

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2017

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER						CONTACT Laurie Gray Lyman					
Manufacture Kerry McCombs						PHONE (A/C, No, Ext): 817-267-2631 FAX (A/C, No):					
402 Huffman						E-MAIL ADDRESS: laurie.g.lyman.iyfc@statefarm.com					
Euless, TX 76040											
Edicoo, 17770010							INSURER(S) AFFORDING COVERAGE NAIC # INSURER 4 . State Farm Mutual Automobile Insurance Company 25178				
							intooner A :				
INSURED							INSURER B.				
M2 Plumbing and Drains, LLC						INSURE	Rc: State Fa	rm Fire and C	Jasualty Company	25143	
P O Box 1047						INSURE	RD:			<u> </u> .	
Euless, TX 76040						INSURE	INSURER E:				
						INSURER F:					
COVERAGES CERTIFICATE 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 BY PAID CLAIMS.											
	•			SUBR		. DEEN D	POLICY EFF	POLICY EXP			
INSR LTR	TYPE OF INSURANCE	E	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
COM	MERCIAL GENERAL (.)	IABILITY		ĺ			!		EACH OCCURRENCE DAMAGE TO RENTED	s 1,000,000	
	CLAIMS-MADE X	OCCUR					·		PREMISES (Ea occurrence)	s 50,000	
L _									MED EXP (Any one person)	s 5,000	
B X ENOL			Υ	Υ	93-CU-P839-7		10/02/2016	10/02/2017	PERSONAL & ADV INJURY	s 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER				ļ		ì			GENERAL AGGREGATE	\$ 2,000,000	
POLIC	I PRO	Loc				1			PRODUCTS - COMP/OP AGG	s 2,000,000	
μ <u>1</u>		LOC				į			THOUSON TO NOO	s	
OTHE	ILE LIABILITY		Y	V	000 0440 D00 40D		04/02/2017	40/00/2047	COMBINED SINGLE LIMIT (Ea accident)	\$	
F :			T	Υ	323 0116-D02-43D	!	04/02/2017	10/02/2017	•		
ANY ANY A		HEDULED				!			BODILY INJURY (Per person)	\$ 1,000,000	
AUTC	SONLY 🔼 AUT	TOS							BODILY INJURY (Per accident)	s 1,000,000	
HIRE		N-OWNED TOS ONLY					•		PROPERTY DAMAGE (Per accident)	s 1,000,000	
				!						\$	
VMBI	RELLA LIAB	OCCUR			•				EACH OCCURRENCE	ş 5,000,000	
C EXCESS LIAB CLAIMS-MADE					93-CY-L091-4		10/02/2016	10/02/2017	AGGREGATE	s 5,000,000	
;	RETENTIONS	10000		İ						s	
	COMPENSATION		-	<u> </u>					PER OTH- STATUTE ER	<u>Y</u>	
: AND EMPLOYERS' LIABILITY Y / N :			:	İ						_	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under				ĺ		İ			E.L. DISEASE - EA EMPLOYEE	S	
DESCRIPT	ON OF OPERATIONS	below							E.L. DISEASE - POLICY LIMIT	\$	
						i i				: :	
			İ	ļ	I				:	:	
į											
DESCRIPTION O	F OPERATIONS / LOCA	ATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedu	ule, may b	e attached if moi	e space is requir	red)		
CERTIFICATE HOLDER CANCELLATION											
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Mald/ana Ina						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
McWane, Inc.						1					
its Divisions and Subsidiaries						AUTHO	AUTHORIZED REPRESENTATIVE //				
P O Box 43327											
	Birmingham				AL 35223		Min All La mar				
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