



**APPLICATION FOR
HISTORIC AREA WORK PERMIT**
HISTORIC PRESERVATION COMMISSION
301.563.3400

Name: Gordon Franken
Address: 80 Huntington Avenue
Daytime Phone: 917-696-2469

E-mail: gordonfraken@gmail.com

City: Scarsdale, NY Zip: 10583

Tax Account No.: 160700495594

Name: Brooke Heiberger (Realtor)
Address: 4709 Maple Ave
Daytime Phone: 301-252-8208

E-mail: brooke@janefairweather.com

City: Bethesda, MD Zip: 20814

Contractor Registration No.: Politz Enterprises (101148)

LOCATION OF BUILDING/PREMISE: MIHP # of Historic Property _____ Home not historic, district is _____

Is the Property Located within an Historic District? X Yes/District Name Greenwich Forest
No/Individual Site Name _____

Are other Planning and/or Hearing Examiner Approvals /Reviews Required as part of this Application? (Conditional Use, Variance, Record Plat, etc.?) If YES, include information on these reviews as supplemental information.

Building Number: 8012 **Street:** Hampden Lane

Town/City: Bethesda **Nearest Cross Street:** _____

Lot: _____ **Block:** _____ **Subdivision:** _____ **Parcel:** _____

TYPE OF WORK PROPOSED: See the checklist on Page 4 to verify that all supporting items for proposed work are submitted with this application. Incomplete Applications will not be accepted for review. Check all that apply: ☐ Shed/Garage/Accessory Str

- be accepted for review. Check all that apply:**
- | | | |
|---|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Shed/Garage/Accessory Structure |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Hardscape/Landscape | <input type="checkbox"/> Tree removal/planting |
| <input type="checkbox"/> Grading/Excavation | <input checked="" type="checkbox"/> Roof | <input type="checkbox"/> Window/Door |
| | | <input type="checkbox"/> Other: _____ |

I hereby certify that I have the authority to make the foregoing application, that the application is correct and accurate and that the construction will comply with plans reviewed and approved by all necessary agencies and hereby acknowledge and accept this to be a condition for the issuance of this permit.

Signature of owner or authorized agent

Date _____

HAWP APPLICATION: MAILING ADDRESSES FOR NOTIFYING
[Owner, Owner's Agent, Adjacent and Confronting Property Owners]

Owner's mailing address
Gordon and Amy Franken
80 Huntington Avenue
Scarsdale, NY 10583

Owner's Agent's mailing address
Brooke Heiberger
4709 Maple Avenue
Bethesda, MD 20814

Adjacent and confronting Property Owners mailing addresses

Steven Cowan
8004 Hampden Lane
Bethesda, MD 20814

Raymond and Karen Paretzy
8016 Hampden Lane
Bethesda, MD 20814

David Steckel
8009 Hampden Lane
Bethesda, MD 20814

Laurie Adams
8013 Hampden Lane
Bethesda, MD 20814

Eileen Gerbay
8017 Hampden Lane
Bethesda, MD 20814

Description of Property: Please describe the building and surrounding environment. Include information on significant structures, landscape features, or other significant features of the property:

Single Family Home situated on a .25 acre lot.

Description of Work Proposed: Please give an overview of the work to be undertaken:

Replacement of the Slate Roof on the main portion of the house with an Architectural Shingle Roof.

Work Item 1: Roof

Description of Current Condition:

South side of home has 500+ broken slate tiles. It was inspected and found to be past it's useful life and needs replacement.

Two roofing contractors can out to further inspect. Both said they would NOT certify the roof.

Proposed Work:

Paint all pipes black.
All trash removed from job site daily.
Stage property with tarps
Superintendendent on site.
Install 50 year product warranty/4 star warranty.
Replace existing plank boards having more than 1/8" gaps.

See attached contract.

