

**COMMON POLICY DECLARATIONS**

Renewal of  
CPS2548873

Underwritten by: Scottsdale Insurance Company  
Home Office:  
One Nationwide Plaza ■ Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive ■ Scottsdale, Arizona 85258  
1-800-423-7675 ■ A STOCK COMPANY

Policy Number  
CPS2765144

**ITEM 1. Named Insured and Mailing Address**

GAWLIK ENTERPRISES LLC DBA XTREME  
CONSTRUCTION & SERVICES  
PO BOX 2182  
BOERNE, TX 78006

**NO FLAT CANCELLATION**

**Agent Name and Address**

SCU  
11550 IH-10 WEST  
SUITE 230  
SAN ANTONIO, TX 78230

Agent No.: 42018 Program No.: NONE

**ITEM 2. Policy Period** From: 01/01/2018 To: 01/01/2019 Term: 365 DAYS

**12:01 A.M., Standard Time at the mailing address shown in ITEM 1.**

Business Description: GENERAL CONTRACTOR - COMMERCIAL & RESIDENTIAL

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ <u>4,517</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____
<b>Total Policy Premium:</b>	\$ <u>4,517.00</u>
INSPECTION FEE	\$ <u>100.00</u>
SURPLUS LINES TAX	\$ <u>223.92</u>
STAMPING OFFICE FEE	\$ <u>6.93</u>
	\$ _____
	\$ _____
	\$ _____
<b>Policy Total:</b>	\$ <u>4,847.85</u>

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

FROST INSURANCE AGENCY INC  
3611 PAESANOS PARKWAY STE 100  
SAN ANTONIO, TX 78231-1256  
RB 01/26/2018



THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH  
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S)  
AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.