



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/18/2025

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 certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Kiana Way	
Patriot Growth Insurance Services, LLC		PHONE (A/C, No. Ext): (610) 892-7688	FAX (A/C, No): (610) 892-7695
The Safegard Group		E-MAIL: kway@safegardgroup.com	
100 Granite Drive, Suite 205		ADDRESS:	
Media		PA 19063	
INSURED		INSURER(S) AFFORDING COVERAGE	
Main Line Gold Painting Inc, DBA: T/A Certa Pro Painters		NAIC #	
INSURER A: Selective Insurance Group, Inc.			
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES		CERTIFICATE NUMBER:		2025 Master Liability		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	COMMERCIAL GENERAL LIABILITY	S 2659249	06/17/2025	06/17/2026	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
					MED EXP (Any one person)	\$ 15,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 3,000,000	
					PRODUCTS - COMP/OP AGG	\$ 3,000,000	
A	AUTOMOBILE LIABILITY	S 2659249	06/17/2025	06/17/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO				BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
						\$	
						\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	S 2659249	06/17/2025	06/17/2026	EACH OCCURRENCE	\$ 2,000,000	
	OCCUR CLAIMS-MADE				AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER STATUTE	OTHE- R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				<input type="checkbox"/>		
					E.L. EACH ACCIDENT	\$ 500,000	
	E.L. DISEASE - EA EMPLOYEE	\$ 500,000					
	E.L. DISEASE - POLICY LIMIT	\$ 500,000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER		CANCELLATION	
CertaPro Client		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	
		Kiana Way	

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