

## CERTIFICATE OF LIABILITY INSURANCE

DATE (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 SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of su		tement on			
PRODUCER	CONTACT NAME: Aon Risk Services Southwest, Inc.				
Aon Risk Services Southwest, Inc.	PHONE (A/C, No, Ext): 501-374-9300 FAX (A/C, No):				
MSC 17149 P.O. Box 803507	E-MAIL. ADDRESS: certificaterequest@aon.com				
Dallas, TX 75380	INSURER(S) AFFORDING COVERAGE NA				
www.aon.com	INSURER A: XL Specialty Insurance Company	37885			
INSURED	INSURER B: AIU Insurance Company	19399			
Estes Express Lines P O Box 25612	INSURER C: National Union Fire Ins Co Pittsburgh PA	19445			
Richmond VA 23228	INSURER D: Aegis Security Insurance Company	33898			
	INSURER E: Fireman's Fund Insurance Company	21873			
	INSURER F: Knight Specialty Insurance Co. & Texas Ins. Co.	15366			
COVERAGES CERTIFICATE NUMBER: 79717550	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 TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				
C / COMMERCIAL GENERAL LIABILITY GL 3372588	5/1/2024 5/1/2025 EACH OCCURRENCE \$ 5,000	,000			
CLAIMS-MADE ✓ OCCUR SIR applies per policy	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000	,000			
terms & conditions		_			

LTR		TYPE OF INSURANCE	INSD		MINIODATATA	(MM/DD/YYYY)	LIMIT	'S
С	1	COMMERCIAL GENERAL LIABILITY		GL 3372588	5/1/2024	5/1/2025	EACH OCCURRENCE	s 5,000,000
		CLAIMS-MADE ✓ OCCUR		SIR applies per policy			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
1				terms & conditions			MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$5,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$10,000,000
	1	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$10,000,000
		OTHER:					_	\$
C	AU	TOMOBILE LIABILITY		AL 4805467	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000
	1	ANY AUTO	-				BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
1		✓ Form MCS-90					Trailer Interchange	\$40,000
D		UMBRELLALIAB ✓ OCCUR		CSUSA2407449(Excess Auto)	5/1/2024	5/1/2025	EACH OCCURRENCE	\$5,000,000
_	1	EXCESS LIAB CLAIMS-MADE		- Locustic to the state of the	51410004		AGGREGATE	\$
D		DED RETENTION\$		CSUSA2407494(Excess Auto)	5/1/2024	5/1/2025	Each Occurrence	\$5,000,000
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY		WC062790901	5/1/2024	5/1/2025	✓ PER OTH-	
	AN	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
Ì	(Ma	CERMEMBEREXCLUDED?	n/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
ł	If ye	s, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
A		tor Truck Cargo		UM00025218MA24A	5/1/2024	5/1/2025	Any One Conveyance: \$	1,000,000
1_	<u> </u>			B ( ) B ( ) B	544 (000.4	E14 1000E	Deductible: \$100,000	00.000
ΙĒ		cess General Liability and		Refer to Description of	5/1/2024	5/1/2025	Each Occurrence: \$10,00	•
F	JExe	cess Employers Liability		Operations below	5/1/2024	5/1/2025	Each Occurrence: \$10,00	00,000

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

E: Fireman's	Fund Ins	Co.#USZ	00096024
C. FIICHIANS	runa ms.	UU. #UUL	<b>00000024</b>

CERTIFICATE HOLDER	CANCELLATION		
Evidence of Coverage	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  Aon Risk Services Southwest, Inc.  Aon Risk Services Southwest, Inc.		
	Aon Risk Services		

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F: Knight Specialty Ins. Co. #KC360103 & Texas Ins. Co. #BUQSTRTVA013400\_050077\_01