

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/19/2014

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 David M Thompson				
VGW Insurance LLP	PHONE (A/C, No. Ext):	E 072 669 1000 FAX 072					
4040 McDermott Rd # 200			E-MAIL ADDRESS:	d.thompson@vgw-insurance.com			
Plano, Tx 75024			INSURER(S) AFFORDING COVERAGE			NAIC #	
			INSURER A : S	Sentinel Insurance Comp	oany, Ltd	11000	
INSURED			INSURER B :	19682			
Malizei Enterprises LLC dba			INSURER C :				
Site Finish Painting				INSURER D :			
4362 Spring Valley Rd.			INSURER E :				
Dallas	TX	75244	INSURER F :				
COVERAGES	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURAN	CE LISTED BELOV	V HAVE BEEN ISS	UED TO THE INSURED NAM	MED ABOVE FOR THE F	POLICY PERIOD	

		Carina Valley Dd				INSURER D :					
4362 Spring Valley Rd.					INSURER E :						
Dallas			TX 75244			INSURER F:					
COVERAGES CER				ATE	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 THE OF HIGH PANCE		ADDLISUBRI			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X	COMMERCIAL GENERAL LIABILITY	Y	Υ	46 SBM BL5497		09/15/2014		\$	1,000,000	
		CLAIMS-MADE X OCCUR	i					DAMAGE TO RENTED	\$	1,000,000	
								T NEW OLD TER GOOD TO TOO	\$	10,000	
									\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER							\$	2,000,000	
	02.	POLICY PRO- X LOC							\$	2,000,000	
		OTHER:						<del>-</del>	\$		
A	AU'	TOMOBILE LIABILITY	Y	Υ	46 SBM BL5497	05/03/2013	09/15/2014		\$	1,000,000	
		ANY AUTO			TO OBIN BEOTO	00.00.2010	00/10/2014	·	\$	1,000,000	
		ALL OWNED SCHEDULED						BODILY INJURY (Per accident)			
	Х	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	\$		
	$\stackrel{\wedge}{=}$	HIRED AUTOS AUTOS						(Per accident)	\$		
		UMBRELLA LIAB OCCUR				1		EACH OCCURRENCE	s		
		EXCESS LIAB CLAIMS-MADE					<u> </u>	AGGREGATE	\$		
	-	DED RETENTION\$						AGGREGATE	\$		
В	wo	RKERS COMPENSATION		Y	46 WBC AC7883	09/15/2013	09/15/2014	X PER OTH-	<del>*</del>		
	AND	DEMPLOYERS' LIABILITY		•	10 1100 1101000	00,10,2010	00/10/2011	/ STATUTE   LER		1,000,000	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	If ye	ndatory in NH) es, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DES	SCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT	•	1,000,000	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	COR	D 101 Additional Remarks Sched	lule may be attached if mo	re space is requi	red)			
			-LO (F		o i i i i i i i i i i i i i i i i i i i	alo, may be attached it me	no opaso io roda.	,			
<u></u>	DT'	FICATE HOLDER				CANCELLATION					
CE	KII	FICATE HOLDER				CANCELLATION					
THE I							HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE HE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE										
L	David M Thompson Wares M. Thompson										
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