

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/23/2019

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 Kristin Crawford NAME: (284) 072 4000 FAX (284) 072 4444						
Gilliam Insurance Agency, Inc.					(A/C, No, Ext): (201) 972-4000 (A/C, No): (201) 972-4444						
6021-B Fairmont Parkway						E-MAIL kristin@gilliamins.com					
					INSURER(S) AFFORDING COVERAGE NAIC #						
Pasadena TX 77505					INSURER A : Texas Mutual Insurance Company 22945					22945	
INSURED					INSURER B :						
Elevate Roofing and Construction					INSURER C :						
5635 SMU Blvd Suite 203					INSURER D :						
					INSURER E :						
Dallas TX 75206											
COVERAGES CERTIFICATE NUMBER: 2019-2020					INSURE	K F :		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)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	· ····/	EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
								PRODUCTS - COMP/OP AGG \$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
								(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
^	ANY PROPRIETOR/PARTNER/EXECUTIVE			0002026105		01/24/2010	01/24/2020	E.L. EACH ACCIDENT \$	1,000	,000	
A	OFFICER/MEMBER EXCLUDED?	N/A		0002026195		01/24/2019	01/24/2020		1,000	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								1,000),000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	bace is required)				
CEE			CANO	CANCELLATION							
					0/110						
					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											
							1	1 Aug day of			
						Kaistin Crawford					

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