



Palmetto Roofing Specialties was founded in South Carolina on the values of honesty and integrity. In 2016, we started with one crew and a steadfast commitment to quality roofing and exceptional customer service. Over the years, our family-owned business has grown exponentially, adding key team members who have shaped our business and helped us expand into North Carolina. But what hasn't changed at all is our focus on doing right by our customers and the communities we serve!

The Carolinas are no stranger to storm damage, a problem that many of our customers face regularly. We know that this can cause major problems down the line for your home, which is why we perform rigorous inspections to determine the right solution for your property. Whether it means a simple repair or a full replacement, we are here to provide services that will last in the long run.

Too often, our communities get conned by unlicensed storm chasers who are looking to make a buck. We prove ourselves to be different by focusing on our local communities and providing each customer with a copy of our license and insurance. At the end of the day, we want you to have peace of mind and the assurance that we will lead you through every step of the roofing process. We are fully committed to being trustworthy, caring, and focused on you, our client.



## CONTRACTOR'S LICENSING BOARD

LICENSE#: CLG.124451

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### PALMETTO ROOFING SPECIALTIES

146 WALNUT LANE STE A  
TRAVELERS REST SC 29690

Has been qualified by the laws of the State of South Carolina and is duly entitled to practice as a:

## GENERAL CONTRACTOR

for each Classification and Group Limitation listed below:

**Nonstructural Renovation-NR4, Roofing-RF4**

(If this license has "Limited Building-LB" classification, work is limited to 3 stories in height)

LICENSE NUMBER: .....CLG.124451

Initial License Date: .....09/14/2022

EXPIRATION DATE: .....10/31/2026

**Group Limitations Per Job (i.e. BD2 = Group 2):**

Group #1 - \$100,000 Group #3 - \$1,000,000

Group #2 - \$400,000 Group #4 - \$3,000,000

Group #5 - \$Unlimited

Qualifying Party(s): JOHN COOPER BOLT III, DOUGLAS W HIGHTOWER JR

*Meronica W. Fulton*  
Board Executive

\*\*\* It is at the discretion of this licensee to designate any employee of their company to pull permits and conduct business in their behalf. \*\*\*

Expiration Date

2025

License No.

100887

# North Carolina

## Licensing Board for General Contractors

This is to Certify That:

**Palmetto Roofing Specialties LLC**

Travelers Rest, SC

is duly registered and entitled to practice

## General Contracting

Limitation: Limited

Classification: S (Roofing)

until

**December 31, 2025**

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

**01/01/2025**

This certificate may not be altered.



*E. P. Smith*  
Chairman

*Ryan P. Ledy*  
Secretary-Treasurer





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2025

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).

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>Client First Insurance Advisors<br>201 North Main Street<br><br>Anderson SC 29621  |  | <b>CONTACT</b><br>NAME: Cindy Dodgens, CISR<br>PHONE (A/C, No, Ext): (864) 224-7444<br>FAX (A/C, No): (864) 261-3178<br>E-MAIL: cindy@c1insuranceadvisors.com<br>ADDRESS:  |  |
| <b>INSURED</b><br><br>Palmetto Roofing Specialties<br>146A Walnut Lane<br><br>Travelers Rest SC 29690 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Crum & Forster Specialty Insurance Company<br><b>INSURER B:</b> LM Insurance Corporation<br><b>INSURER C:</b> Auto-Owners Insurance Company<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES****CERTIFICATE NUMBER:** CL258404098**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |  | GLO107923          | 08/05/2025              | 08/05/2026              | 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                   |                    |                         |                         |  |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |  | 5398123700         | 08/01/2025              | 08/01/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 |
|          |   |           | BODILY INJURY (Per person) \$                        |                    |                         |                         |  |
|          |   |           | BODILY INJURY (Per accident) \$                      |                    |                         |                         |  |
|          |   |           | PROPERTY DAMAGE (Per accident) \$                    |                    |                         |                         |  |
| C        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |  | WC5-33S-B23174-014 | 10/15/2024              | 10/15/2025              | PER STATUTE OTH-ER \$                          |
|          |   |           | 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**

FOR INSURED - EVIDENCE OF INSURANCE

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

*Cynthia J. Dodgens*

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