

MESCOBEDO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS this certificate does			ms and conditions of ite holder in lieu of ຣເ	ch endorsement(s).	require an endo	rsement. A	statement on		
PRODUCER				CONTACT Cynthia Reid						
Hibbs - Hallmark & Co				PHONE (A/C, No, Ext): (972)	2) 385-3245					
6750 Hillcrest Plaza Suite 219				E-MAIL ADDRESS: cynthia.reid@hibbshallmark.com						
Dallas, TX 75230				IN		NAIC #				
				INSURER A : Capito	10328					
EDRS, Inc. dba ERS 4912 Dozier Rd. Carrollton, TX 75010				INSURER B : Emplo	21415					
				INSURER C: Texas Mutual Insurance Company						
				INSURER D:						
				INSURER E:						
				INSURER F:						
COVERAGES	CE	RTIFICATE N	JMBER:	REVISION NUMBER:						
INDICATED. NOTWITH CERTIFICATE MAY BE	ISSUED OR MA	REQUIREMENT Y PERTAIN, TH	ANCE LISTED BELOW TERM OR CONDITION E INSURANCE AFFOR ITS SHOWN MAY HAVE	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WIT BED HEREIN IS SU	H RESPECT	TO WHICH THIS		
INSR TYPE OF IN	SURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	1				
A X COMMERCIAL GEN	IERAL LIABILITY				,	EACH OCCURRENC	F S	3,000,000		

INSR LTR	INSR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP			
Α	Х	COMMERCIAL GENERAL LIABILITY	1100	*****				EACH OCCURRENCE	\$	3,000,000
		CLAIMS-MADE X OCCUR			EV2019071202	2/14/2020	2/14/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
		3 - 0						MED EXP (Any one person)	S	5,000
								PERSONAL & ADV INJURY	s	3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:				GENERA	L AGGREGATE	\$		3,000,000
	X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	3,000,000
_		OTHER:			\$			COMBINED SINGLE LIMIT		4 000 000
В	X ANY AUTO							(Ea accident)	\$	1,000,000
					5E41675	2/19/2020	2/19/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						7	s	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
	X	EXCESS LIAB CLAIMS-MADE			EX2019071302	2/14/2020	2/14/2021	AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 5,000							\$	2,000,000
С	WOF	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH-		
ANY		Y PROPRIETOR/PARTNER/EXECUTIVE			0001248311	2/6/2020	2/6/2021	EL EACH ACCIDENT	s	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	N/A				EL DISEASE - EA EMPLOYEE	s	1,000,000
								E.L. DISEASE - POLICY LIMIT	S	1,000,000
	DLU	SAME HOLD OF CHARMOND DOWN						EE DIOD IOE TODOY EINIT		- 10 Page 10 P
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COR	0 101. Additional Remarks Schedule, m	av be attached if mor	e space is requi	red)	14	

CERTIFICATE HOLDER	CANCELLATION
Insured Copy	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

ACORD 25 (2016/03)