Work Item 2: _____

Description of Current Condition:

Proposed Work:

Work Item 3: _____

Description of Current Condition:

Proposed Work:

HISTORIC AREA WORK PERMIT CHECKLIST OF APPLICATION REQUIREMENTS

	Required Attachments						
Proposed Work	I. Written Description	2. Site Plan	3. Plans/ Elevations	4. Material Specifications	5. Photographs	6. Tree Survey	7. Property Owner Addresses
New Construction	*	*	*	*	*	*	*
Additions/ Alterations	*	*	*	*	*	*	*
Demolition	*	*	*		*		*
Deck/Porch	*	*	*	*	*	*	*
Fence/Wall	*	*	*	*	*	*	*
Driveway/ Parking Area	*	*		*	*	*	*
Grading/Excavation/ Landscaping	*	*		*	*	*	*
Tree Removal	*	*		*	*	*	*
Siding/ Roof Changes	*	*	*	*	*		*
Window/ Door Changes	*	*	*	*	*		*
Masonry Repair/ Repoint	*	*	*	*	*		*
Signs	*	*	*	*	*		*



STANDARD RESIDENTIAL REPORT

8012 Hampden Ln
Bethesda, MD 20814

Gavin Weiss
05/02/2025



Inspector
Brad Hopkin

Brad Hopkin

MD #32333
(301) 972-8531
clientcare@protec-inspections.com



Agent
John Peters
Compass-DC 14th St NW

Home Inspector
Relevant Pages
Report

6: ROOF

Information

Roof Covering Type: Asphalt Shingles Standard 3 Tab

Composition shingles. This is the material of choice for most sloped roofs in our climate. Often referred to as fiberglass, asphalt or 3 tab shingles they have an average life of 15-20 years.



Roof Covering Type: Slate Roof

Slate tile can last for many decades, but will need periodic repairs to individual slates and flashing. As the slate roof ages there will be more frequent repairs. When the repairs are too frequent and/or the projected cost becomes too high it will be time for replacement.



Roof Covering Condition: Method of Inspection

Viewed from ground with binoculars, Viewed from window(s)

Roof Covering Condition: Estimated Age

Past expected service life

Flashing: Flashing Types

Metal, Plastic

Flashing/s are the most common place for a roof to leak. They need to be checked and resealed or repaired periodically.

Gutters & Downspouts: Gutter**Type**

Aluminum

Limitations

Roof Covering Condition

PARTS OF THE ROOF WERE INACCESSIBLE OR NOT FULLY VISIBLE

Foliage

Some or all sections of the roof could not be viewed. We make no representation as to the condition of areas that were not viewed. We recommend getting any area that could not be viewed evaluated by a licensed roofing contractor before settlement.

Gutters & Downspouts

SUBSURFACE DRAINS NOT TESTED

Subsurface drains were not tested per the standards of practice. Systems and/ or components that are not readily/ visually accessible are beyond the scope of a home inspection.

Observations

6.2.1- Roof Covering Condition

SLATE TILES LOOSE/MISSING/DAMAGED**Potential Significant Concern**

Slate tiles are loose, missing, and damaged in several areas. Repairs are recommended before leaks develop, however replacement is likely the better option.

Recommendation

Contact a qualified roofing professional.





6.5.1 Gutters & Downspouts

DAMAGED GUTTER

Damaged gutter section observed. We recommend replacement to ensure proper drainage.

Recommendation

Contact a qualified gutter contractor



Maintenance/ Minor Repair



6.5.2 Gutters & Downspouts

DEBRIS IN GUTTERS

Gutters are filled with debris or clogged. We recommend cleaning as needed to ensure proper drainage near the home.

Recommendation

Contact a handyman or DIY project



Maintenance/ Minor Repair

ROOFING • SIDING • GUTTERS



5216 Chairman Ct., Suite 101
Frederick, MD 21703
Phone: (301) 620-2023
Toll Free: (888) 506-4088
Fax (301) 668-5398
www.politzenterprises.com



Politz Enterprises, Inc.

