THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOL         CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THI         BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AI         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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer to certificate holder in lieu of such endorsement(s).         PRODUCER       Boyd, Shackelford, Barnett & Dixon, LLC         Boyd, Shackelford, Barnett & Dixon, LLC       CONTACT NAME         S800 Granite Parkway Suite 350       CONTACT NAME         Plano TX 75024       Insurene@bsbdgroup.com         INSURED PolySeal Coating Solutions       INSURER 5: Acadia Insurance Company         2201 E. President George Bush Hwy #106       INSURER 0: Service Lloyds Ins. Co.         Plano TX 75074       INSURER C: Service Lloyds Ins. Co.         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANAMED ABOVE FOR THE POLINICIES D. NOTWITHSTANDING ANY PERGUREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER NOUNTH MERSPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. <th>POLICIES JTHORIZED , subject to ights to the 988-5196 988-5196 31325 43389 35378 LICY PERIOD WHICH THIS</th>	POLICIES JTHORIZED , subject to ights to the 988-5196 988-5196 31325 43389 35378 LICY PERIOD WHICH THIS	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer a certificate holder in lieu of such endorsement(s).         PRODUCER       CONTACT         Boyd, Shackelford, Barnett & Dixon, LLC       CONTACT         5800 Granite Parkway Suite 350       FAX         Plano TX 75024       (AC, No, Ext): (972) 767-2811         INSURED       INSURER A: Torus National Insurance Company         PolySeal Coating Solutions       INSURER A: Torus National Insurance Company         INSURED       INSURER C: Service Lloyds Ins. Co.         Plano TX 75074       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANADE ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PHO CLOIRES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PHOLE LIMIS.         INSURER       YPE OF INSURANCE         INSURER TYPE OF INSURANCE       INSUR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLA	988-5196 988-5196 NAIC # 25496 31325 43389 35378 LICY PERIOD WHICH THIS	
PRODUCER       Boyd, Shackelford, Barnett & Dixon, LLC       CONTACT       Lucas B Boyd         5800 Granite Parkway Suite 350       FAX       FAX         Plano TX 75024       INSURER(9, 272)       767-2811       FAX         INSURED       INSURER A: Torus National Insurance Company       INSURER C: Service Lloyds Ins. Co.       INSURER C: Service Lloyds Ins. Co.         2201 E. President George Bush Hwy #106       INSURER C: Service Lloyds Ins. Co.       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES CORTIFICATE MUMBER: TO CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXClusions AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDL SUBR       POLICY REP POLICY FF       POLICY EXP       POLICY EXP       POLICY EXP       IMITS         INSR       MYR       POLICY NUMBER       POLICY FF       POLICY EXP       LIMITS       EACH OCCURRENCE       \$	NAIC # 25496 31325 43389 35378 	
NAME:       Lucas B Boyd         Boyd, Shackelford, Barnett & Dixon, LLC         5800 Granite Parkway Suite 350         Plano TX 75024         INSURERS:       Lauren@bsbdgroup.com         INSURERS:       Lauren@bsbdgroup.com         INSURER       INSURER(s) AFFORDING COVERAGE         INSURED       INSURER A: Torus National Insurance Company         PolySeal Coating Solutions       INSURER B: Acadia Insurance Company         INSURER D:       INSURER C: Service Lloyds Ins. Co.         Plano TX 75074       INSURER D: Evanston Insurance Company         INSURER F:       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050         REVISION NUMBER:       INSURER F:         INSURED.       INSURER D: Evanston Insurance Company         INSURER D:       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050         REVISION NUMBER:       INSURER C: TO ALL 16050         INSURED NOTWITHSTANDING ANY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL 26000 SAND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDI SUBR MY WD       POLICY EXP         INSR       WYD       POLICY NUMBER       POLICY EXP       POLICY EX	NAIC # 25496 31325 43389 35378 	
