

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2017

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.

li t	f SUBROGATION IS WAIVED, subjection is subjected by the subject of	ect to	the cert	terms and conditions of ificate holder in lieu of su	ich end	lorsement(s)			it. As	tatement on	
PRODUCER INSURICA TX Insurance Services, Inc. 2301 West Plano Parkway, Suite 108 Plano, TX 75075						CONTACT Debbie Smith, ACSR					
						PHONE (A/C, No, Ext): (469) 443-3391 FAX (A/C, No): (972) 419-5365					
	,,				ADDICE			RDING COVERAGE		NAIC#	
						INSURER A : United Fire & Casualty Company				13021	
INSURED						INSURER B: Hartford Insurance Co. of the Midwest				37478	
R & D Electrical LLC 11341 Cockleburr Ln Ste 204 Roanoke, TX 76262						RC:				1	
						INSURER D:					
						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
II C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY SETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU / PER I POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	INY CONTRAI THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSF LTR		INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 00	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			35321252		04/09/2017	04/09/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000	
								MED EXP (Any one person)	\$	5,000	
		-						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	OTHER:	 -						COMBINED SINGLE LIMIT	\$	1,000,000	
^	X ANY AUTO		0-0040-0		0.4/0.0/0.047	04/00/0040	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		l	85321252		04/09/2017	04/09/2018	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
Α	X UMBRELLA LIAB X OCCUR	+	1	·					\$	5,000,000	
•	EXCESS LIAB CLAIMS-MADI	=		85321252		04/09/2017	04/09/2018	EACH OCCURRENCE	\$		
		5	ĺ					AGGREGATE	\$	5,000,000	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	+						X PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	11		46WBCAP0458		04/09/2017	04/09/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
	DECOME THON OF OF ELECTRONIC SCION							L.C. DIOLAGE -1 OLIGI ENVIT	Ψ		
DES Edg	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC emere Dallas as an Additional Insured	CLES (ACORI r writ	D 101, Additional Remarks Schedu ten contract. (Attached end	le, may b	e attached if mor ent)	e space is requir	red)			
		•		•		,					
CE	RTIFICATE HOLDER				CANO	ELLATION					
					THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			

AUTHORIZED REPRESENTATIVE