General Contractor
MHIC #101148
VA #2705-138086A
WV #046360

P.O. # 25218

PROPOSAL & CONTRACT

Date: 5/12/25

THIS CONTRACT is comprised of the **front** and **back** of this page.

Name: FRANKEN

Address: 8012 HAMPDEN LN

City: BETHESDA MD Zip: 20814

Home: Other: X

SPECIFICATIONS

☒ Grade of Shingle: 50 Year

☐ Flat Roof: Select One Warranty:

☒ Shingle: Certainteed

☒ Color Selection: LANDMARK PRO

☒ Ridge: Single Vent Yes L.F. 200

☒ Valleys: Winter Guard

☐ Vents: 750 Box No #() Black

☒ Pipe Collars: Ultimate #(Y)

☒ Tear Off: Yes 1 Layer

☒ Felt: Diamond Deck

☒ Pitch: Walkable 8 /12

☒ Remove trash from roof, gutters and yard

☒ Protect landscaping where needed

☒ Roll yard with magnetic roller

SPECIAL ATTENTION AREAS

☒ Ice/Water Shield: L.F. 75' Yes ☒ Gutter ☒ Valley ☒ Chimney

☒ Existing Driveway Damage: Unknown

☒ Damaged Gutters/Downspouts: Unknown

☒ Dripedge: L.F. 100 Yes White
*Gutter line only

☐ Skylights: #() Non-operable Velux

Not responsible for any/all existing Skylight Conditions, including Interior drywall/trim damage, that occurred prior to or during Roof Installation.

☒ Leaks: Unknown

SPECIAL INSTRUCTIONS

• Decking will be an additional charge of:

75 OSB CDX FRT

• 1' x 6' or 1' x 8' Plankboard replacement will be an additional charge of 15.00 per foot.

• New step/counter flashing. Chimney: Yes Black

• ☐ 5" ☐ 6" Seamless Gutters White

• Payment: ☐ \$0 Down. Balance upon completion.

☒ 1/3 Down. Balance upon completion

☐ Satellite Dish: Select One

☐ Military Service Select One

Notes:

PAINT ALL PIPES BLACK

ALL TRASH REMOVED FROM JOB SITE SAME DAY

STAGE PROPERTY WITH TARPS. SUPERINTENDENT ON SITE

50 YR PRODUCT WARRANTY 4 STAR WARRANTY

NOTE: EXISTING PLANK BOARD HAVING MORE THAN 1/8"

GAPS WOULD/COULD REQUIRE A FULL DECK REPLACEMENT.

NOT RESPONSIBLE FOR ATTIC FAN DISCONNECT OR CONNECTION. COMPANY'S LIMITED LABOR WARRANTY FIFTY ON ROOF REPLACEMENT WARRANTY IS 1-TIME TRANSFERABLE. NOT RESPONSIBLE FOR ATTIC CLEAN UP.

PAYMENT SCHEDULE

Checks payable to Politz Enterprises, Inc. or Robert J. Politz

Roof Price \$17,250.00

Gutters & Downspouts Price / Optional

Screens / Leaf Guard / Gutterhelmet Price

Siding Price

Add Ons:

Total Agreed Amount / Including Discounts \$17,250.00

PAYMENT DUE UPON COMPLETION

Est. Start Date: 5/28/25

Est. Completion Date: 5/28/25

Office Will Contact to Confirm Dates - Weather Permitting.



Additional 3.8% will apply with credit card payments

You have the right to consult an attorney. You have the right to rescind this contract within 3 business days after the date you sign it by notifying the contractor in writing that you are rescinding the contract. If material has to be reordered or restocked because of a cancellation by the customer there will be a restocking fee equal to fifteen percent (15%) of the contract price. Any and all product stored/delivered/excess is owned by politz enterprises.

*Prices subject to change due to manufacturer price increases. 5/25/25 *

Waive 7 day Right of Recision X

ACCEPTANCE

You are hereby authorized to furnish all material, equipment and labor to complete the work described in the above proposal for which the undersigned agrees to pay the amount stated in said proposal and according to the terms and conditions thereof. Any change involving extra cost of labor or materials will be executed only after submission and acceptance of written change order. Final price includes all discounts and advertised coupons. Estimate is Good For 30 Days.

