

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2024

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). PRODUCER CONTACT												
	surance Agency Inc.				-	NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE FAX						
9800 FRDRCKSBRG HŚVCW, SAN ANTONIO, TX 78288						(A/C, No, Ext): 1-800-444-4487 (A/C, No):						
						ADDRESS: progressivecommercial@email.progressive.com						
						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Progressive Hawaii Insurance Corp 10067						
INSURED							INSURER A : Progressive Hawaii Insurance Corp					
RED CEDAR PROFESSIONAL INSPECTIONS LLC							INSURER B :					
209 Josie Ln						INSURER C :						
Clarksville, TN 37043						INSURER D :						
						INSURER E :						
COVER	PAGES	CERTIEIC		NIIM	BER: 12935859274693			11	REVISION NUMBER:			
											CY PERIOD	
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 INSURA		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL	LIABILITY					,	(, , ,	EACH OCCURRENCE \$			
	CLAIMS-MADE	DCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
									MED EXP (Any one person) \$			
									PERSONAL & ADV INJURY \$			
G	EN'L AGGREGATE LIMIT AF	PPLIES PER:						GENERAL AGGREGATE				
								PRODUCTS - COMP/OP AGG \$				
OTHER:									\$ COMBINED SINGLE LIMIT			
A	ANY AUTO									1,000,000)	
A			N	N	981622818		05/23/2024	05/23/2025	BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY		IN	N 901022010		05/23/2024	03/23/2023	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	AUTOS ONLY A	UTUS UNLY							(Fel accident) \$			
	UMBRELLA LIAB O	OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE								AGGREGATE \$			
	DED RETENTION \$	3							\$;		
A	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY	Y/N							STATUTE PTH-			
AI O	NYPROPRIETOR/PARTNER/ FFICER/MEMBEREXCLUDEI	/EXECUTIVE	N / A						E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE \$			
DÉSCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$			
A	A See ACORD 101 for additional coverage details. N N 981622818			05/23/2024	05/23/2025	φ 						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER CANCELLATION												

CANCELLATION

RED CEDAR PROFESSIONAL INSPECTIONS LLC 209 Josie Ln Clarksville, TN 37043

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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AGENCY CUSTOMER ID:	_
LOC #:	_

CORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED						
USAA Insurance Agency Inc.		RED CEDAR PROFESSIONAL INSPECTIONS LLC						
POLICY NUMBER		209 Josie Ln Clarksville, TN 37043						
981622818								
CARRIER								
Progressive Hawaii Insurance Corp		10067	EFFECTIVE DATE: 05/23/2024					
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance								
Additional Coverages								
Insurance coverage(s)	Limits							
Uninsured Motorist Bodily Injury	\$1,000,000) Combined Single Limit						
Description of Location/Vehicles/Special Items								
Scheduled autos only								
2016 RAM 2500 3C6UR5DL1GG234525								
Comprehensive	\$500 Ded							
•			ngle limit w/\$200 Ded)					
Collision	\$500 Ded							
Rental Reimbursement	\$300 Per	Day (\$9,000 M	ax)					
Roadside Assistance	Selected v	w/\$0 Ded						
Medical Payments	\$5,000							
Liability coverage may not apply to all scheduled vehicles.								