

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/19/2015

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 noticulies) must be endorsed. If SURROGATION IS WAIVED, subject to

t	the terms and conditions of the policy certificate holder in lieu of such endors	, certa	in p	olicies may require an e							
PRODUCER						CONTACT Beth Ann Bridwell, AIS, CIC, CISR					
INSURICA						NAME: Beth Aim Bridwell, Als, Clc, ClsR PHONE (AIC, No. Ext): (281) 421-7605					
6011 Garth Road						[A/C, No. Ext): (2817421-7605 [(A/C, No): (886) 652-9381]  E-MAIL ADDRESS: bbridwell@INSURICA.com					
	ite A				ADDRE				-	NAIC#	
Baytown TX 77521						INSURER(S) AFFORDING COVERAGE					
INSURED IX //321						INSURER A Evanston Insurance Company					
		INSURER B:Ohio Security Ins. Co.					24082 22945				
Brinkmann Quality Roofing Services						INSURER C: Texas Mutual Ins. Co.					
JMB Interest Inc dba						INSURER D:					
1	P O Box 57068				INSURER E:						
Webster TX 77598						INSURER F:					
-	OVERAGES CER		REVISION NUMBER:	-							
C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	EMEI AIN, SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIM:	DOCUMENT WITH RESPECT TO	ECT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			£				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
A	CLAIMS-MADE X OCCUR			3C51428		2/15/2015	2/15/2016	MED EXP (Any one person)	s	5,000	
	OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW								s	1,000,000	
								PERSONAL & ADV INJURY	S	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<u> </u>	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	AUTOMOBILE LIABILITY				-		<del>                                     </del>	COMBINED SINGLE LIMIT	-	4 000 000	
	37					2/15/2015	2/15/2016	(Ea accident) BODILY INJURY (Per person)	S S	1,000,000	
	ALL OWNED SCHEDULED			BAS55443264				BODILY INJURY (Per accident)			
	NON-OWNED					_,,	2,20,2020	PROPERTY DAMAGE	s		
	HIRED AUTOS AUTOS							(Per accident)			
	UMBRELLA LIAB OCCUR		$\dashv$					PIP-Basic	\$		
	H							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	b-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
_	DED   RETENTION \$   WORKERS COMPENSATION		_			<b>_</b>		SE WC STATU-   OTH-	\$		
С	AND EMPLOYERS' LIABILITY VIN	N/A				. (15 (0015	0 /1 5 /001 6	X WC STATU- OTH- TORY LIMITS ER	,		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under			TSF0001248425		2/15/2015	2/15/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Br	scription of operations / Locations / Vehic inkmann Quality Roofing Ser	CVICE	mach es l	ACORD 101, Additional Remarks has General Liabil	schedu Lity	ne, it more space COVERAGE	for work	done by Uninsure	d Co	ntractors	
	2										
<u> </u>											
CERTIFICATE HOLDER						CANCELLATION					
SAMPLE CERTIFICATE						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						

ACORD 25 (2010/05)

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R Zeringue, CIC/BBRID Randy