**REPUHEA-01** 

**TXATREVINO** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2020

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 SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

			not c	onfer rights	to the	cert	ificate holder in lieu of su		)	,			
	DUC							CONTACT NAME:					
AssuredPartners of Texas 500 N. Central Expressway								PHONE (A/C, No, Ext): (972) 723-5120 FAX (A/C, No): (972)					723-1163
	te 5		•					E-MAIL ADDRESS:					
Plano, TX 75074								INSURER(S) AFFORDING COVERAGE					NAIC#
													21415
INSURED  Republic Heating & Air Conditioning, Inc.								INSURER B : Service	Lloyds In	s. Co.	<b></b> .		
								INSURER C:					
		440 Mara I Red Oak,						INSURER D:					
		rica oak,		7134				INSURER E :					
		<u> </u>		<del></del>			<del></del>	INSURER F :					
_		RAGES					E NUMBER:	REVISION NUMBER:  WHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
, E	ERT. XCLI	IFICATE MAY BE	ISSI	NDING ANY I	PER POLI	TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA	CT OR OTHE! IES DESCRIE PAID CLAIMS	R DOCUMENT WIT	TH DECD	OT TO	WHICH THE
LTR	-	TYPE OF IN			ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X	COMMERCIAL GEN		_	i l			-		EACH OCCURRENCE	 DE	\$	1,000,000
	CLAIMS-MADE X OCCUR					5D44996	7/6/2020	7/6/2021	DAMAGE TO RENT PREMISES (Ea occ.	ED (mence)	\$	500,000	
							<u>}</u>		MED EXP (Any one		\$	10,000	
						!			PERSONAL & ADV I		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POTHER: General Aggregate							<u>'</u>	GENERAL AGGREG	ATE	\$	2,000,000	
									PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
Α.				gregate	<u> </u>							\$	
Α	AUTOMOBILE LIABILITY  X ANY AUTO OWNED SCHEDULED AUTOS AUTOS ONLY AUTOS HIPED NON OWNED				i	:	_			COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
						5E44996	7/6/2020	7/6/2021	BODILY INJURY (Pe	r person)	\$		
									BODILY INJURY (Pe		\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				1				PROPERTY DAMAG (Per accident)	iE	\$	
A	Х		X						<u>.                                      </u>			\$	
	^	X UMBRELLA LIAB X		<b>⊣</b>		5J44996		7/0/0000	= 10/200	EACH OCCURRENC	E	\$	5,000,000
	-	10.000					<del>5544</del> 996	7/6/2020	7/6/2021	AGGREGATE		\$	5,000,000
В	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			! -	! -						\$	5,000,000	
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N				!		SLICWC0228700	3/43/3030	214212024	X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					N/A	02/01/00220700	2/12/2020	2/12/2021	E.L. EACH ACCIDEN	<u>IT</u>	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								<u>.</u>	E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
										E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
											ĺ		
DES	PIDT	ION OF OPERATIONS		ATIONS (VELUO	F0 (1		101, Additional Remarks Schedul						
Proj	ect: I	Rockett SUD Rei	nabili	tate Plant 4	LEG (A	CORD	rui, Additional Remarks Schedul	e, may be attached if mor	e space is requir	ed)			
CE	?TIF	ICATE HOLDER			_		<del></del>	04110511.451011		·			
<u>VL.</u>	X 1 111	IOATE HOLDER						CANCELLATION		<del></del>			
								SHOULD ANY OF T THE EXPIRATION ACCORDANCE WIT	DATE TH	EREOF, NOTICE	ES BE CA WILL E	NCELL SE DE	ED BEFORE LIVERED IN
								AUTHORIZED REPRESENTATIVE					
ACC	ORD	25 (2016/03)						© 1000 2015 ACODD CODDODATION AND ILL					