

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/2/2016

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(les) 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).

CONTACT Lee Dreiss

PRODUCER	Phor		CONTACT Lee Dre	ss				
Fax: (830)249-3703 Dreiss Insurance Agency LLC			PHONE (830)249-3502 FAX (830)249-3703 (A/C, No):					
805 N Main St			E-MAIL APPRESS: leed@dreissinsurance.com					
Boerne, Texas 78006					NAIC#			
			INSURER A: Union	Insurance Comp	any		25844	
INSURED			INSURER B: Texas	Mutual Insura	nce Company		22945	
Steve Clark dba 5 Star Doors & Windows,	LLC		INSURER C:					
2951 Marina Bay Dr.			INSURER D:					
Suites 130-218			INSURER E :					
League City, TX 77573		₩.	INSURER F:					
COVERAGES CER	TIFICA	ATE NUMBER: 599	THOUNCE, T.		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES			VE BEEN ISSUED			IE POLI	CY PERIOD	
INDICATED. NOTWITHSTANDING ANY RE	EQUIRE	MENT, TERM OR CONDITION	OF ANY CONTRAC	T OR OTHER	DOCUMENT WITH RESPEC	TO V	VHICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH						ALL I	HE TERMS,	
INSR TYPE OF INSURANCE	ADDL SU		POLICY EFF POLICY EXP LIMITS					
✓ COMMERCIAL GENERAL LIABILITY	INSDIW	CLA4685071-11				<u>s</u>	1,000,000	
		CLA4083071-11	1/22/2016	1/22/2017	EACH OCCURRENCE DAMAGE TO RENTED	<u>. </u>	100,000	
CLAIMS-MADE V OCCUR					PREMISES (Ea occurrence)		5,000	
	! !				MED EXP (Any one person)	<u>s</u>	1,000,000	
	1 1				PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO-		Į.			PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:					COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY		i			(Ea accident)	\$		
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	<u>\$</u>		
						\$		
UMBRELLA LIAB OCCUR	l	İ	ĺ		EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE]				AGGREGATE	\$		
DED RETENTION \$						5		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		SBP-0001302698	3/9/2016	3/9/2017	PER OTH-			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	S	500,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'^		}		E.L. DISEASE - EA EMPLOYEE	\$	500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	5	500,000	
		1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 101, Additional Remarks Schedu	ite, may be attached if m	ore space is reguli	ed)			
CERTIFICATE HOLDER CANCELLATION								
Holder's Nature of Interest: Certificate Holder SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
Information Only					EREOF, NOTICE WILL E			
inioniation only					CY PROVISIONS.			
								
			AUTHORIZED REPRE	SENTATIVE		•		
			1	WI	Zie Yzhi	ha	1	



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					- 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>'</u>					
PRODUCER		Pł	hone: (830)249-3502 ax: (830)249-3703		CONTACT Lee Dreiss NAME: PHONE Fatt. (830)249-3502 FAX Nat. (830)249-3703							
Dreiss Insurance Agency LLC				(030)217 3703	PHONE (830)249-3502 FAX (A/C, No): (8					(830)24	19-3703	
805 N Main St					E-MAIL ADDRESS: leed@dreissinsurance.com							
	rne, Texas 78006				INSURER(S) AFFORDING COVERAGE					NAIC#		
l					INSURE	RA: Union In	surance Comp	any			25844	
INSURED					INSURER B: Texas Mutual Insurance Company					22945		
Steve Clark dba 5 Star Doors & Windows, LLC					INSURER C:							
	1 Marina Bay Dr.				INSURER D :							
	es 130-218				INSURE		,					
Lea	gue City, TX 77573				INSURER E:							
co	VERAGES CER	TIFIC	CATE	NUMBER: 599	in o o			REVISION NU	MBER:			
					AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P					IE POL	ICY 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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
	✓ COMMERCIAL GENERAL LIABILITY			CLA4685071-11		1/22/2016	1/22/2017	EACH OCCURREN	CE	s	1,000,000	
Α	CLAIMS-MADE OCCUR					172272010	1/22/2017	DAMAGE TO REN'S PREMISES (Ea occ	(ED	\$	100,000	
	30 11110 11110 11110 11110							MED EXP (Any one		s	5,000	
								PERSONAL & ADV		s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
ł	POLICY PRO-							PRODUCTS - COM		s	2,000,000	
	OTHER:							FRODUCTS - COM	FIOF AGG	s		
	AUTOMOBILE LIABILITY	-	-					COMBINED SINGL	E LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (F	er person)	\$		
								BODILY INJURY (F		\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMA		\$		
	AUTOS ONLY AUTOS ONLY							(Per socident)		s		
	UMBRELLA LIAB CCCUB									-		
	H							EACH OCCURREN	ICE	\$		
								AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION					2/0/2016	2/0/2015	PER STATUTE	OTH- ER	\$		
В	AND EMPLOYERS' LIABILITY Y/N			SBP-0001302698		3/9/2016	3/9/2017			-	500,000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	500,000	
	(Mandatory in NH) If yes, describe under							E L DISEASE - EA			500,000	
<u> </u>	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	300,000	
						L						
CES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (#	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e apace is requin	ed)				
CERTIFICATE HOLDER						CELLATION						
Hole	ler's Nature of Interest : Certificate Holder		<u></u>									
DVD A L. O. L.							ESCRIBED POLICE EREOF, NOTICE					
RKB Maintenance Solutions				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.	, vvitete t				
193 Horton Ave												
Lynbrook, NY 11563					AUTHO	RIZED REPRESE	NTATIVE &					

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805 N Main St						E-MAIL leed@dreissinsurance.com					
	ne, Texas 78006				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE	the law to	surance Comp			25844	
INSU	RED				INSURER B: Texas Mutual Insurance Company					22945	
Steve Clark dba 5 Star Doors & Windows, LLC					INSURER C:						
	l Marina Bay Dr.				INSURE						
	es 130-218				INSURE						
Lea	gue City, TX 77573	•	INSURER F:								
CO	/ERAGES CEF	TIFIC	ATE	NUMBER: 599			-	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.											
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	COMMERCIAL GENERAL LIABILITY			CLA4685071-11		1/22/2016	1/22/2017	EACH OCCURRENCE	S	1,000,000	
Α	CLAIMS-MADE ✓ OCCUR						.,	DAMAGE TO RENTED PREMISES (En occurrence)	\$	100,000	
								MED EXP (Any one person)	s	5,000	
								PERSONAL & ADVINJURY	5	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	ł						GENERAL AGGREGATE	s	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							11.000010 - 00.0010101 1100	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO	}						(Ea accident) BODILY INJURY (Per person)	S		
	OWNED	1							\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							CACH OCCUPRENCE	s		
	- CCOR	1						EACH OCCURRENCE			
	1 TODAMOS MINOL	1						AGGREGATE	\$ \$		
	DED RETENTION \$ WORKERS COMPENSATION					2/0/2016	3/9/2017	PER OTH-	•	i	
В	AND EMPLOYERS' LIABILITY Y/N			SBP-0001302698		3/9/2016	3/9/2017			500,000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH) If yes, describe under									500,000	
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	300,000	
	· · · · · · · · · · · · · · · · · · ·										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schoduls, may be attached if more space is required)											
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Holder's Nature of Interest: Certificate Holder										
Select Building Systems, Inc. dba SBS Construction					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
17 Scenic Loop Rd Suite 100 Boerne, TX 78006					AUTHORIZED REPRESENTATIVE M Lie Loreno						