

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 3/27/2017

DATE (MM/DD/YYYY) 3/27/2017

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).

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PRODUCER Bell-Scott Insurance Group						CONTACT COI@rooferschoiceinsurance.com						
				-			PHONE (A/C, No, Ext): (972) 938-9676 FAX (A/C, No): (877) 937-7521					
Roofers Choice Insurance						E-MAIL ADDRESS:						
P.O. Box 2567						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
Waxahachie, Tx 75168						INSURER A: Gemini Insurance Company					10833	
INSURED OnPoint Construction						INSURER B:						
							INSURER C:					
845 Fernwood Ct							INSURER D :					
Highland Village, TX				75077			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,												
		CATE MAY BE ISSUED OR MAY P SIONS AND CONDITIONS OF SUCH F							HEREIN IS SUBJEC	T TO ALL	THE TERMS,	
INSR			ADDL	DL SUBR			POLICY EFF POLICY EXP					
LTR	X	COMMERCIAL GENERAL LIABILITY		WVD	/VD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	1		,000,000	
A		CLAIMS-MADE OCCUR			VGGP002591		03/26/2017	03/26/2018	DAMAGE TO RENTED	Ť	0,000	
		CLAIMS-MADE OCCUR			VGGI 002551	,91			PREMISES (Ea occurrer MED EXP (Any one pers		xcluded	
									PERSONAL & ADV INJU	· · · · · · · · · · · ·	,000,000	
	GEN'I								GENERAL AGGREGAT	-	,000,000	
	$\overline{}$	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	1	,000,000	
		OTHER:							11.020010 0070.	\$	·	
		MOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	/IIT \$		
	1	ANY AUTO							BODILY INJURY (Per pe	erson) \$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per ac	ccident) \$		
	ŀ	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		76.66 6.12.							(* 6. 6.6.6.6.1)	\$		
	ι	JMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		ERS COMPENSATION MPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			,						E.L. DISEASE - EA EMP	PLOYEE \$		
	DESCI	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$		
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedule	e, may be	attached if more	space is required	i)			
<u> </u>	TIE1/	DATE HOLDED				NEL LATION						
CEI	11111	CATE HOLDER				CANC	ELLATION					
"Insured's Evidence of Insurance"							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					

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