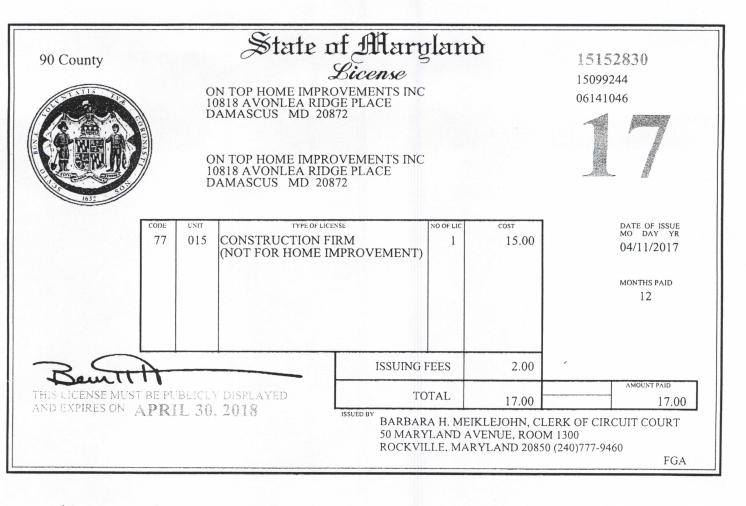
This is a **Business License** issued by the State of Maryland identifying us as a construction firm and for commercial work. This license does not certify an individual or company as a Home Improvement Contractor.



This is a Certification License issued by the State of Maryland (DLLR) that certifies Dan Randall Cox and On Top Home Improvement, Inc. are authorized as a Home Improvement Contractor/Salesman.



LICENSE \* REGISTRATION \* CERTIFICATION \* PERMIT

## STATE OF MARYLAND

## DEPARTMENT OF LABOR, LICENSING AND REGULATION

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT: DAN RANDALL COX

ON TOP HOME IMPROVEMENT INC
01 34038
10818 AVONLEA RIDGE PLACE
DAMASCUS MD 20872

IS AN AUTHORIZED:

01-CONTRACTOR/SALESMAN

LIC/REG/CERT

EXPIRATION 11-29-2019

Signature of Boarer

EFFECTIVE N/A CONTROL NO 5078974

Kelly M. Schulz

Lawrence J. Hogan, Jr. Governor

Boyd K. Rutherford Lt. Governor

> Kelly M. Schulz Secretary



## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 09/21/2017

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 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).

C	ertificate holder in lieu of such endors	eme	nt(s).									
PRO	DUCER				CONTAC NAME:	Darbara iv						
TWFG Insurance Services						[ (A/C, NO, EX), \ /					294-2767	
8101 Sandy Spring Rd						E-MAIL ADDRESS: bmitchell@twfg.com						
Suite 270						INSURER(S) AFFORDING COVERAGE					NAIC#	
Laurel MD 20707						INSURER A: United Specialty Insurance Co						
INSURED						INSURER B:						
On Top Improvement Inc					INSURER C:							
	10818 Avonlea Ridge Pl					INSURER D :						
	Ç					INSURER E :						
	Damascus	MD 20872				INSURER F:						
СО	VERAGES CERT	RTIFICATE NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PACLUSIONS AND CONDITIONS OF SUCH F	QUIR ERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH D HEREIN IS SU	H RESPEC	T TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
LIIX	× COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT HOMBER		(MIMI/DD/1111)	(MINI/DD/1111)	EACH OCCURREN	CF	s 1,00	00,000	
	CLAIMS-MADE X OCCUR	x	×			10/01/2017	10/01/2018	DAMAGE TO RENT PREMISES (Ea occ	ED	*	,000	
								MED EXP (Any one		\$ 5,00	00	
Α				1612142				PERSONAL & ADV		•	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		•	00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		•	00,000	
	OTHER:							Deductible		\$ 5,00	00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS			None				BODILY INJURY (Per accident) \$				
	NON-OWNED							PROPERTY DAMAG	GE	\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE			None				AGGREGATE \$				
	DED RETENTION \$							7,00,1,20,1,2		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	*		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				None-Other Carrier				E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POI		\$		
	DESCRIPTION OF CLANTIONS SCION									*		
				None								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	ed)				
Insu	red for Roofing, Windows, Siding, Rain Gutt	ters,	Carpe	entry. Certificate holder is a	dditional	I named insure	ed.					
<u> </u>	DISIONES HOLDED	CANCELLATION										
CERTIFICATE HOLDER						CANCELLATION I						
On Top Home Improvement, Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
10818 Avonlea Ridge PI						AUTHORIZET REPRESENTATIVE						

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Damascus

MD 20872



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2017

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(les) 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 PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 11039 INSURED INSURER B : ON TOP HOME IMPROVEMENT INC 10818 AVONLEA RIDGE PL INSURER C : DAMASCUS, MD 20872-1840 INSURER D: INSURER E INSURER F: **REVISION NUMBER:** COVERAGES **CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER I IMITS **EACH OCCURRENCE** \$ COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED \$ CLAIMS-MADE **OCCUR** PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY **GENERAL AGGREGATE** \$ **GEN'L AGGREGATE LIMIT APPLIES PER:** PRODUCTS - COMP/OP AGG LOC POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS ONLY NON-OWNED AUTOS ONLY \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR \$ \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$100,000 3934846 04/05/2017 04/05/2018 E.L. DISEASE - EA EMPLOYEE \$100,000 Mandatory In NH) \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) VARIOUS MARYLAND LOCATIONS **CANCELLATION** CERTIFICATE HOLDER 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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