Homeowner: X Date: X Email: GORDONFRANKEN@GMAIL.COM

Contractor: Robert Politz #101148 Cell: 301-440-6647 Email: robert@politzenterprises.com

Salesman: ROBERT POLITZ Lic. # Cell: 301 440 6647

White copy: Office Yellow copy: Production Pink Copy: Customers

POLITZ ENTERPRISES INC.

Tel: (301) 620-2023 • Toll Free: (888) 506-4088 • Fax: (301) 668-5398
5216 Chairman's Court, Ste 101, Frederick, MD 21703

10 STEP POLITZ ROOFING GUARANTEE

1. REMOVAL OF ALL SHINGLES, VENTS, FLASHING DETAIL, STEP FLASHINGS, DRIP EDGE, VENT COLLARS, SATELITE DISHES (IF APPLICABLE), AND FELT PAPER DOWN TO EXISTING PLYWOOD DECKING.
2. THOROUGHLY INSPECT FOR ANY & ALL DAMAGED OR ROTTEN WOOD. (WILL REPLACE AS NEEDED).
3. INSTALL NEW WEATHER BARRIER (ICE & WATER SHIELD) ALONG ALL GUTTER LINE EDGES, VALLEYS, PIPES, SKYLIGHTS, AND CHIMNEY BASE.
4. INSTALL NEW UNDERLAYMENT, NEW VENT PIPE COLLARS, AND NEW STEP & COUNTER FLASHING ALONG RAKES, CHIMNEYS & SKYLIGHTS.
5. INSTALL NEW DRIP EDGE AROUND ALL PERIMETER EDGES.
6. INSTALL NEW STARTER SHINGLES, NEW CUSTOMER-SELECTED SHINGLES, AND VENTED RIDGE ALONG ALL PEAKS & SHINGLE CAPS.
7. CLEAN & MAGNET SWEEP THE SURROUNDING SURFACE AREAS, INCLUDING WALKWAYS, DRIVEWAYS, PATIOS, AND GRASS TO ENSURE ALL DEBRIS IS DISPOSED OF.
8. RE-SECURE GUTTERS & DOWNSPOUTS, AS WELL AS CLEAN THE INSIDE OF GUTTERS TO ENSURE REMOVAL OF ALL LEAVES AND DEBRIS.
9. QUALITY INSPECTIONS WILL BE CONDUCTED THROUGHOUT AND UPON CONCLUSION OF THE PROJECT.
10. CERTIFICATE OF COMPLETION & FINAL INVOICE WILL BE PROVIDED UPON SERVICES RENDERED.

This contract and any agreement made pursuant thereto is between **Politz Enterprises, Inc.** hereinafter referred to as the "Co," or "Company" and the customer(s) named herein on the reverse side will be subject to all appropriate laws, regulations and ordinances of the State of Maryland and the terms and conditions.

