



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/21/2017

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  Driscoll & Driscoll Insurance Agency, Inc. 41235 11th St West, Suite A Palmdale CA 93551	CONTACT NAME:	PHONE (A/C, No, Ext): (661)266-9390		FAX (A/C, No): (661)266-9391
	E-MAIL ADDRESS: Certs@DriscollandDriscoll.com			
INSURED  Hands of the Master, LLC. DBA: PDES of Allen, Texas 520 Castle Ford Drive Allen TX 75013	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Allied World Surplus Lines Ins Co			
	INSURER B: Texas Mutual Insurance Company			
	INSURER C:			
	INSURER D:			
INSURER E:				
INSURER F:				

**COVERAGES** CERTIFICATE NUMBER: CL17112103323 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	5054-0048-01	11/21/2017	11/21/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		5054-0048-01	11/21/2017	11/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			5056-0018-01	11/21/2017	11/21/2018	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input checked="" type="checkbox"/> Y	N/A 003615251	12/16/2017	12/16/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contr Pollution Liability	X	Y	5054-0048-01	11/21/2017	11/21/2018	Per Occ / Agg 1 M / 2 M
A	Professional Liability			5054-0048-01	11/21/2017	11/21/2018	Claims Made 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Blanket Waiver applies to the General Liability & Contractors Pollution Liability Policies per form # CG 24 04 05 09. Blanket Primary & Non-Contributory Wording applies to the General Liability & Contractors Pollution Liability Policies per form # CSEN 00014 00 08 16. Blanket Additional insured applies to the General Liability & Contractors Pollution Liability Policies per form # CG 20 10 04 13 & Form # CG 20 37 04 13 & in the Auto Liability Policy per Company Endorsement; In favor of: Paul Davis Restoration, Inc., Completion Services Inc.; Chubb and Son Insurance; First Notice Systems, Inc. dba Innovation Property, it's parents, subsidiaries and affiliates; Liberty Mutual Insurance Companies; Lionsbridge Contractor

<b>CERTIFICATE HOLDER</b>  Paul Davis Restoration, Inc 5210 Belfort Road, Suite 300 Jacksonville, FL 32256	<b>CANCELLATION</b>  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  Ross Driscoll, Sr/DM 

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## COMMENTS/REMARKS

Group Cooperative c/o CCA Global Partners, Inc.; AIG Global Claims Services, Inc., AIG and its affiliated companies c/o Global Sourcing & Procurement Services; Colliers International WA, LLC and its affiliated companies; ESIS, Inc. and all its Affiliates, directors, officers, and employees; Nationwide Mutual Insurance Company; Alacrity Services, LLC; Crawford Contractor Connection; Hanover Insurance Group; Allstate Insurance Company; Tokio Marine Management, Inc; Fireman's Fund Insurance Company & Homesite Insurance. Excess Liability to follow form.