

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2020

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).

certificate n	olaer in lieu of such endorse	ement(s).					
PRODUCER			CONTACT NAME:				
KELLEY LYON	S INSURANCE GROUP LLC		PHONE (A/C, No. Ext): 888-520-1175 FAX (A/C, No.): 888-333-9110				
PO BOX 67076	4		E-MAIL ADDRESS: KELLEYINS@YAHOO.COM				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
HOUSTON	TX	77267	INSURER A: CRUM FORSTER SPECIALTY INS C	OMPANY	44520		
INSURED	Havetone Coverely, Class De		INSURER B : PROGRESSIVE	38628			
	Houstons Squeaky Clean Po 4343 S Vineyard Mdw Ln	owerwasning	INSURER C: TEXAS MUTUAL	22945			
	4545 5 Villeyald Muw Lil		INSURER D:				
	KATY	TX 77449	INSURER E :				
	10111	17 11440	INSURER F:				
	0=0=						

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	NSR LTR TYPE OF INSURANCE				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,000,000	
А	×	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			х			04/11/2020	04/11/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
										MED EXP (Any one person)	\$ 5,000
							BAK-40556-3			PERSONAL & ADV INJURY	\$ 1,000,000
										GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	×	POLICY JE	RO- CT	LOC						COMPINED ONIOLE LIMIT	\$
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	×							07/09/2020	07/09/2021	BODILY INJURY (Per person)	\$ 1,000,000
В	×	ALL OWNED AUTOS	X SCHEDULED AUTOS				02357021-0			BODILY INJURY (Per accident)	\$ 1,000,000
	×	HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)				\$ 1,000,000	
											\$
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
		DED RETE	ENTIC	N\$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X WC STATU- TORY LIMITS OTH- ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?			N/A		0002049291	06/26/2020	06/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

CERTIFICATE HOLDER	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  OFFICIAL Kelley

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