



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2025

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 McGriff Wrap-up Admin 2000 International Park Drive, Suite 600 Birmingham, AL 35243	CONTACT NAME: Ashley Byrd PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Ashley.Byrd@mcgriff.com																		
INSURED Read Window Products, LLC 5900 Weisbrook Lane Knoxville, TN, 37909 Attn: David Storm	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr><tr><td>INSURER A:</td><td>Capitol Specialty Insurance Corporation</td><td>10328</td></tr><tr><td>INSURER B:</td><td>Westchester Surplus Lines Insurance Company</td><td>10172</td></tr><tr><td>INSURER C:</td><td>Endurance American Specialty Insurance Company</td><td>41718</td></tr><tr><td>INSURER D:</td><td>StarStone Specialty Insurance Company</td><td>44776</td></tr><tr><td>INSURER E:</td><td>Swiss Re Corporate Solutions America Insurance Corporation</td><td>29874</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A:	Capitol Specialty Insurance Corporation	10328	INSURER B:	Westchester Surplus Lines Insurance Company	10172	INSURER C:	Endurance American Specialty Insurance Company	41718	INSURER D:	StarStone Specialty Insurance Company	44776	INSURER E:	Swiss Re Corporate Solutions America Insurance Corporation	29874
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COVERAGES

CERTIFICATE NUMBER: 28221

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			CT20240252-01	11/01/2025	11/05/2027	GL-DamageToRentedPremises	\$100,000
							GL-EachOccurrence	\$2,000,000
							GL-GeneralAggregate	\$4,000,000
							GL-MedExp	
							GL-Personal&AdvInjury	\$2,000,000
							GL-ProductsComp/OPAggregate	\$4,000,000
							B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS - MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>
EUL-EachOccurrence	\$10,000,000							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y / N <input type="checkbox"/>			ELD30072613600	11/01/2025	11/05/2027	WC-StatutoryLimits		
						WC-E.L.EachAccident		
						WC-E.L.DiseasePolicyLimit		
						WC-E.L.Disease EachEmployee		
C	Excess & Umbrella #2			ELD30072613600	11/01/2025	11/05/2027	EUL-Aggregate	\$15,000,000
D	Excess #3			CSX00071530P-00	11/01/2025	11/05/2027	EUL-EachOccurrence	\$15,000,000
							Each-Aggregate	\$10,000,000
							Each-Occurrence	
E	Excess #4			EXS 2001778 00	11/01/2025	11/05/2027	EUL-EachOccurrence	\$10,000,000
							Each-Aggregate	\$15,000,000
							Each-Occurrence	\$15,000,000
	Excess #5						Each-Aggregate	
							Each-Occurrence	

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

Project: South Broad District Ballpark

CIP ID#: 10324 - 031

Coverage and limits noted above are the total limits provided while working at this project site. Coverage is provided for onsite only.

This Certificate does not evidence the policy terms and conditions.

CERTIFICATE HOLDER

Read Window Products, LLC
5900 Weisbrook Lane
Knoxville, TN, 37909
Attn: David Storm

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.

AUTHORIZED REPRESENTATIVE : Authorized Representative