1. All contracts are subject to approval of our credit department and office without exception. The person executing this contract must obtain the approval of an officer of the Co. for this contract to be effective under any conditions.
2. Should default be made in payment of this contract charges shall be added from the date thereof at a rate of one and one half (1-1/2 percent per month, 18% per annum) with a minimum charge of \$2.00 per month, and if placed in the hands of an attorney for collection, all attorney fees and legal filing fees shall be paid by customer accepting said contract.
3. The company shall have no responsibility for damages from rain, fire, tornado, windstorm, or other perils, as is normally contemplated to be covered by Home Owners Insurance or business Risk Insurance or unless a specified written agreement be made thereof prior to commencement of the work.
4. The quotation or the face hereof does not include expenses or charges, for bond insurance premiums or costs beyond normal insurance coverage and any such additional expenses, premiums or costs shall be added to the amount of the contract.
5. Replacement of deteriorated decking, fascia boards, roof jacks, ventilators, flashing or other material unless otherwise stated in this contract, are not included and will be charged as an extra on a time and material basis.
6. The company shall not be liable for failure of performances due to labor controversies, strikes, fires, weather, inability to obtain materials from unusual sources, or any other circumstances beyond the control of the Company, whether of a similar or dissimilar nature.
7. If roofing and sheet metal work is involved, it is understood and agreed to that our standard roof guarantee, a copy of which available in our office, shall be acceptable and that all terms and provisions therein shall prevail, unless otherwise specifically agreed to in writing prior to the commencement of the work.
8. The Company is not responsible for any damage on or below the roof due to leaks by excessive wind driven rain, ice or hail during the period of the warranty. Excessive wind is 60 mph or greater. The warrant is non-transferable.
9. If material has to be reordered or restocked because of a cancellation by the customer there will be a restocking fee equal to fifteen percent (15%) of the contract price.
10. This contract or warranty shall not be assigned except by or with written permission of the company.
11. If this contract is cancelled by the customer later than 3 days from execution, the customer shall pay to the Company fifteen percent (15%) of the contract price as liquidated damages, not as a penalty, and the Company agrees to accept such a reasonable and just compensation for said cancellation.
12. This contract cannot be cancelled once work is commenced except by mutual written agreement of the parties.
13. Payment is to be made upon completion of work. Other arrangements must be discussed with credit manager.
14. In the event of a leak company not responsible for interior items.
15. If any provision of this contract should be held to be invalid or unenforceable the validity and enforceability of the remaining provisions of this contract shall not be affected thereby.
16. Any representations, statements, or other communications, not written on this contract are agreed to be immaterial, and not relied on by either party, and do not survive the execution of the contract.
17. The maximum liability for the Co. shall be the original cost of labor and materials for the repair which customer agrees shall be a liquidated sum, under any event of default Co. herein.
18. If there are any solar panels on the roof, the Co. will not be responsible for damage during the repair, so home-owner agrees to have solar panel company take the appropriate action necessary.
19. The Co. is not responsible for construction problems of your home. If pointed out and notified to our Co., we will try to assist you on correcting them on a time and material basis.
20. This contract is composed of this page and the reverse side and shall be considered the entire contract by parties.
21. Company is not responsible for all existing gutter screen/helmet leaf guards.
22. Company is not responsible for any interior possessions due to the standard roofing, siding, window, shutter, and gutter installations.
23. Company is not responsible for any and all mold/fungus due to existing or pre-existing moisture problems.
24. Company is not responsible for the reconnecting of existing satellite dishes, lightning rod & systems, antennas or other objects related to roofing system.
25. Contract price includes any and all advertised discounts, coupons and/or referral fees.
26. Warranty work is the exclusive responsibility of the contractor named herein. Contractor should be notified in writing within a reasonable amount of time for any and all warranty work to be performed.
27. Any and all unauthorized work performed while under company's limited warranties, without written consent will in fact void any and all current/prior warranties
28. Failure with any and all products including sealants and adhesives are not covered under companies labor warranty
29. Contractor Reserves the right to photograph and display residents home without homeowners authorization.
30. Contract is conditioned to 1 layer of shingle removal unless noted under specifications terms and conditions, an additional charge of \$30 per square will be applied.



LICENSE * REGISTRATION * CERTIFICATION * PERMIT
STATE OF MARYLAND
MARYLAND DEPARTMENT OF LABOR

Wes Moore
Governor
Aruna Miller
Lt. Governor
Portia W. Williams
Secretary

MARYLAND HOME IMPROVEMENT COMMISSION
CERTIFIES THAT:

