



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/02/2026

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: PHONE (A/C, No. Ext): (855) 222-5919	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	support@nextinsurance.com
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	Next Insurance US Company
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 719097018

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NXT3F47VY7-00-GL	07/24/2025	07/24/2026	EACH OCCURRENCE	\$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00						
	MED EXP (Any one person)	\$10,000.00						
	PERSONAL & ADV INJURY	\$1,000,000.00						
	GENERAL AGGREGATE	\$1,000,000.00						
	PRODUCTS - COMP/OP AGG	\$1,000,000.00						
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:								
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)	\$						
	BODILY INJURY (Per accident)	\$						
	PROPERTY DAMAGE (Per accident)	\$						
		\$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	AGGREGATE	\$						
		\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE- R
	E.L. EACH ACCIDENT	\$						
	E.L. DISEASE - EA EMPLOYEE	\$						
	E.L. DISEASE - POLICY LIMIT	\$						
A	Contractors Errors and Omissions			NXT3F47VY7-00-GL	07/24/2025	07/24/2026	Each Occurrence: Aggregate:	\$10,000.00 \$20,000.00

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

Proof of Insurance.

CERTIFICATE HOLDER

Logik Holdings LLC DBA Roofing Logik
410 57th St W
Bradenton, FL 34209

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



[Click or scan to view](#)

© 1988-2015 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
Next First Insurance Agency, Inc.		Logik Holdings LLC DBA Roofing Logik 410 57th St W Bradenton, FL 34209	
POLICY NUMBER	NXT3F47VY7-00-GL	NAIC CODE	EFFECTIVE DATE: 2025-07-24
CARRIER	Next Insurance US Company	16285	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

The following addresses are additional locations listed on the above referenced policy:

1016 67th St NW
Bradenton, FL 34209

LIVE CERTIFICATE



[Click or scan to view](#)



ADDITIONAL REMARKS SCHEDULE

AGENCY	Next First Insurance Agency, Inc.		NAMED INSURED Logik Holdings LLC DBA Roofing Logik 410 57th St W Bradenton, FL 34209
POLICY NUMBER	NXTXPYFLWW-00-IM		
CARRIER	State National Insurance Company, Inc.	NAIC CODE 12831	EFFECTIVE DATE: 2025-07-24

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

The following addresses are additional locations listed on the above referenced policy:

1016 67th St NW
Bradenton, FL 34209

LIVE CERTIFICATE



[Click or scan to view](#)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/02/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER		Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306		CONTACT NAME: PHONE (A/C, No. Ext): (855) 222-5919	FAX (A/C, No.):
INSURED		Logik Holdings LLC DBA Roofing Logik 410 57th St W Bradenton, FL 34209		E-MAIL ADDRESS: support@nextinsurance.com	
PRODUCER CUSTOMER ID:				INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:		State National Insurance Company, Inc.			12831
INSURER B:					
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					

COVERAGES

CERTIFICATE NUMBER: 719097018

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS			
	<input type="checkbox"/> PROPERTY					<input type="checkbox"/> BUILDING		\$			
	<input type="checkbox"/> CAUSES OF LOSS	DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY		\$			
	<input type="checkbox"/> BASIC	BUILDING				<input type="checkbox"/> BUSINESS INCOME		\$			
	<input type="checkbox"/> BROAD	CONTENTS				<input type="checkbox"/> EXTRA EXPENSE		\$			
	<input type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE		\$			
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING		\$			
	<input type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP		\$			
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP		\$			
								\$			
								\$			
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY		07/24/2025	07/24/2026	<input checked="" type="checkbox"/> EQUIPMENT	\$ 10,000.00				
	<input type="checkbox"/> CAUSES OF LOSS	Inland Marine				<input checked="" type="checkbox"/> MISC TOOLS	\$ 1,000.00				
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				<input checked="" type="checkbox"/> BORROWED TOOLS	\$ 5,000.00				
	<input checked="" type="checkbox"/> OPEN PERILS	NXTXPYFLWW-00-IM				<input type="checkbox"/> MOTOR TRUCK CARGO	\$				
	<input type="checkbox"/> CRIME	TYPE OF POLICY						\$			
								\$			
								\$			
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$			
								\$			

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER

Logik Holdings LLC DBA Roofing Logik
410 57th St W
Bradenton, FL 34209

LIVE CERTIFICATE

[Click or scan to view](#)

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