



**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.**



SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION CCB 1082251  
**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

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

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

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

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

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

Group #5 - \$Unlimited

*Monica W. Sutton*  
Board Executive

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

\*\* 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

2026

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, 2026

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

01/01/2026

This certificate may not be altered.



*C. W. Sutton*  
Chairman

*John P. Lady*  
Secretary-Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2025

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

COVERAGES		CERTIFICATE NUMBER: CL25101304180		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	ADD'L SUBR	INS'D WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) 08/05/2025	POLICY EXP (MM/DD/YYYY) 08/05/2026	LIMITS				
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	GLO173867	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										
	GENERAL AGGREGATE \$ 2,000,000										
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	5398123700	08/01/2025	08/01/2026	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	COMBINED SINGLE LIMIT (ea accident) \$ 500,000										
	BODILY INJURY (Per person) \$										
	BODILY INJURY (Per accident) \$										
	PROPERTY DAMAGE (Per accident) \$										
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	SEO143235	08/05/2025	08/05/2026	EACH OCCURRENCE \$ 1,000,000						
	AGGREGATE \$ 1,000,000										
	Umbrella over GL & WC \$										
	C				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC5-33S-B23174-015	10/15/2025	10/15/2026	PER STATUTE	OTHE- R
					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

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