# The Leaf Pros

*Company Information Packet*

42040 Koppernick Rd Ste. 404
(248) 884-8211
theleafpros.com

**The Leaf Pros**

*State of Michigan*

*Company Builder License*

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Licensing Section
P.O. Box 30254
Lansing, MI 48909

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Company Builder License

Q.O. - Don A Provenzola

THE LEAF PROS LLC
2141 WILTSHIRE DRIVE
YPSILANTI, MI 48198

License No:
262500840

Expiration Date:
05/31/2028

THE LEAF PROS LLC
2141 WILTSHIRE DRIVE
YPSILANTI, MI 48198

GRETCHEN WHITMER
Governor

**Michigan Department of Licensing and Regulatory Affairs**
**Bureau of Construction Codes**
Company Builder License

THE LEAF PROS LLC
2141 WILTSHIRE DRIVE
YPSILANTI, MI 48198

**Qualifying Officer:**
**Don A Provenzola**
**Qualifying Officer #**
**2101083985**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

**License No.**
**262500840**

**Expiration Date:**
**05/31/2028**

**This document is duly issued under the laws of the State of Michigan**

The Leaf Pros

# *General Liability Insurance*

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/14/2025

**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<br>Verifly Insurance Services, LLC DBA Thimble Insurance Services<br>174 West 4th Street, Suite 204<br>New York, NY 10014<br>https://support.thimble.com/ | CONTACT NAME: THIMBLE https://support.thimble.com/<br>PHONE (A/C, No, Ext): FAX (A/C, No):<br>E-MAIL ADDRESS: support@thimble.com |
| INSURED<br>The Leaf Pros LLC<br>42040 Koppernick Rd, Canton Township, MI, 48187<br>tonyprovenzola@gmail.com | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : National Specialty Insurance Company — 22608<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : https://www.thimble.com/check-policy-status/ |

**COVERAGES** **CERTIFICATE NUMBER:** **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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | Y | Y | IBL-P3X6U8UCZJ | 11/14/2025 11:28 AM EST | 11/14/2026 11:28 AM EST | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 2,000,000<br>$ 100,000<br>$ 5,000<br>$ 2,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>SCHEDULED AUTOS<br>HIRED AUTOS ONLY<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |

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

WARNING: THE GL POLICY IS NOT A COMPLETION BOND. IT PROVIDES COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, AND PERSONAL AND ADVERTISING INJURY. IT DOES NOT GUARANTEE THE COMPLETION OF WORK BY A CONTRACTOR.

(con't on form Acord 101)

**CERTIFICATE HOLDER**

Valen Company LLC dba Canton Business Center
admin@damas-group.com

**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

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AGENCY CUSTOMER ID: tonyprovenzola@gmail.com

LOC #: 1

# ADDITIONAL REMARKS SCHEDULE



| | |
|---|---|
| AGENCY<br>Verifly Insurance Services, LLC DBA Thimble Insurance Services | NAMED INSURED<br>The Leaf Pros LLC<br>42040 Koppernick Rd, Canton Township, MI, 48187<br>tonyprovenzola@gmail.com |
| POLICY NUMBER<br>IBL-P3X6U8UCZJ | |
| CARRIER<br>National Specialty Insurance Company / NAIC CODE 22608 | EFFECTIVE DATE: 11/14/2025 11:28 AM EST |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-P3X6U8UCZJ until 11/14/2027 11:28 AM EST



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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# DESIGNATED ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

PROFESSIONAL LIABILITY COVERAGE FORM

## SCHEDULE

**Name of Designated Person or Organization (including its departments and attached agencies, its directors, officers, officials, employees, representatives and agents):**

Any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy.

**E-Mail Address:**

**A.** **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the **SCHEDULE** above, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" or “wrongful acts” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **LIMITS OF INSURANCE** section of the coverage form

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance shown in the Declarations;

whichever is less.

**C.** If this policy is cancelled or nonrenewed for any reason, we will deliver notice of the cancellation or non-renewal to any Designated Person or Organization shown in the **SCHEDULE** above at the e-mail address shown above.

**D.** This endorsement shall not increase the applicable limits of insurance shown in the Declaration

All other terms and conditions remain unchanged.


