



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2024

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).

<b>PRODUCER</b> Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 <a href="https://support.thimble.com/">https://support.thimble.com/</a>	<b>CONTACT NAME:</b> THIMBLE <a href="https://support.thimble.com/">https://support.thimble.com/</a> <b>PHONE (A/C, No, Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b> <a href="mailto:support@thimble.com">support@thimble.com</a> <hr/> <div style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>INSURER A:</b> National Specialty Insurance Company</td> <td style="width:20%; text-align: center;"><b>NAIC #</b> 22608</td> </tr> <tr><td><b>INSURER B:</b></td><td></td></tr> <tr><td><b>INSURER C:</b></td><td></td></tr> <tr><td><b>INSURER D:</b></td><td></td></tr> <tr><td><b>INSURER E:</b></td><td></td></tr> <tr><td><b>INSURER F:</b> <a href="https://www.thimble.com/check-policy-status/">https://www.thimble.com/check-policy-status/</a></td><td></td></tr> </table>	<b>INSURER A:</b> National Specialty Insurance Company	<b>NAIC #</b> 22608	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b> <a href="https://www.thimble.com/check-policy-status/">https://www.thimble.com/check-policy-status/</a>	
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<b>INSURED</b> The Pressure Washing Specialists, LLC 132 Wyoming St, Spindale, NC, 28160 <a href="mailto:Support@pwspecialists.com">Support@pwspecialists.com</a>													

### 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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-FKS4MSWC3C	10/19/2024 11:07 AM EDT	10/19/2025 11:07 AM EDT	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
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<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						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Cyber Insurance - Claims-Made	N	N	IBL-FKS4MSWC3C	10/19/2024 11:07 AM EDT	10/19/2025 11:07 AM EDT	EACH CLAIM	\$ 50,000
							AGGREGATE	\$ 50,000
								\$
								\$

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

(con't on form Acord 101)

### CERTIFICATE HOLDER

### CANCELLATION

Spencer Faust The Pressure Washing Specialists, LLC	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**

<b>AGENCY</b> Verify Insurance Services, LLC DBA Thimble Insurance Services		<b>NAMED INSURED</b> The Pressure Washing Specialists, LLC 132 Wyoming St, Spindale, NC, 28160 Support@pwspecialists.com	
<b>POLICY NUMBER</b> IBL-FKS4MSWC3C		<b>EFFECTIVE DATE:</b> 10/19/2024 11:07 AM EDT	
<b>CARRIER</b> National Specialty Insurance Company	<b>NAIC CODE</b> 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-FKS4MSWC3C until 10/19/2026 11:07 AM EDT



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/19/2024
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<b>PRODUCER</b> Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 <a href="https://support.thimble.com/">https://support.thimble.com/</a>	<b>CONTACT NAME:</b> THIMBLE <a href="https://support.thimble.com/">https://support.thimble.com/</a>	
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No):</b>
	<b>E-MAIL ADDRESS:</b> support@thimble.com	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Pressure Washing Specialists, LLC 132 Wyoming St, Spindale, NC, 28160 Support@pwspecialists.com	<b>INSURER A:</b> National Specialty Insurance Company	<b>NAIC #</b> 22608
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

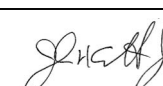
**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
132 Wyoming St, Spindale, NC, 28160

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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	DEDUCTIBLES					
	CAUSES OF LOSS	BUILDING				BUILDING	\$
	BASIC	CONTENTS				PERSONAL PROPERTY	\$
	BROAD					BUSINESS INCOME	\$
	SPECIAL	EXTRA EXPENSE				\$	
	EARTHQUAKE	RENTAL VALUE				\$	
	WIND	BLANKET BUILDING				\$	
	FLOOD	BLANKET PERS PROP				\$	
		BLANKET BLDG & PP				\$	
						\$	
A	<input checked="" type="checkbox"/> <b>INLAND MARINE</b>		TYPE OF POLICY Miscellaneous Articles Coverage	10/19/2024 11:07 AM EDT	10/19/2025 11:07 AM EDT	<input checked="" type="checkbox"/> Blanket Coverage up to \$2,500 per item.	\$
	CAUSES OF LOSS						\$
	NAMED PERILS						\$
	<input checked="" type="checkbox"/> SPECIAL PERILS		POLICY NUMBER IBL-FKS4MSWC3C				\$
	<input type="checkbox"/> <b>CRIME</b>						\$
	TYPE OF POLICY						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>						\$
							\$
							\$
							\$
							\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(con't on form Acord 101)

<b>CERTIFICATE HOLDER</b> Spencer Faust The Pressure Washing Specialists, LLC	<b>CANCELLATION</b> <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Verify Insurance Services, LLC DBA Thimble Insurance Services		<b>NAMED INSURED</b> The Pressure Washing Specialists, LLC 132 Wyoming St, Spindale, NC, 28160 Support@pwspecialists.com	
<b>POLICY NUMBER</b> IBL-FKS4MSWC3C		<b>EFFECTIVE DATE:</b> 10/19/2024 11:07 AM EDT	
<b>CARRIER</b> National Specialty Insurance Company	<b>NAIC CODE</b> 22608		

**ADDITIONAL REMARKS**

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