

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2022

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. If

	JBROGATION IS WAIVED, subject to rtificate does not confer rights to the						es may requ	ire an endorsement. A s	statem	ent on this	
PRODUCER						CONTACT SHAWN WYATT					
THE WYATT AGENCY						PHONE (A/C, No, Ext): 936-291-3074 FAX (A/C, No): 936-291-1217					
1300 11TH STREET						E-MAIL ADDRESS: ARGO1@SBCGLOBAL.NET					
SUITE 305-E						INSURER(S) AFFORDING COVERAGE				NAIC#	
HUNTSVILLE, TX 77340						INSURER A: ARCH SPECIALTY INSURANCE COMPANY				NAIC#	
INSURED					-						
					INSURER B: ARCH INSURANCE COMPANY						
	INTERCON ENVIRONMEN	,	INC		INSURER C: TEXAS MUTUAL INSURANCE COMPANY						
	210 S. WALNUT CREEK DI	R.			INSURER D:						
	MANSFIELD, TX 76063				INSURER E:						
				INSURER F:							
				NUMBER:	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 LEVEL BY THE POLICY OF THE POLICY											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i		
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х	12 EMP 43513 17		2/25/22	2/25/23	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	X ASBESTOS/LEAD							MED EXP (Any one person)	\$	5,000	
	X POLTUTION LIABILITY							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY	Х	Х	11CAB58237-14		2/25/22	2/25/23	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ט	X ANY AUTO	^	^	110AD30237-14		2123122	2/23/23		\$.,000,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							` ' '	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	φ \$		
	AUTOS ONLY AUTOS ONLY							(i di didilatin)	\$ \$		
	X UMBRELLA LIAB X OCCUR	V		40 FMV 40740 40		0/05/00	0/05/00			5,000,000	
Α	X OCCUR	Х	Χ	12 EMX 43740 16		2/25/22	2/25/23		\$	5,000,000	
	CEAIIVIS-IVIABE								\$	5,000,000	
	DED RETENTION \$ WORKERS COMPENSATION								\$		
С	AND EMPLOYERS' LIABILITY Y / N		Х	0001142280		2/25/22	2/25/23	X PER OTH- STATUTE ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		,	e, may be	attached if more	space is require	d)			
FOI	FOR INFORMATION AND BIDDING PURPOSES ONLY										
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.									TIVEKED IN		

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AUTHORIZED REPRESENTATIVE