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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

**SCHEDULE**

| **Name Of Person(s) Or Organization(s):** |
|---|
| Any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.


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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# DESIGNATED ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

PROFESSIONAL LIABILITY COVERAGE FORM

## SCHEDULE

**Name of Designated Person or Organization (including its departments and attached agencies, its directors, officers, officials, employees, representatives and agents):**

Valen Company LLC dba Canton Business Center

**E-Mail Address:**

admin@damas-group.com

A. **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the **SCHEDULE** above, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" or “wrongful acts” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.


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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **LIMITS OF INSURANCE** section of the coverage form

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance shown in the Declarations;

whichever is less.

**C.** If this policy is cancelled or nonrenewed for any reason, we will deliver notice of the cancellation or non-renewal to any Designated Person or Organization shown in the **SCHEDULE** above at the e-mail address shown above.

**D.** This endorsement shall not increase the applicable limits of insurance shown in the Declaration

All other terms and conditions remain unchanged.


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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

**(1)** The additional insured is a Named Insured under such other insurance; and

**(2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

**SCHEDULE**

| **Name Of Person(s) Or Organization(s):**<br>Valen Company LLC dba Canton Business Center<br>admin@damas-group.com |
|---|
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.


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The Leaf Pros

# *Warranty Information*

THE LEAF PROS

# Warranty Information

MI Builders License #262500840
contact@theleafpros.com
(248) 884-8211

## Twenty (20) Year No Clog Warranty

The Leaf Pros LLC guarantees that the installed gutter guard system at the above address will remain free from clogs caused by leaves, debris, and branches for a period of twenty (20) years from the date of installation.

**Warranty Coverage**
This warranty covers only gutter clogs resulting from external organic debris retention within the gutter guard system. If a clog occurs during the warranty period, The Leaf Pros LLC will, at no charge, clean or service the affected section to restore proper functioning.

**Exclusions**
This warranty does not cover:

- Clogs caused by accumulated roof grit, tar, or other non-organic debris
- Damage or clogs resulting from structural modifications or improper use
- Damage caused by fire, windstorms, hail, ice, flooding, or other natural disasters
- Failure due to lack of routine gutter downspout maintenance

## Eighteen (18) Month Workmanship Warranty

The Leaf Pros LLC warrants that all workmanship related to the installation of gutter guards will be free from defects for eighteen (18) months from the date of installation.

**Warranty Coverage**
Any defects in installation, including improper fastening or alignment affecting the gutter guard system's operation, will be rectified at no charge within the warranty period.

**Exclusions**
This workmanship warranty does not cover:

- Damage resulting from customer modification, misuse, or neglect
- Issues arising from external forces (e.g., vermin, falling branches, weather events)
- Work performed by parties other than The Leaf Pros LLC

THE LEAF PROS

# Warranty Information

MI Builders License #262500840
contact@theleafpros.com
(248) 884-8211

## Twenty (20) Year Material Warranty

The Leaf Pros LLC warrants that all gutters, downspouts, flashing, aluminum wrap, and gutter guard materials installed by The Leaf Pros LLC will be free from manufacturer defects in material and corrosion-related failure for a period of twenty (20) years from the date of installation.

Warranty Coverage

This warranty covers defects in the supplied materials that result in cracking, splitting, excessive rusting, perforation, or material failure under normal residential use and weather conditions.

If a covered material defect occurs during the warranty period, The Leaf Pros LLC will repair or replace the affected materials at no charge for the defective product portion of the installation.

Exclusions

This material warranty does not cover:

- Damage caused by accidents, abuse, misuse, neglect, or improper maintenance
- Damage resulting from storms, hail, wind, falling objects, ice buildup, fire, flooding, or other natural disasters
- Normal wear and tear, fading, discoloration, or cosmetic deterioration that does not affect performance
- Damage caused by structural movement, roof issues, or alterations performed after installation
- Materials not installed by The Leaf Pros LLC
- Clogs or drainage issues unrelated to material failure

## Claims and Service

To request service under this warranty, please contact The Leaf Pros LLC at (248) 884-8211.

Claims must include a description of the issue and proof of purchase/installation. Service will be provided within a reasonable timeframe following verification of your claim.