

MARYLAND HOME IMPROVEMENT COMMISSION

08 01 108243 PHILLIP KOCH

6005 07-05-2016

MESSAGE(S):

LET'S MAKE ALL KIDS LEAD-FREE KIDS. CONTRACTORS MUST BE LEAD-SAFE CERTIFIED. FOR MORE INFORMATION ABOUT LEAD-SAFE RENOVATION, REPAIRS AND PAINTING IN RESIDENCES BUILT PRIOR TO 1978, INCLUDING HOW TO BECOME CERTIFIED THROUGH AN ACCREDITED TRAINING PROGRAM, PLEASE VISIT WWW.EPA.GOV/LEAD.

IF A HOMEOWNER FILES A COMPLAINT WITH MHIC, YOU ARE REQUIRED TO SUBMIT A WRITTEN RESPONSE TO THE COMPLAINT WITHIN 10 DAYS. YOUR WRITTEN RESPONSE MUST CONTAIN A COPY OF YOUR INSURANCE CERTIFICATE AND COPIES OF THE PERMITS AND INSPECTIONS FOR THE JOB. FAILURE TO RESPOND MAY RESULT IN MHIC SUSPENDING YOUR LICENSE OR TAKING OTHER DISCIPLINARY ACTION.

YOU CAN NOW SOLVE A HOMEOWNER'S COMPLAINT QUICKLY AND AMICABLY THROUGH MHIC'S MEDIATION PROGRAM. COMPLAINTS RESOLVED THROUGH MEDIATION ARE NOT PART OF A CONTRACTOR'S PUBLIC COMPLAINT HISTORY.



LICENSE * REGISTRATION * CERTIFICATION * PERMIT

STATE OF MARYLAND

DEPARTMENT OF LABOR, LICENSING AND REGULATION

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

PHILLIP KOCH
PHILLIP JAMES INC
PHIILLIP JAMES INC
05-131802
24 YORKVIEW DRIVE
TIMONIUM

MD 21093

IS AN AUTHORIZED: 01 - CONTRACTOR/SALESMAN

Lawrence J. Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Kelly M. Schulz, Secretary

LIC/REG/CERT	EXPIRATION	EFFECTIVE	CONTROL NO
108243	08-20-2018	N/A	4875011

Kelly M. Schulz
Secretary DLLR

Signature of Bearer

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

08 01 108243

4,875,011

08 01 108243

MARYLAND HOME IMPROVEMENT COMMISSION
500 N. CALVERT STREET
BALTIMORE, MD 21202-3651



LICENSE * REGISTRATION * CERTIFICATION * PERMIT
STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION

Lawrence J. Hogan, Jr., Governor
Boyd K. Rutherford, Lt. Governor
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MARYLAND HOME IMPROVEMENT COMMISSION

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MARYLAND HOME IMPROVEMENT COMMISSION

08 05 131802
MESSAGE(S):

PHILLIP JAMES INC

6005 07-05-2016



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24 YORKVIEW DRIVE
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MD 21093

Lawrence J. Hogan,
Governor

Boyd K. Rutherford
Lt. Governor

Kelly M. Schulz
Secretary

IS AN AUTHORIZED:

05 - CONTRACTOR/SALESMAN (CORP/PART)

LIC/REG/CERT
131802

EXPIRATION
08-20-2018

EFFECTIVE
N/A

CONTROL NO
4875029

Kelly M. Schulz

Signature of Bearer

Secretary DLLR

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

08 05 131802

4,875,029

08 05 131802

MARYLAND HOME IMPROVEMENT COMMISSION
500 N. CALVERT STREET
BALTIMORE, MD 21202-3651



LICENSE * REGISTRATION * CERTIFICATION * PERMIT
STATE OF MARYLAND
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Lawrence J. Hogan, Jr.
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Kelly M. Schulz
Secretary

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

PHILLIP JAMES INC

IS AN AUTHORIZED: 05 - CONTRACTOR/SALESMAN (CORP/PART)

LIC/REG/CERT EXPIRATION EFFECTIVE CONTROL NO
131802 08-20-2018 N/A 4875029

PHILLIP JAMES INC
PHIILLIP JAMES INC
05-131802
24 YORKVIEW DRIVE
TIMONIUM

MD 21093

Kelly M. Schulz

Signature of Bearer

Secretary DLLR



CERTIFICATE OF LIABILITY INSURANCE

PHILL-3 OP ID: JGO

DATE (MM/DD/YYYY)
07/05/2016

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 Integrated Insurance Solutions 44675 Cape Court, Ste 100 Ashburn, VA 20147 Kieffer Rittenhouse		CONTACT NAME: Jennifer Gosewisch PHONE (A/C, No, Ext): 703-726-0700 FAX (A/C, No): 703-726-0753 E-MAIL ADDRESS: jgosewisch@integrated-usa.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Hartford Insurance Co.	NAIC # 29424
INSURED Phillip James, Inc. 24 Yorkview Drive Lutherville, MD 21093		INSURER B : Firstline National Ins. Co.	40100
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9152774	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	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	30WECC4772	06/12/2016	06/12/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

MARYHO1 Maryland Home Improvement Commission 500 N. Calvert Street Baltimore, MD 21202	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 Kieffer Rittenhouse
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BWI LEAD SAFETY FOR RRP INSTITUTE

216 Crain Highway, Suite 101
Glen Burnie, MD 21061
443-949-3952

Certificate of Attendance and Successful Completion

Renovator Initial – English

Per 40 CFR Part 745.225

Phillip Koch

24 Yorkview Dr., Timonium, MD 21093

Certificate Number: R-I-87816-15-00805

Course Date: 2/04/15
Examination Date: 2/04/15
Expiration Date: 2/04/20

Bruce Shields

Training Manager/Principal Instructor

2/04/15
Date

