|                      |  | Client                                     | #: 83596                        |  |  | 18RA  | MONFRA                                       |                     |                              |
|----------------------|--|--|---------------------------------|--|--|---|--|---------------------|------------------------------|
|                      | ACORD.   | CERT                                       | FICA                            | TE OF LIABI  | LITY INS   | JRANO   | CE   |                     | //DD/YYYY)<br>5 <b>/2015</b> |
| C<br>B<br>R          | ERTIFICATE DOES NOT<br>ELOW. THIS CERTIFICA<br>EPRESENTATIVE OR PR         | AFFIRMATIV<br>TE OF INSUR<br>RODUCER, AN   | ELY OR N<br>ANCE DO<br>ND THE C |  | TEND OR ALTER T<br>CONTRACT BETW   | HE COVERA   | GE AFFORDED BY THE<br>SUING INSURER(S), AU   | E POLICI<br>THORIZI | IES<br>ED                    |
| th                   |  | of the policy,                             | certain p                       | FIONAL INSURED, the pol<br>olicies may require an end                        |  |   |  |                     |                              |
|                      | DUCER  |  |                                 |  | CONTACT<br>NAME:   |   |  |                     |                              |
|                      | rtham Insurance & Ri<br>0 West Seventh Stree                               | -  |                                 |  | PHONE<br>(A/C, No, Ext): 817 33<br>E-MAIL  | 6-3030  | FAX<br>(A/C, No):                            | 817 33              | 86-8257                      |
|                      | t Worth, TX 76102-25   |  |                                 | -  | ADDRESS:   |   |  |                     |                              |
|                      |  |  |                                 | -  | INSURER A : Cincini  |   | FORDING COVERAGE                             |                     | NAIC #<br>13037              |
| INSU                 | IRED   |  |                                 |  | INSURER B : James  |   |  |                     | 12203                        |
|                      | Ramon Frankli  | -  |                                 |  | INSURER C : Texas Mutual Insurance Company   |   |  |                     | 22945                        |
|                      | 3027 Ramona I  | -  | 100                             | -  | INSURER D : Cincinnati Insurance Company   |   |  |                     | 10677                        |
| Fort Worth, TX 76116 |  |  |                                 | -  | INSURER E :  |   |  |                     |                              |
|                      |  |  |                                 |  | INSURER F :  |   |  |                     |                              |
|                      | VERAGES  | -  | -                               | NUMBER:<br>RANCE LISTED BELOW HAV  |  |   | REVISION NUMBER:                             |                     |                              |
| IN<br>C              | IDICATED. NOTWITHSTAND<br>ERTIFICATE MAY BE ISSU<br>XCLUSIONS AND CONDITIO | DING ANY REC<br>ED OR MAY P<br>DNS OF SUCH | QUIREMEN<br>ERTAIN,             | IT, TERM OR CONDITION OF<br>THE INSURANCE AFFORDED<br>. LIMITS SHOWN MAY HAV | F ANY CONTRACT O<br>D BY THE POLICIES  | R OTHER DOO<br>DESCRIBED H<br>BY PAID CLAI<br><b>POLICY EXP</b> | CUMENT WITH RESPECT<br>HEREIN IS SUBJECT TO  | TO WHI<br>ALL THE   | CH THIS                      |
| Α                    | GENERAL LIABILITY  |  |                                 | CSU0036071   |  |   | EACH OCCURRENCE                              | \$1,000             | 0,000                        |
|                      | X COMMERCIAL GENERAL   | LIABILITY                                  |                                 |  |  |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ <b>100</b> ,0    | 000                          |
|                      |  | OCCUR                                      |                                 |  |  |   | MED EXP (Any one person)                     | \$ <b>0</b>         |                              |
|                      | X BI/PD Ded: \$2,50  | 0  |                                 |  |  |   | PERSONAL & ADV INJURY                        | \$1,000             |                              |
|                      |  |  |                                 |  |  |   | GENERAL AGGREGATE                            | \$2,000<br>\$2,000  | ,                            |
|                      | GEN'L AGGREGATE LIMIT APP<br>POLICY X PRO-<br>JECT                         | LOC  |                                 |  |  |   | PRODUCTS - COMP/OP AGG                       | \$2,000             | 0,000                        |
| D                    |  | 100  |                                 | EBA0070579   | 03/26/2015   | 03/26/2016  | COMBINED SINGLE LIMIT                        | \$1,000             | 0.000                        |
|                      | X ANY AUTO   |  |                                 |  |  |   | BODILY INJURY (Per person)                   | \$                  | .,                           |
|                      | AUTOS A  | CHEDULED<br>UTOS                           |                                 |  |  |   | BODILY INJURY (Per accident)                 | \$                  |                              |
|                      |  | ON-OWNED<br>UTOS                           |                                 |  |  |   | PROPERTY DAMAGE<br>(Per accident)            | \$                  |                              |
|                      |  |  |                                 |  |  |   |  | \$                  |                              |
| В                    |  | OCCUR                                      |                                 | 0006526413   | 03/26/2015   | 03/26/2016  | EACH OCCURRENCE                              | \$4,000             |                              |
|                      | X EXCESS LIAB  | CLAIMS-MADE                                |                                 |  |  |   | AGGREGATE                                    | \$4,000             | 0,000                        |
| С                    | DED X RETENTION  | \$U  |                                 | TSF000121027820140   | 03/26/2015   | 03/26/2016  | X WC STATU-<br>TORY LIMITS ER                | \$                  |                              |
| C                    | AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/E                       |  |                                 | 131 000121027020140  | 03/20/2013   | 03/20/2010  | TORÝ LIMITS ÉR E.L. EACH ACCIDENT            | \$1,000             | 0.000                        |
|                      | OFFICER/MEMBER EXCLUDED<br>(Mandatory in NH)                               | ? <b>N</b>                                 | N / A                           |  |  |   | E.L. DISEASE - EA EMPLOYEE                   |                     |                              |
|                      | If yes, describe under<br>DESCRIPTION OF OPERATION                         | S below                                    |                                 |  |  |   | E.L. DISEASE - POLICY LIMIT                  |                     |                              |
|                      |  |  |                                 |  |  |   |  |                     |                              |
|                      |  |  |                                 | ACORD 101, Additional Remarks  |  |   | 1  |                     |                              |
|                      |  |  |                                 | ntractors - Automatic S  | -  | uired In Cor  | nstruction                                   |                     |                              |
| -                    | -  |  | -                               | bleted Operations - CSL  |  | 0 4 4007 4 01   | 40   |                     |                              |
|                      | ditional Insured By Co   | -  |                                 | gainst Others To Us - P  | er Contract - CS   | GA408/ 12/  | 12   |                     |                              |
|                      | iver Of Subrogation B  |  |                                 |  |  |   |  |                     |                              |
|                      | e Attached Descriptio  |  | 0 ////                          |  |  |   |  |                     |                              |
| -                    | RTIFICATE HOLDER   |  |                                 |  | CANCELLATION   |   |  |                     |                              |
| For Information Only |  |  |                                 |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |                     |                              |
|                      |  |  |                                 |  | AUTHORIZED REPRESENTATIVE  |   |  |                     |                              |
|                      | I  |  |                                 |  | Roberta.   | Xer I. A  |  |                     |                              |
|                      |  |  |                                 |  | © *  | 988-2010 AC   | CORD CORPORATION.                            | All right           | s reserved.                  |