ROBERT POLITZ
POLITZ ENTERPRISES INC
POLITZ ENTERPRISES INC
5216 CHAIRMANS COURT SUITE 101

FREDERICK MD 21701

IS AN AUTHORIZED: **01 - CONTRACTOR/SALESMAN**

LIC/REG/CERT
101148

EXPIRATION
02-03-2026

EFFECTIVE
N/A

CONTROL NO
6183709

Secretary

Signature of Bearer

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

COMMONWEALTH of VIRGINIA

Department of Professional and Occupational Regulation

9960 Mayland Drive, Suite 400, Richmond, VA 23233

Telephone: (804) 367-8500

EXPIRES ON

01-31-2027

NUMBER

2705138086

BOARD FOR CONTRACTORS

CLASS A CONTRACTOR

CLASSIFICATIONS ROC



POLITZ ENTERPRISES INC
5216 CHAIRMANS COURT SUITE 101
FREDERICK, MD 21703



Brian Wallard

Brian Wallard, Interim Director

Status can be verified at <http://www.dpor.virginia.gov>

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/2017)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV046360

CLASSIFICATION:

SPECIALTY
SIDING
ROOFING

POLITZ ENTERPRISES INCORPORATED
5216 CHAIRMANS COURT STE 101
FREDERICK, MD 21703

DATE ISSUED

JANUARY 28, 2025

EXPIRATION DATE

JANUARY 28, 2026

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2025

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 Bay Point Insurance LLC 2101 Basil Hall Lane, Suite 200 Gambrills MD 21054	CONTACT NAME: Karl Smith PHONE (A/C, No, Ext): (410) 987-3230 FAX (A/C, No): (410) 987-3537 E-MAIL: karl@mybaypointinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: Liberty Mutual Insurance Company INSURER C: Chesapeake Employers Insurance Company INSURER D: Accident Fund Insurance Company INSURER E: INSURER F:	NAIC # 41297 25127 11039 10166
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER: <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CPS8112027	12/16/2024	12/16/2025	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 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		AZG67100781	01/10/2025	01/10/2026	EACH OCCURRENCE \$ AGGREGATE \$ Excess over GL Only \$ PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
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 Y N/A	8007383	04/15/2025	04/15/2026	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Workers Compensation Other States MD, WV, NJ, PA, DE, NC, SC, GA		WC 2950390 - 03	04/15/2025	04/15/2026	E.L. Each Accident \$1,000,000 E.L. Disease-EA Emp. \$1,000,000 E.L. Disease-Policy Lim \$1,000,000

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

Workers Compensation Additional States Covered: MD, VA, WV, NJ, PA, DE, NC, SC, GA.

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance Only

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

Karl Smith

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POLITZ ENTERPRISES INC.

Tel: (301) 620-2023 • Toll Free: (888) 506-4088 • Fax: (301) 668-5398

5216 Chairman's Court, Ste 101, Frederick, MD 21703

WARRANTY

Politz Enterprises, Inc. hereby warrants that its labor shall be in accordance and compliance with the contract documents and all applicable laws and code requirements.

Politz Enterprises, Inc. agrees that for the full period of the manufacturer's warranty as long as you own the house and following the completion of the work, its labor shall be free from any defects, and upon reasonable written notice, Politz agrees to promptly return to the worksite and correct, repair or replace at its own cost and expense, any portion of the work that does not conform to the contract documents as a result of any defect in its labor. Politz Enterprises, Inc. agrees to assign, for the benefit of the owner, any warranties and guarantees received by it from manufacturers or supplies for any material or equipment incorporated into their work. Politz Enterprises shall not be held responsible for correcting, repairing, or replacing the work when any defect is, in whole or in part, the result of normal wear and tear, or the actions of owners or others. Any services performed by anyone other than Politz Enterprises, Inc on the work shall Void this warranty. Politz Enterprises, Inc is exempt from all-natural occurrences brought on by weather such as (Act of GOD, Mother Nature). All labor warranties are a one-time Transferable in the event of the sale of the property.

Thank you,



Robert Politz, President/CEO



ShingleMasterTM Roofing Contractor

This is to certify that

Politz Enterprises Inc

is hereby recognized as a ShingleMasterTM and therefore can offer the
CertainTeed SureStartTM PLUS 3-STAR and 4-STAR Coverage warranty extensions.

