

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2017

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.

|   | JBROGATION IS WAIVED, subject<br>certificate does not confer rights t |        |  |                  |  | •   | •                          | require an endorse | ement. A | A statement on |
|---|---|--------|--|------------------|--|---|----------------------------|--------------------|----------|----------------|
| PRODUCER  |   |        |  |                  | CONTACT NAME: Jodi Schallhorn                                  |   |                            |                    |          |                |
| Commercial Lines - (713) 507-4700   |   |        |  |                  | PHONE (A/C, No, Ext): 713-507-4785 FAX (A/C, No): 866-588-7980 |   |                            |                    |          | 6-588-7980     |
| Wells Fargo Insurance Services USA, Inc.  |   |        |  |                  | E-MAIL<br>ADDRESS: jodi.schallhorn@wellsfargo.com              |   |                            |                    |          |                |
| 24 Greenway Plaza, Suite 1100   |   |        |  |                  |  | INSURER(S) AFFORDING COVERAGE             |                            |                    |          |                |
| Houston, TX 77046-2401  |   |        |  |                  |  | INSURER A: Lloyd's of London              |                            |                    |          | NAIC#          |
| INSURED   |   |        |  |                  | INSURER B: Commerce & Industry Insurance Company               |   |                            |                    | 19410    |                |
| Farmer's Alloy Fabricating, Inc. dba Strand Electric  |   |        |  |                  |  | INSURER C: Texas Mutual Insurance Company |                            |                    |          | 22945          |
| 1908 Strand   |   |        |  |                  | INSURER D:   |   |                            |                    |          |                |
|   |   |        |  |                  |  | INSURER E :                               |                            |                    |          |                |
| Galveston, TX 77550   |   |        |  |                  |  | INSURER F:                                |                            |                    |          |                |
| COVERAGES CERTIFICATE NUMBER: 12366796 REVISION NUMBER: See below   |   |        |  |                  |  |   |                            |                    |          |                |
| 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. |   |        |  |                  |  |   |                            |                    |          |                |
| NSR<br>LTR  | TYPE OF INSURANCE   | ADDL S |  | POLICY NUMBER    |  | POLICY EFF<br>(MM/DD/YYYY                 | POLICY EXP<br>(MM/DD/YYYY) |                    | LIMITS   |                |
| AX  | COMMERCIAL GENERAL LIABILITY  |        |  | WCISCGL000019801 |  | 08/11/2017                                | 08/11/2018                 | EACH OCCURRENCE    | \$       | 1,000,000      |
|   | CLAIMS-MADE OCCUR   |        |  |                  |  |   |                            | DAMAGE TO RENTED   | s (soc)  | 50.000         |

| INSR<br>LTR |  | ADDL SUBR<br>INSD WVD | POLICY NUMBER    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |                           |
|-------------|--|-----------------------|------------------|----------------------------|----------------------------|---|---------------------------|
| Α           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR      |                       | WCISCGL000019801 | 08/11/2017                 | 08/11/2018                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000<br>\$ 50,000 |
|             | CENTRO WINDE   |                       |                  |                            |                            | MED EXP (Any one person)                                  | \$ 5.000                  |
|             |  |                       |                  |                            |                            | PERSONAL & ADV INJURY                                     | s 1,000,000               |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                     |                       |                  |                            |                            | GENERAL AGGREGATE   | \$ 2,000,000              |
|             | X POLICY PRO-  |                       |                  |                            |                            | PRODUCTS - COMP/OP AGG                                    | \$ 2,000,000              |
|             | OTHER:   |                       |                  |                            |                            | Policy Agg  | \$ 5,000,000              |
| В           | AUTOMOBILE LIABILITY                                   |                       | CA4784939        | 02/01/2017                 | 02/01/2018                 | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$ 1,000,000              |
|             | X ANY AUTO   |                       |                  |                            |                            | BODILY INJURY (Per person)                                | \$                        |
|             | OWNED SCHEDULED AUTOS                                  |                       |                  |                            |                            | BODILY INJURY (Per accident)                              | \$                        |
|             | X HIRED X NON-OWNED AUTOS ONLY                         |                       |                  |                            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$                        |
|             |  |                       |                  |                            |                            | Comp Ded \$1000   | \$                        |
| Α           | UMBRELLA LIAB X OCCUR                                  |                       | WCISCEL000019901 | 08/11/2017                 | 08/11/2018                 | EACH OCCURRENCE   | \$ 5,000,000              |
|             | X EXCESS LIAB CLAIMS-MADE                              |                       |                  |                            |                            | AGGREGATE   | \$ 5,000,000              |
|             | DED RETENTION\$  |                       |                  |                            |                            |   | \$                        |
| С           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY          |                       | TSF0001125167    | 12/15/2016                 | 12/15/2017                 | X PER OTH-<br>STATUTE ER                                  |                           |
|             | ANYPROPRIETOR/PARTNER/EXECUTIVE 17/N                   | N/A                   |                  |                            |                            | E.L. EACH ACCIDENT  | \$ 1,000,000              |
|             | (Mandatory in NH)                                      | 117.6                 |                  |                            |                            | E.L. DISEASE - EA EMPLOYEE                                | \$ 1,000,000              |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below |                       |                  |                            |                            | E.L. DISEASE - POLICY LIMIT                               | \$ 1,000,000              |
|             |  |                       |                  |                            |                            |   |                           |
|             |  |                       |                  |                            |                            |   |                           |
|             |  |                       |                  |                            |                            |   |                           |

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

Certificate holder is named as additional insured as it relates to general liability in accordance with the terms and conditions of the policy. Umbrella follows form as it relates to additional insureds.

| 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  Gears Symples   |

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