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# **DESCRIPTIONS (Continued from Page 1)**

Texas Waiver Of Our Right To Recover From Others Endorsement - WC420304B 06/14 Designated Construction Project(s) General Aggregate Limit - CG2503 05/09

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU -OPERATIONS AND COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who is an Insured is amended to include as an additional insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only with respect to "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions in the performance of your ongoing operations for the additional insured ;
  - 2. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured; or
  - **3.** "Your work" performed for the additional insured and included in the "products-completed operations hazard.

If not specified otherwise in the written contract or agreement, a person's or organization's status as an additional insured under this endorsement ends one year after your operations for that additional insured are completed. The written contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

However, if you have entered into a construction contract subject to Subchapter C of Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code with the additional insured shown in the Schedule, the insurance afforded to such person(s) or organization(s) only applies to the extent permitted by Subchapter C of Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.
- 2. "Bodily Injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.
- **3.** "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnity another because of damages arising out of such injury.
- **4.** "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, SECTION III - LIMITS OF INSURANCE is amended to include:

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, SECTION IV - COM-

#### **MERCIAL GENERAL LIABILITY CONDI-TIONS**, **4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - PER CONTRACT

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to Paragraph 8. Transfer of Rights of Recovery Against Others to Us of SECTION IV - CONDITIONS:

If you have agreed, in a written contract or agreement, to provide a waiver of any right of recovery against a person or organization, we will waive any right of recovery we may have against that person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to that person or organization for which you have agreed to in a written contract to provide said waiver.

# **ADDITIONAL INSURED BY CONTRACT**

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| Endorsement Effective:            | Policy Number: EBA0070579 |
|-----------------------------------|---------------------------|
|                                   |                           |
| Named Insured: Ramon Franklin LLC |                           |
|                                   |                           |
| Countersigned by:                 |                           |
|                                   |                           |
| (Authorized Representative)       |                           |

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**SECTION II - LIABILITY COVERAGE, A. Coverage, I. Who is an Insured** is amended to include as an insured any person or organization with which you have agreed in a valid written contract to provide insurance as is afforded by this policy.

This provision is limited to the scope of the valid written contract.

This provision does not apply unless the valid written contract has been executed prior to the "bodily injury" or "property damage".

# **BLANKET WAIVER OF SUBROGATION - AUTO**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| Endorsement Effective:            | Policy Number:<br>EBA0070579 |         |
|-----------------------------------|------------------------------|---------|
| Named Insured: Ramon Franklin LLC |                              | <u></u> |
| Countersigned by:                 |                              |         |

(Authorized Representative)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### 1. Blanket Waiver of Subrogation

SECTION IV - BUSINESS AUTO CONDI-TIONS, A. Loss Conditions, 5. Transfer of Rights of Recovery Against Others to Us is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because

of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the "insured contract".



### TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

#### Schedule

1. ( ) Specific Waiver Name of person or organization

- (X) Blanket Waiver Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium

The premium charge for this endorsement shall be \_\_\_\_\_\_ percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on

at 12:01 A.M. standard time, forms a part of

Policy No. TSF000121027820140

Issued to Ramon Franklin LLC DBA : Premium \$

NCCI Carrier Code 29939

WC420304B (ED. 6-01-2014)

of the Texas Mutual Insurance Company

Endorsement No.

hhal

Authorized Representative

# DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

### **Designated Construction Project(s):**

Each of your construction projects located away from premises owned by or rented to you.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I Coverage A, and for all medical expenses caused by accidents under Section I Coverage C, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
  - 1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
  - The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "productscompleted operations hazard," and for medical expenses under Coverage C regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - c. Persons or organizations making claims or bringing "suits."

- **3.** Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
- 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.

- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I Coverage A, and for all medical expenses caused by accidents under Section I Coverage C, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
  - Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and
  - 2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- **C.** When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- **D.** If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E. The provisions of Section III Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.