



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2018

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 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).

<b>PRODUCER</b> Baldwin-Cox Agency, LLC 5930 Preston View Blvd Ste 200 Dallas TX 75240		<b>CONTACT NAME:</b> Bridget Hanvey <b>PHONE (A/C No, Ext):</b> (972) 644-2688 <b>FAX (A/C, No):</b> (972) 644-8035 <b>E-MAIL ADDRESS:</b> bridget@baldwinagency.com															
<b>INSURED</b> ARC Abatement, Inc. ARC Abatement I, Ltd. 225 South 12th Street Waco TX 76701		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER B :Great Divide Insurance Co.</td> <td>25224</td> </tr> <tr> <td>INSURER C :Aspen Specialty Insurance Co</td> <td>10717</td> </tr> <tr> <td>INSURER D :Texas Mutual Insurance Co</td> <td>22945</td> </tr> <tr> <td>INSURER E :AGCS Marine Insurnce Co.</td> <td>22837</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Nautilus Insurance Company	17370	INSURER B :Great Divide Insurance Co.	25224	INSURER C :Aspen Specialty Insurance Co	10717	INSURER D :Texas Mutual Insurance Co	22945	INSURER E :AGCS Marine Insurnce Co.	22837	INSURER F :	
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**COVERAGES**

CERTIFICATE NUMBER:CL189710314

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	ADDITIONAL SUBROGATION WAIVED	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		ECP200372117	9/10/2018	9/10/2019	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CONTRACTORS POLLUTION					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$ 25,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:					GENERAL AGGREGATE	\$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>		BAP153805117	9/10/2018	9/10/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> MCS 90	<input checked="" type="checkbox"/> CA 99-48					\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		EXA83L18	9/10/2018	9/10/2019	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED	RETENTION \$					\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	TSP0001228526 TX	9/10/2018	9/10/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
			WC153805017 LA CO	9/10/2018	9/10/2019	E L EACH ACCIDENT	\$ 1,000,000
						E L DISEASE - EA EMPLOYEE	\$ 1,000,000
						E L DISEASE - POLICY LIMIT	\$ 1,000,000
E	Inland Marine		BML93073987	9/10/2018	9/10/2019	Leased/Rented per item	\$200,000
						Policy Max total limit all items	\$250,000

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

\*\*For Bidding Purposes Only\*\*

**CERTIFICATE HOLDER**

For bidding purposes only  
 sample  
 sample

**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.

AUTHORIZED REPRESENTATIVE

Bill Baldwin/BEH

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