

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/07/2017

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 endorseme	nt(s).						
PRODUCER	CONTACT NAME						
JOE WIMPEE AGENCY	PHONE						
105 W. KAUFMAN STREET			E-MAIL ADDRESS:				
ROCKWALL, TX 75087			INSURER(S) AFFORDING COVERAGE			NAIC#	
972-771-8051			INSURER A: MAXUM SPEACIALTY INS GROUP				
INSURED			INSURER B: FARMERS				
CLEAR ENVIRONMENTAL LLC			INSURER C:				
412 RENFRO ST			INSURER D:				
ROCKWALL TX 75087			INSURER E:				
			INSURER F:				
COVERAGES CERTIFIC	CATE	NUMBER: 100725			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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDL SUBPLICY NUMBER POLICY NUMBER POLICY FYFT, POLICY FYFT							
	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A GENERAL LIABILITY X	X	BDG009159201	03/02/2017	03/02/2018	EACH OCCURRENCE	\$	1,000,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1000,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
					GENERAL AGGREGATE	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	1,000,000
POLICY X PRO-					COMPINED SINCLE LIMIT	\$	
AUTOMOBILE LIABILITY		43683693	03/02/2017	03/02/2018		\$	1,000,000
X ANY AUTO SCHEDULED					BODILY INJURY (Per person)	\$	
AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
A HIRED AUTOS AUTOS					(Per accident)	\$	
X						\$	
A UMBRELLA LIAB X OCCUR		X5421092	09/19/2017	3/02/2018	EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	5,000,000
DED RETENTION \$					▼ WC STATU- OTH-	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	X	Q003505301	09/19/2017	09/19/2018	X WC STATU- TORY LIMITS OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$	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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach A	CORD 101 Additional Remarks Science	padula if more enace is	required)			
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.				
	AUTHORIZED REPRESENTATIVE						

© 1988-2010 ACORD CORPORATION. All rights reserved.