5800 Granite Parkway Suite 350       (A/C, No. Ext): (972) 767-2811       (A/C, No): (214)         Plano TX 75024       INSURER(S) AFFORDING COVERAGE       INSURER(S) AFFORDING COVERAGE         INSURED       INSURER A : TORUS National Insurance Company       INSURER C: Service Lloyds Ins. Co.         PolySeal Coating Solutions       INSURER C: Service Lloyds Ins. Co.       INSURER C: Service Lloyds Ins. Co.         2201 E. President George Bush Hwy #106       INSURER C: Service Lloyds Ins. Co.       INSURER C: Service Lloyds Ins. Co.         Plano TX 75074       INSURER F:       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL         INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO         CEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE         INSR       WDD       POLICY NUMBER         MIR       MWD       POLICY NUMBER         GENERAL LIABILITY       INSR	NAIC # 25496 31325 43389 35378 	
Plano TX 75024       ADDRESS:       Lauren@bsbddgroup.com         INSURED       INSURER A: TOrus National Insurance Company         PolySeal Coating Solutions       INSURER B: Acadia Insurance Company         2201 E. President George Bush Hwy #106       INSURER D: Evanston Insurance Company         Plano TX 75074       INSURER E:         INSURER F:       INSURER F:         COVERAGES       CERTIFICATE NUMBER: Cert ID 16050         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICIES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSTR       TYPE OF INSURANCE         INSURANCE       ADDLISUBR         INSURER CIPERAL LIABILITY       POLICY NUMBER	25496 31325 43389 35378	
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INSURED       INSURER D: Excludia Insurance Company         PolySeal Coating Solutions       INSURER D: Evanston Insurance Company         2201 E. President George Bush Hwy #106       INSURER D: Evanston Insurance Company         Plano TX 75074       INSURER E:         INSURER F:         COVERAGES         CERTIFICATE NUMBER: Cert ID 16050         REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE         INSR       TYPE OF INSURANCE         INSR       WWD         POLICY NUMBER       POLICY FFF         POLICY FFF       POLICY OF INSURANCE         GENERAL LIABILITY       VD	31325 43389 35378 ICY PERIOD WHICH THIS	
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LTR         TYPE OF INSURANCE         INSR         WVD         POLICY NUMBER         (MM/DD/YYYY)         (MM/DD/YYYY)         LIMITS           GENERAL LIABILITY         GENERAL LIABILITY         EACH OCCURRENCE         \$		
	1,000,000	
D     X     COMMERCIAL GENERAL LIABILITY     3C52805     07/24/2018     07/24/2019     DAMAGE TO RENTED PREMISES (Ea occurrence)     \$	300,000	
CLAIMS-MADE     X     OCCUR	5,000	
PERSONAL & ADV INJURY \$	1,000,000	
GENERAL AGGREGATE \$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:       PRODUCTS - COMP/OP AGG \$         POLICY       x         PECT       LOC	2,000,000	
	1,000,000	
B         X         ANY AUTO         CAA4697323         07/24/2018         07/24/2019         BODILY INJURY (Per person)         \$		
ALL OWNED SCHEDULED AUTOS BODILY INJURY (Per accident) \$		
X     HIRED AUTOS     X     NON-OWNED AUTOS     \$		
\$		
	1,000,000	
EXCESS LIAB     CLAIMS-MADE	1,000,000	
DED         RETENTION \$         \$           WORKERS COMPENSATION         VIC STATU-         OTH-		
C         AND EMPLOYERS' LIABILITY         Y/N         WC0096704         03/09/2019         03/09/2020         A TORY LIMITS         ER		
	1,000,000	
If yes, describe under	1,000,000	
	1,000,000	
\$		
\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
CERTIFICATE HOLDER CANCELLATION		
**Proof of Insurance** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE ACCORDANCE WITH THE POLICY PROVISIONS.		
AUTHORIZED REPRESENTATIVE		
lud		
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