

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2016

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(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).

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		INSURER F:				
Delibiook 1X 70120		INSURER E :				
P O Box 126046 Benbrook TX 76126		INSURER D:				
JM Trinity Construction, LLC		INSURER C: Texas Mutual Insurance Co.		22945		
INSURED	JMTRINI-01	INSURER B: Hallmark County Mutual Ins Co		29408		
		INSURER A: Western World Insurance Co.				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
P O Box 33528 Fort Worth TX 76162		E-MAIL ADDRESS: cathy.vinson@frostinsurance.com				
Frost Insurance - Fort Worth		PHONE (A/C, No, Ext): 817-420-5700	FAX (A/C, No): 817-420-5750			
PRODUCER		CONTACT NAME: Cathy Vinson				
	(-)					

COVERAGES CERTIFICATE NUMBER: 1710395647 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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	Х	CLAIMS-MADE X OCCUR			NPP8288903	10/15/2016	10/15/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
В	AUT	TOMOBILE LIABILITY			H4240156800	10/15/2016	10/15/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
Α		UMBRELLA LIAB X OCCUR			EZXS1006943	10/15/2016	10/15/2017	EACH OCCURRENCE	\$1,000,000
	Х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
		DED RETENTION \$							\$
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY			0001314343	10/15/2016	10/15/2017	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE TYPE		N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)							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	CANCELLATION
JM Trinity Construction, LLC. P.O. Box 126046 Benbrook TX 76126	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