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DATE (MM/DD/YYYY)	
2/10/2020	

DESACON-01

			EF		FICATE OF LIA	BIL		OURAN	LE	2	/19/2020		
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 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).													
PRODUCER						CONTAC	СТ	·					
Howell and Schmidt Insurance & Investments							PHONE (A/C, No, Ext): (830) 620-4224 FAX (A/C, No): (830) 620-0396						
1619 E. Common Street Ste. B206 New Braunfels, TX 78130						E-MAIL ADDRES							
					ADDRE	NAIC #							
					-	NOUDE			RDING COVERAGE e Company of Kansa		15954		
	IRED							Insurance		15	25011		
INSC	KED				F				Company		25011		
		De Santiago Contracting, Ll P O Box 310623	LC dl	ba Ni	B Glass		R C : Travele	er S					
		New Braunfels, TX 78131			-	INSURE							
		· · · · · · · · · · · · · · · · · · ·			-	INSURE							
						INSURE	RF:						
					E NUMBER:				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		SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
A	X	COMMERCIAL GENERAL LIABILITY	INCE						EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			WPP1632691 01		5/26/2019	5/26/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
									MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
										-	2,000,000		
	GEN	POLICY X PRO-							GENERAL AGGREGATE	\$	2,000,000		
	x	OTHER: XCU included							PRODUCTS - COMP/OP AGG		_,000,000		
A									COMBINED SINGLE LIMIT	\$	1,000,000		
	X						E /00/0040	E /00/0000	(Ea accident)	\$	1,000,000		
	^	ANY AUTO			KPP1052582 01		5/26/2019	5/26/2020	BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per acciden				
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$	1 000 000		
В	X	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			WI IM4 660470 04			E/06/0000	EACH OCCURRENCE	\$	1,000,000		
	\mid				WUM1562172 01		5/26/2019	5/26/2020	AGGREGATE	\$	1,000,000		
		DED X RETENTION \$ 10,000								\$			
C	WOR AND	ORKERS COMPENSATION							X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				UB9K547154		5/26/2019	5/26/2020	E.L. EACH ACCIDENT	\$	1,000,000		
									E.L. DISEASE - EA EMPLOYE	E \$	1,000,000		
	If yes DES	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000		
Α	Bus	iness Auto			KPP1052582 01		5/26/2019	5/26/2020	Comp & Collision De		1,000		
DEC													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CE	CERTIFICATE HOLDER CANCELLATION												

CERTIFICATE HOLDER	CANCELLATION
REFERENCE COPY	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
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