

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/21/2015

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 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).

certificate holder in lieu of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Independent Insurance Group 3010 LBJ Freeway Ste. 920 Dallas TX 75234-7004	PHONE (A/C, No, Ext):972-231-8277 (A/C	, No):972-231-8291
	E-MAIL ADDRESS:kimg@indinsgrp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United Fire Group	13021
INSURED SUNBE-2	INSURER B. Texas Mutual Insurance Co.	22945
K-D Flooring Services, LLC. 5900 S. Lake Forest Dr Ste 260 McKinney TX 75070	INSURER C:	
	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 138562131	2 REVISION NUMBE	R:
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. ADDL SUBR INSR WVD POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS **GENERAL LIABILITY** 85317568 8/1/2014 8/1/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY \$500,000 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 **GENERAL AGGREGATE** \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY X PRO-JECT \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 8/1/2014 8/1/2015 \$1,000,000 85317568 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS **SCHEDULED** BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE Χ \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB** 85317568 8/1/2014 8/1/2015 \$5,000,000 OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED X RETENTION \$10,000 WORKERS COMPENSATION WC STATU-TORY LIMITS 0001198741 8/1/2014 8/1/2015 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 Equipment Floater 85317568 8/1/2014 8/1/2015 Rented Equip \$150,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE 3240 Garden Brook Drive Farmers Branch TX 75234	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
	Joannable Blanton