

LMANCUSO

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

3/14/2016

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	CONTACT Fran Standridge					
TexCap-Concord Ins. Serv., LP 13465 Midway Road, Ste. 200, LB9	PHONE (A/C, No, Ext): 5343 FAX (A/C, No): (972)	720-5343				
Dallas, TX 75244	E-MAIL ADDRESS: fstandridge@texcap-concord.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Ohio Security Insurance Company	24082				
INSURED	INSURER B: The Ohio Casualty Insurance Company	24074				
Ohlen Commercial Services, LLC, Ohlen Heating & Air	INSURER C:					
Conditioning, LLC P. O. Box 1053	INSURER D:					
Coppell, TX 75019-1053	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 INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Ī		CLAIMS-MADE X OCCUR			BKS56903373	11/03/2015	11/03/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
Ī								MED EXP (Any one person)	\$	15,000
Ī								PERSONAL & ADV INJURY	\$	1,000,000
Ī	GEN'	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
Ī	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
Ī		OTHER:							\$	
	AUT	OMOBILE LIABILITY			BAS56903373		11/03/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO				11/03/2015		BODILY INJURY (Per person)	\$	-
Ī		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	-
Ī	v	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
Ī								,	\$	-
	Х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000	
В		EXCESS LIAB CLAIMS-MADE	- 1		USO56903373	11/03/2015	11/03/2016	AGGREGATE	\$	
Ī		DED X RETENTION \$ 10,000							\$	2,000,000
		KERS COMPENSATION EMPLOYERS' LIABILITY	N/A		XWS56903373	11/03/2015	11/03/2016	PER OTH- STATUTE ER		-
Α	ANY F	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000
	(Mand	CER/MEMBER EXCLUDED? datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes,	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule,	may be attached if mor	e space is requir	ed)		

CERTIFICATE HOLDER CANCELLATION

To whom it may concern

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

© 1988-2014 ACORD CORPORATION. All rights reserved.