRE								
	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							000,000	
CLAIMS-MADE 🗙 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10	00,000	
						MED EXP (Any one person) \$ 5.	000	
A		CPP010061602		01/01/2025	01/01/2026	PERSONAL & ADV INJURY \$ 1	_{JRY} \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2	000,000	
OTHER:						\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO						BODILY INJURY (Per person) \$		
OWNED SCHEDULED						BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY						(Per accident)		
						EACH OCCURRENCE \$		
						AGGREGATE \$		
DED RETENTION \$						PER OTH-		
AND EMPLOYERS' LIABILITY Y / N						STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER CANCELLATION								
MS State Board of Contractors P O Box 320279				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				RIZED REPRESE				
Jackson		MS 39232-0279	Morgan Fronk					

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