ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									7/3	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 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 Debi Krupa NAME: PHONE (917)268-1680 FAX (017)268-100					
Texas Insurance Group, Inc. 428 Harwood Road					PHONE (A/C, No, Ext): (817)268-1680 FAX (A/C, No): (817)268-3108 E-MAIL ADDRESS: debi@tig.net						
120 halwood kuau											
Bedford TX 76021					INSURER(S) AFFORDING COVERAGE					22945	
INSURED					INSURER B :					11910	
M2 Plumbing & Drains LLC					INSURER C :						
112	11222 S Pipeline Rd					RD:					
					INSURER E :						
	ess TX 76				INSURER F :						
				NUMBER:MASTER 17-				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 INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$		
								PRODUCTS - COMP/OP AGG	\$ \$		
								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$		
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER			
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		0001304320		4/8/2017	4/8/2018	E.L. EACH ACCIDENT	\$	1,000,000	
ĥ	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0001304320		4/0/201/	4/0/2010	E.L. DISEASE - EA EMPLOYE		1,000,000	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	þ	1,000,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC										
	kers Compensation includes				-	tion endo	rsement t	hat provides that	t sta	tus when	
the	ere is a written contract t	that	re	quires such status	•						
CE					CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
McWane Inc. its Divisions and Subsidiaries					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Po Box 43327 Birmingham, AL 35243						AUTHORIZED REPRESENTATIVE					
					Eric	McEacher	-				
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