4/25/2018 4:46:11 PM

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE													DATE (MM/DD/YYYY) 4/25/2018	
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.														
lf	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).													
	DUCE					00.11		CONTA NAME:		•				
								PHONE (A/C, No, Ext): (800) 301-6256 E-MAIL ADDRESS: FAX (A/C, No): 877-826-9067						
Insureon (BIN Insurance Holdings LLC.) 30 N. LaSalle, 25th Floor, Chicago, IL 60602									ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED									INSURER A: Contractors Bonding and Insurance Company (RLI) 37206					
		Ainsworth dha I	Ноц	ston Painters Pi	·0		_	INSURER B :						
William Ainsworth dba Houston Painters Pro 12808 W. Airport Blvd, Suite 270Q, Sugar Land, TX, 77478									INSURER D :					
									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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
INSR LTR		TYPE OF IN	ISUR	ANCE	ADDL INSD	ADDL SUBR			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS			
	~										EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 300,000		
A		CLAIMS-MAD	E	✓ OCCUR							PREMISES (Ea occurrence)	\$ 5,000		
							C11SL7127		4/25/2018	4/25/2019	MED EXP (Any one person) PERSONAL & ADV INJURY	1 000 000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000			
	POLICY PRO- JECT LOC										PRODUCTS - COMP/OP AGO			
											COMBINED SINGLE LIMIT	\$ \$		
	AU										(Ea accident) BODILY INJURY (Per person)			
		ANY AUTO		SCHEDULED							BODILY INJURY (Per acciden	-		
		AUTOS HIRED AUTOS		AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
				Noroc								\$		
		UMBRELLA LIAB		✓ OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$										PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										STATUTE ER	-		
	OFFICER/MEMBER EXCLUDED?			N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$ := e			
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMI			
												Ψ		
DES	-		16/1			COPI	101 Additional Pomarks Schodul	o may h	o attached if mor	o spaco is roqui	rad)			
DES	RIP	ION OF OPERATION	15/L	OCATIONS / VEHIC	LES (A	CORL	D 101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requi	'ed)			
								<u></u>						
CE	<u> </u>	ICATE HOLDE	:K				f	CANCELLATION						
								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														

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.