



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/05/2022

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 Renegade Insurance LLC 7000 Central Parkway, Suite 1100 Atlanta, GA. 30328	CONTACT NAME: THIMBLE https://support.thimble.com/ PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: support@thimble.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: National Specialty Insurance Company</td> <td>22608</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F: https://www.thimble.com/check-policy-status/</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Specialty Insurance Company	22608	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F: https://www.thimble.com/check-policy-status/
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INSURED Nate Loyola Road Condition Survey nateloyola@roadconditionsurvey.com 77385														

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-FKDN5K457	04/05/2022 2:15 PM CDT	04/05/2023 2:15 PM CDT	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	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 _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							EACH OCCURRENCE	
							AGGREGATE	

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

(con't on form Acord 101)

CERTIFICATE HOLDER

CANCELLATION

Nate Loyola Road Condition Survey	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

AGENCY Verify Insurance Services, Inc. DBA Thimble Insurance Services		NAMED INSURED Nate Loyola Road Condition Survey nateloyola@roadconditionsurvey.com 77385	
POLICY NUMBER IBL-FKDN5K457		EFFECTIVE DATE: 04/05/2022 2:15 PM CDT	
CARRIER National Specialty Insurance Company	NAIC CODE 22608		

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-FKDN5K457 until 04/05/2024 2:15 PM CDT



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/05/2022

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PRODUCER Renegade Insurance LLC 7000 Central Parkway, Suite 1100 Atlanta, GA. 30328	CONTACT NAME: THIMBLE https://support.thimble.com/
	PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____
	E-MAIL ADDRESS: support@thimble.com
	PRODUCER CUSTOMER ID: _____
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Nate Loyola Road Condition Survey nateloyola@roadconditionsurvey.com 77385	INSURER A : National Specialty Insurance Company 22608
	INSURER B :
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COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY	CAUSES OF LOSS					
	<input type="checkbox"/>	PROPERTY					
	<input type="checkbox"/>	DEDUCTIBLES				BUILDING	\$
	<input type="checkbox"/>	BASIC				PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BROAD				BUSINESS INCOME	\$
	<input type="checkbox"/>	SPECIAL				EXTRA EXPENSE	\$
	<input type="checkbox"/>	EARTHQUAKE				RENTAL VALUE	\$
	<input type="checkbox"/>	WIND				BLANKET BUILDING	\$
	<input type="checkbox"/>	FLOOD				BLANKET PERS PROP	\$
	<input type="checkbox"/>					BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY	04/05/2022 2:15 PM CDT	04/05/2023 2:15 PM CDT	<input checked="" type="checkbox"/> Blanket Coverage up to \$2,500 per item.	\$ 5,000
	<input type="checkbox"/>	CAUSES OF LOSS	Miscellaneous Articles Coverage				\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input checked="" type="checkbox"/>	SPECIAL PERILS	IBL-FKDN5K457				\$
	<input type="checkbox"/>	CRIME					\$
	<input type="checkbox"/>	TYPE OF POLICY					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

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 **CANCELLATION**

Nate Loyola Road Condition Survey	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Verify Insurance Services, Inc. DBA Thimble Insurance Services		NAMED INSURED Nate Loyola Road Condition Survey nateloyola@roadconditionsurvey.com 77385	
POLICY NUMBER IBL-FKDN5K457		EFFECTIVE DATE: 04/05/2022 2:15 PM CDT	
CARRIER National Specialty Insurance Company	NAIC CODE 22608		

ADDITIONAL REMARKS

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