										-			
ACORD <sup>®</sup> CER1					IC	ATE OF LIA	BIL	BILITY INSURANCE				DATE (MM/DD/YYYY) 2/24/2014	
Т	HIS	CERTIFICATE IS	ISSUED AS A	MAT	ΓER	OF INFORMATION ONLY	Y AND	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													
						policies may require an e							
		cate holder in lieu										0	
PRODUCER								CONTACT NAME: Christina Llanes					
CCIM, Inc dba Capitol City Ins								PHONE (512) 343-0280 FAX (A/C, No): (512) 343-0352					
and The Insurance Store								E-MAIL ADDRESS: christil@ccinsurance.com					
8030 N Mopac								INSURER(S) AFFORDING COVERAGE NAIC #					
Austin TX 78759							INSURER A United Fire Lloyds					43559	
INS	INSURED						INSURER B: Texas Mutual Insurance Company					22945	
	Built On The Rock Industries, LLC, DBA: Exodus							INSURER C Hallmark Specialty Ins Company					
16800 Radholme Ct, Ste B								INSURER D :					
								INSURER E :					
Ro	und	Rock	TX 78	3664	-86	46	INSURER F :						
		AGES	_			ENUMBER:13-14	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	1	TYPE OF INSU	RANCE	ADDL INSR				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	GEN	NERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000	
	х	COMMERCIAL GENER	RAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
A		CLAIMS-MADE	X OCCUR		1	85318799		8/13/2013	8/13/2014	MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
										GENERAL AGGREGATE	\$	2,000,000	
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY X PRO-	LOC								\$		
C	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO				тхн603065-00		8/20/2013	8/20/2014	BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	х	HIRED AUTOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
	х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	4,000,000	
A		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	4,000,000	
		DED X RETENTION	ON\$ 10,000	D		85318799		8/13/2013	8/13/2014		\$		
В		RKERS COMPENSATIO DEMPLOYERS' LIABILI	TV							X WC STATU- TORY LIMITS ER			
	ANY	PROPRIETOR/PARTNE		N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Ma	ndatory in NH)				TSF0001221919		3/15/2013	3/15/2014	E.L. DISEASE - EA EMPLOYE	\$	1,000,000	
	DES	s, describe under CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)													
CERTIFICATE HOLDER								CANCELLATION					
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
For Information Only													
							AUTHORIZED REPRESENTATIVE						
	Dwayne Baker/CHRIST Canell Churage Bol											//	
							Dway	ne Baker/	CHRIST	Canell Chand	me	esc-	

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