The ShingleMaster Roofing Contractor credential is subject to review at any time and is valid through the date entered, subject to the terms and conditions of the credential.

1

Must take and pass the Master Craftsman® Shingle Applicator's Manual test, which includes the complex requirements and recommendations for the installation of a high-quality shingle roof system.

2

The company owner has agreed to abide by the terms and conditions described in the "Code of Ethics and Professional Practices," and has qualified as a fiscally responsible business owner.

3

Proof of current workers' compensation insurance, as required by law, and liability insurance covering roofing have been submitted and are on file at CertainTeed.

4

The company has been in business for at least one year, or have prior industry experience that CertainTeed considers a comparable qualification.

Valid through: **January 31, 2026**


Eric J. Brown

Director — Contractor Engagement

 **certainteed**
SAINT-GOBAIN



Politz Enterprises Inc

is a Certified™ Roofing Contractor for GAF

Certified™ Contractor status is only offered to less than 5% of roofing contractors in North America. Those who have earned this designation have exhibited an uncompromising commitment to the highest standards in sales, service, and installation, and are authorized to offer the GAF System Plus Ltd. Warranty. These contractors have pledged to ensure that each customer receives the best choice in roofing.

Account #: 1146762

Certification #: CE58637

Valid Through: 4/30/2025

Member Since: 2024

A handwritten signature in black ink, appearing to read "Bobby Fischer".

Bobby Fischer

VP, Contractor Programs, GAF

Warranties Offered





Politz Enterprises
Frederick, MD

Is a member in good standing of the National Roofing Contractors Association, adheres to the NRCA Pledge and is committed to promoting professionalism within the roofing industry

Through December 31, 2025



McKay Daniels
Chief Executive Officer

Doug Duncan
2024-2025 Chairman of the Board



CERTIFICATE OF ACCREDITATION

Better Business Bureau of Greater Maryland

Politz Enterprises Roofing

Valid Through February 2026

This business is in compliance with the following BBB Accreditation Standards to:

- Build Trust
- Advertise Honestly
- Tell the Truth
- Be Transparent
- Honor Promises
- Be Responsive
- Safeguard Privacy
- Embody Integrity

Mike DiGiacomo, President/CEO



CERTIFICATE OF COMPLETION

This certifies that

Robert Politz

has successfully completed the course

OSHA 10 Hour Outreach Training Program - Construction



CEUs
1.0



Credit Hours
10.00



Completion Date
03/29/2025



Jason Cole, Trainer C 26-0113289 and G 26-0084457

Robert Politz

"As an OSHA Outreach Training Program trainer, I affirm that I have conducted this OSHA Outreach Training Program training class in accordance with OSHA Outreach Training Program requirements. I will document this class to my OSHA Authorizing Training Organization. Upon successful review of my documentation, I will provide each student their course completion card within 90 calendar days of the end of the class."

"As an IACET Accredited Provider, 360training.com, Inc. offers IACET CEUs for its learning events that comply with the ANSI/IACET Continuing Education and Training Standard."

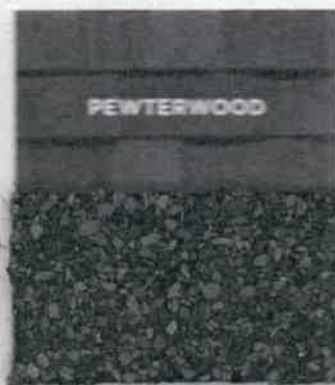
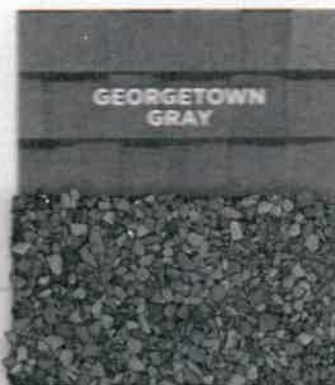
THIS CERTIFICATE IS NON-TRANSFERABLE

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