


LKG CONTRACTING LLC

90 Holcomb Street
East Granby, CT 06026
lkgcontracting@yahoo.com
(860) 977-4059
CT License #574524

March 21, 2013

Mr. Bob Huhtanen,

Enclosed is the roofing estimate you requested. A certificate of insurance has been sent out by our insurance company, if you do not receive it please let me know. As always we thank you for your business and ask you to call us with any questions or concerns.



LKG Contracting LLC
Lenny Geer - Operating Member
(860)977-4059

L.K.G. Contracting L.L.C.
90 Holcomb Street
East Granby, CT 06026
Ph (860) 413-9745
CT License #574524

3-21-13

Garage Re-roofing Spaces 50 Thru 66 Even Spaces Only

Scope of Work:

1. Remove the existing roofing to the wood deck.
2. Replace the bottom 4' of decking with ¾" CDX plywood and replace any additional deteriorated decking at an additional cost of \$58 for each 4x8 sheet of plywood.
3. Install metal Drip and Rake edge around the entire roof perimeter.
4. Install ½" insulation on the entire roof area.
5. Install RPI .060 EPDM using the fully adhered method on the entire roof area.
6. Perform necessary masonry repairs to the top of the north-west corner of the garage.
7. Grounds to be cleaned daily.
8. Roof to carry forty-year material only warranty provided by RPI.
9. Roof to carry a five-year labor warranty provided by L.K.G. Contracting L.L.C.
10. Total price of \$14,675.00 to include all labor, materials, taxes and disposal of debris for the above listed work, with the exception of any additional deteriorated decking; please see line #2.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/25/2013

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 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 National Insurance Agency, Inc. 16 Spring Lane, Suite 1 Farmington CT 06032-3177		CONTACT NAME: Commercial Lines Customer Service PHONE (A/C No. Ext): (860) 674-4054 FAX (A/C No.): (860) 269-0217 E-MAIL ADDRESS: servicecl@nauinsurance.com															
INSURED LKG Contracting LLC 90 Holcomb Street East Granby CT 06026		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Travelers Indem Co of CT</td> <td>25682</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER C: Travelers Casualty & Surety</td> <td>19038</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Indem Co of CT	25682	INSURER B: Travelers Indemnity Company	25658	INSURER C: Travelers Casualty & Surety	19038	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** CL1362504059 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			6804984L060	6/25/2013	6/25/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			CUP7189Y145	6/25/2013	6/25/2014	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB			IAUB7188Y775	6/25/2013	6/25/2014	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			IAUB7188Y775	6/25/2013	6/25/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER WESTBURY CONDO ASSOC. 20 OUTLOOK AVE WEST HARTFORD, CT 06119	CANCELLATION 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 Meghan Fallon/C1MAF