

MSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2025

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.

th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ıch end	lorsement(s)					
PRODUCER Meadors Adams & Lee, Inc. P.O. Box 3456 Little Rock, AR 72203						CONTACT Lakyn Robinson NAME: PHONE FAX					
						(Á/C, No, Ext): (Á/C, No): E-MAIL ADDRESS: lakyn@ma-lee.com					
							•			13037	
INCLIDED						INSURER A: Cincinnati Specialty Und (CSU) INSURER B: Crum & Forster Specialty				44520	
Reliant Exteriors & Construction LLC 8422 Counts Massie						INSURER C: LM Insurance Corporation				33600	
							iranice con	Doration		33000	
	North Little Rock, AR 72113				INSURE						
			INSURER F:								
CO	VERAGES CER	NUMBER:	REVISION NUMBER:								
TI IN C E:	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY					10/11/2025	10/11/2026	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	X	CSU 0241590				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$	2,000,000	
	POLICY JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
_									\$	4 000 000	
В	UMBRELLA LIAB X OCCUR		x	050447054		10/11/2025	10/11/2026	EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE	X		SEO147054				AGGREGATE	\$	1,000,000	
	DED RETENTION \$							PER OTH-	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	v	WC5-33S-B261B8-035		10/18/2025	10/18/2026	STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC3-333-B201B0-033				E.L. EACH ACCIDENT	\$	1,000,000	
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	ACORI	101. Additional Remarks Schedu	ıle. mav h	e attached if mor	e space is requir	red)	l		
D_0	on in or or enament, recommend, verile			7 To 1, Additional Remarks Concas	ne, may b	e attaoned ii moi	e space is requi	cu,			
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.					