



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 BouchardInsurance for WBS - TG PO Box 6090 Clearwater, FL 33758-6090	CONTACT NAME: Todd George	FAX (A/C, No.):	
	PHONE (A/C, No. Ext.): (866) 293-3600 ext. 623		
INSURED Workforce Business Services CA, LLC Labor Contractor, for co-employees of: Loveland Roofing Inc. 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708	E-MAIL ADDRESS: certrequest@gowbs.com	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Zurich-American Insurance Company		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 25FL0791270563

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						
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$				
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$				
							MED EXP (Any one person)		\$				
							PERSONAL & ADV INJURY		\$				
							GENERAL AGGREGATE		\$				
							PRODUCTS - COMP/OP AGG		\$				
							OTHER: <input type="checkbox"/>		\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		\$				
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person)		\$				
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident)		\$				
	Hired AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)		\$				
									\$				
									\$				
									\$				
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE		\$				
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE						
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>	Y / N N / A		WC 06-36-802-01	12/31/2025	12/31/2026	<input checked="" type="checkbox"/> PER	OTH-					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT		\$ 1,000,000				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		\$ 1,000,000				
							Location Coverage Period:		12/31/2025	12/31/2026	Client# 055481		

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

Coverage is provided for only those co-employees of, but not subcontractors to:

CERTIFICATE HOLDER

CANCELLATION

Loveland Roofing Inc.
1715 Newcastle Rd
Newcastle, CA 95658

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

LOCKER ROOM