

S649562

CERTIFICA	TE OF	LIABILITY	INSUR	ANCE
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ACORD	CERTIFICATE OF LIABILITY INSURANCE								(MM/DD/YYYY)		
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											
IMPORTANT: If the certificate hol SUBROGATION IS WAIVED, subj certificate does not confer rights	ect to the to	erms and	conditions of the	policy, endors	certain polic ement(s).	e ADDITION cies may req	AL INSURED provision uire an endorsement.	s or be e A staten	endorsed. If nent on this		
PRODUCER				NAME:	CONTACT NAME:						
				PHONE FAX (A/C, No, Ext): (A/C, No):							
				E-MAIL ADDRESS:							
				INSURER(S) AFFORDING COVERAGE					NAIC #		
INSURED				INSURER A :							
				INSUR							
				INSURER D :							
				INSUR	ERE:						
00/504050				INSUR	ERF:						
COVERAGES THIS IS TO CERTIFY THAT THE POL							REVISION NUMBER:				
INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF SI	Y REQUIREN MAY PERTA	IENT, TERI IN, THE IN	M OR CONDITION	of any Ed by	' CONTRACT	OR OTHER E	OCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDLS	IBBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	NITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$			
							GENERAL AGGREGATE	\$			
OTHER:							PRODUCTS - COMP/OP AGG	\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
							BODILY INJURY (Per person)	\$			
OWNED SCHEDULEI AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident	\$			
	Y						(Per accident)	\$			
UMBRELLA LIAB OCCUR								\$			
EXCESS LIAB CLAIMS-	MADE						EACH OCCURRENCE	\$			
DED RETENTION \$	MADE						AGGREGATE	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	Y/N N/A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLÍCY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS /	VEHICLES (AC	ORD 101, Add	ditional Remarks Sched	ule, may	be attached if mo	ore space is requ	ired)				
				CANC	ELLATION						
TEXAS DEPT, OF INSURANCE			SHO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
AUSTIN, TEXAS A P P R O V E D				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				ACCONDANCE WITH THE POLICY PROVISIONS.							
FEB 1 3 2018				AUTHOR	AUTHORIZED REPRESENTATIVE						
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