

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2017

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). CONTACT Joshua Ashford
NAME:
PHONE (972)459-1995

Jared Rosckes Agency						PHONE (A/C, No, Ext): (972)459-1995 (A/C, No): (972)355-5514					
Consolidated Insurance Markets					E-MAIL ADDRESS: JoshA@cimtx.com						
2624 Long Prairie Road						INSURER(S) AFFORDING COVERAGE				NAIC #	
Flower Mound TX 75022					INSURER A: MGA - BTISInc						
INSURED						INSURER B: Progressive County Mutual				29203	
Steve Hanna Fab, LLC					INSURER C:						
6371 Stonewater Bend					INSURER D :						
					INSURER E :						
	Fort Worth			TX 76179	INSURER F:						
			TIFICATE NUMBER: CL171023007			REVIOLON NOMBER:					
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. NOR!											
INSR LTR	TYPE OF INSURANCE		SUBR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	φ.	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,		
								MED EXP (Any one person)	\$ 5,00		
Α				NA119564700		06/20/2017	06/20/2018	PERSONAL & ADV INJURY	Ψ	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	Ψ	0,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 300,000		
В	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS NON-OWNED			00000040 0		00/40/0047	00/40/0040	BODILY INJURY (Per person)	\$		
В				06220918-0		06/12/2017	06/12/2018	BODILY INJURY (Per accident) PROPERTY DAMAGE	<u>'</u>		
	AUTOS ONLY AUTOS ONLY							(Per accident) Uninsured motorist	\$ 300,	000	
	UMBRELLA LIAB OCCUB									000	
	FYORGULAR HOCCOR							EACH OCCURRENCE	\$		
	DED RETENTION \$							AGGREGATE	\$		
WORKERS COMPENSATION								PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.							2.52.52 1 02.01 2			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For Your Records											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
CANCELLATION											

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2016/03)

For Your Records

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AUTHORIZED REPRESENTATIVE