

ANDRCAR-01 LTHOMPSON

	CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 8/5/2016	
CE BE	IIS CERTIFICATE IS ISSUED AS A MATTER OF INFOR ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVE ELOW. THIS CERTIFICATE OF INSURANCE DOES NO EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE	ELY AMEND, EXTEND C T CONSTITUTE A CONT	OR ALT	ER THE CO	VERAGE AFF	ORDED	вү тн	IE POLICIES	
the	PORTANT: If the certificate holder is an ADDITIONAL e terms and conditions of the policy, certain policies may rtificate holder in lieu of such endorsement(s).								
	UCER	CONTACT L	esa Tho	ompson, A	CSR				
Hibbs - Hallmark & Co			NAME: Lesa Thompson, ACSR PHONE (A/C, No, Ext): (903) 561-8484 5652 FAX (A/C, No): (903) 561-8341						
	30x 8357 -, TX 75711	E-MAIL	sa.thor	npson@hil	obshallmark.c	om	()		
	, -	ADDITEOU.			DING COVERAGE	_		NAIC #	
			INSURER A : Colony Ins Co						
NSUR	RED		INSURER B : Hartford Accident and Indemnity Co.						
	Andrews Luxury Carpets Inc, DBA Andrews Floor		INSURER C : Accident Fund Ins Co. of America					10166	
	PO Box 130291		INSURER D : CNA Surety						
	Tyler, TX 75713-0291	INSURER E :							
		INSURER F :							
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:					1	
INE CE	IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM (RTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR	OR CONDITION OF ANY C ANCE AFFORDED BY THE	ONTRAC POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS	
	CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO	POL							
NSR _TR A	TYPE OF INSURANCE INSD WVD PO	LICY NUMBER (MM/D	D/YYYY)	(MM/DD/YYYY)		LIMIT		4 000 00	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 101GL0052	535 04/12	2/2016	04/12/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$ \$	1,000,000 50,000	
					MED EXP (Any one person) \$		\$	5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY		\$	1,000,00	
					GENERAL AGGREGATE		\$	2,000,00	
-	X POLICY PRO- JECT LOC				PRODUCTS - COMP	P/OP AGG	\$ \$	2,000,000	
-	AUTOMOBILE LIABILITY				COMBINED SINGLE	LIMIT	\$ \$	200.00	
	X AUTOKIO	17 04/0	04/06/2016	04/06/2017	(Ea accident) BODILY INJURY (Per person)		\$ \$	300,000	
,	ANY AUTO 46UECKI38	17 04/0	0/2010		,		-		
-	AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE		\$		
_	HIRED AUTOS AUTOS				(Per accident)		\$		
							\$		
-					EACH OCCURRENC	E	\$		
-	EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$		
	DED RETENTION \$				PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N	14/0	44/00/0045	44/00/0040	STATUTE	ER		4 000 000	
- I'	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A WCV6119293		11/09/2015	11/09/2016	E.L. EACH ACCIDE		\$	1,000,000	
c (E.L. DISEASE - EA EMPLOYEE			1,000,000	
	(Mandatory in NH)						\$	1,000,000	
C	(Mandatory in NH)		- / / -		E.L. DISEASE - POL		•		
c	(Mandatory in NH)	06/0	3/2015	06/03/2016	Fidelity		•	50,000	

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE

LUP Mm hr

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