A	CORD <sup>®</sup> CERI	<u> </u>	IC	ATE OF LIA	BILITY IN	ISURA	NCE	DATE ( 6/19/20	MM/DD/YYYY) 015
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).									
PRC	DUCER				CONTACT NAME: Tiffany Arvie				
Watkins Insurance Group-Austin					PHONE (A/C, No, Ext):512-452-8877 FAX (A/C, No):512-452-0999				
3834 Spicewood Springs Rd, St Austin TX 78759					E-MAIL ADDRESS:tarvie@v		incearoup.com		
									NAIC #
					INSURER A: Cincinnati Insurance Company				10677
INSURED INTSO-1					INSURER B Texas Mutual Insurance Company				22945
Interior Solution Services LLC					INSURER C :				
Ken Altmiller & Jerry Copeland					INSURER D :				
	Box 614 strop TX 78602				INSURER E :				
Da	Slip 1X 78002				INSURER F :				
COVERAGES CERTIFICATE NUMBER: 135283456 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	GENERAL LIABILITY	Y	Y	ENP 0246916	4/21/2015	4/21/2016	EACH OCCURRENCE	\$1,000,	.000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,	
							GENERAL AGGREGATE	\$2,000,	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,	-
	POLICY X PRO- JECT LOC						FRODUCTS - COMF/OF AGG	\$	000
A	AUTOMOBILE LIABILITY	Y	Y	ENP 0246916	4/21/2015	4/21/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000, \$	,000
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)		
	AUTOS AUTOS X NON-OWNED						PROPERTY DAMAGE	\$	
	AUTOS						(Per accident)	\$	
A				ENP 0246916	4/21/2015	4/21/2016			000
					1/2 1/2010	7/21/2010	EACH OCCURRENCE	\$3,000,	
							AGGREGATE	\$3,000,	,000
В	DED RETENTION \$   WORKERS COMPENSATION		×	SBP0001268795	4/21/2015	4/21/2016	X WC STATU- OTH-	\$	
Б	AND EMPLOYERS' LIABILITY Y / N		Y	3DF 000 12007 95	4/21/2013	4/21/2010	TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		
A	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		000
A	Property Installation Fltr			ENP 0246916 ENP 0246916	4/21/2015 4/21/2015		BPP Limit Floater Limit	20,000 500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks S	Schedule, if more space i	s required)			
Subject to policy terms and conditions. Certificate holder & Owner are included as an additional insured on the general liability and auto liability policies with waiver of subrogation									
on	the general liability, auto liability and	wor	kers	compensation policies,	where required b	y written con	itract.		
CE	RTIFICATE 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					
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