

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 05/09/2016

DATE (MM/DD/YYYY) 5/9/2016

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 | Poll-Gaott Ingura | | CONTACT NAME: Tammy Blankenship / tammy@b-sig.com | | | | |
|-------------------------------|--------------------|---------------------|---|--------------|----------------------|----------|--|
| | P.O. Box 2567 | | PHONE (A/C, No, Ext): (972)93 | 8-9676 | FAX (A/C, No): (877) | 937-7521 | |
| | | | E-MAIL ADDRESS: | | | | |
| | Waxahachie, Tx 75 | | INSUR | NAIC # | | | |
| | | | INSURER A : Evanston | Insurance | | | |
| INSURED | Alpine Roofing Cor | nstruction | INSURER B : Commerce | and Industry | Insurance Co. | | |
| | ARC-TRT, LLC | , Suite 190 | INSURER C: | | | | |
| | 2929 Carlisle St. | | INSURER D: | | | | |
| | Dallas, TX 75204 | | INSURER E : | | | | |
| | | | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER. | | CERTIFICATE NUMBER. | | DEVICIO | N NUMBER. | | |

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 | | |
|-------------|--|----------------------------|---------------|-------------|---------------|--|----------------------------|--|--|--|
| A | X | CLAIMS-MADE O | OCCUR | | | 3C51780 | 5/9/2016 | 5/9/2017 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE | \$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 |
| | X | POLICY PRO- JECT OTHER: | LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 \$ 2,000,000 \$ |
| | AUT | OMOBILE LIABILITY ANY AUTO | | | | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) | \$ |
| | | AUTOS AUTO | -OWNED | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | | \$ |
| В | × | | CLAIMS-MADE | | | BE084771908 | 5/9/2016 | 5/9/2017 | EACH OCCURRENCE AGGREGATE | \$ 3,000,000 \$ 3,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | | PER OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ \$ \$ \$ | |
| DES | CRIPT | ION OF OPERATIONS / LOCAT | TIONS / VEHIC | LES (A | ACORE |) 101, Additional Remarks Schedule, ma | be attached if mo | ore space is requi | red) | |

| CERTIFICATE HOLDER | CANCELLATION |
|-----------------------------------|--|
| "Insured's Evidence of Insurance" | 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 |

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Jack Scott