



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2019

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).

PRODUCER CORE Insurance Group 4100 International Plz Ste 150 Fort Worth TX 76109	CONTACT NAME: Lily Mendoza PHONE (A/C No. Ext): (817)471-1108 E-MAIL ADDRESS: liliana@coreins.us	FAX (A/C No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Vent Tech LLC And Vent Tech Commercial Hoods, LLC PO Box 940745 Plano TX 75094	INSURER A: Ohio Security Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

NAIC #

24082

COVERAGES

CERTIFICATE NUMBER:19-20 Master Cert

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	ADDL INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BLS56700679	5/12/2019	5/12/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Package Modification Factor 1	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

All entities named and requiring additional insured status in a written executed contract with named insured are included as additional insured with respects to general liability (for ongoing operations CG 88 10 04 13 on a primary & noncontributory basis CG 20 01 04 13 and completed operations CG 86 11 10 16) with a Waiver of Subrogation(WOS) CG 88 10 04 13 in their favor as long as there is a written executed contract with named Insured requiring the coverage.

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.

AUTHORIZED REPRESENTATIVE

Jeff Jordan/LI

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2019

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PRODUCER First Texas Insurance Services, LC 700 Highlander Blvd, Ste 350 Arlington TX 76015	CONTACT NAME: Lily Mendoza PHONE (A/C, No, Ext): (817)275-2626 E-MAIL ADDRESS: lily.mendoza@firstttx.com	FAX (A/C, No): (817)275-2661
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ohio Security Insurance Company	NAIC # 24082
INSURED Vent Tech, LLC and Vent Tech Commercial Hoods, LLC P.O. Box 940745 Plano TX 75094	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
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COMMENTS/REMARKS

CG 86 11 10 16 - Ai for Completed Ops
CG 88 10 04 13 - AI for ongoing, WOS.
CG 88 70 12 08- PPA
CG 20 01 04 13- PNC