CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/30/2016

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).

certificate noider in lieu of such	n endorsement(s).				
PRODUCER		CONTACT NAME:	Brenda Hornyak		
Hendry Insurance LLC		PHONE (A/C, No, E)	ct): (972) 380-9223	FAX (A/C, No); (972) 2	48-6623
7800 Preston Road Suite 152		E-MAIL ADDRESS:	brenda@hendryinsur	ance.com	
Plano TX 75024			NAIC#		
		INSURER A	. THE OHIO SECURITY	INSURANCE COMPANY	
INSURED		INSURER B	: PEERLESS INDEMNIT	Υ	
MICHAEL D CROW	DBA	INSURER C	: THE NETHERLANDS I	NSURANCE CO	
VARIS IRON WORK	KS .	INSURER D	. THE OHIO CASUALTY	INSURANCE COMPANY	
12198 Bell Rd		INSURER E	:		
Pilot Point TX 7625	58	INSURER F	:		
COVERAGES	CERTIFICATE NUMBER:	REVISION 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	GEN	CLAIMS-MADE X OCCUR TLAGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:	Υ	Υ	BKS (16) 56 93 18 84	10/31/2016	10/31/2017	EACH OCCURRENCE \$1,000,000	
В	X	OMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Υ	Υ	BA4521418	10/31/2016	10/31/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$	
D	X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$10,000	Υ	Y	BKS56931884	10/31/2016	10/31/2017	### \$1,000,000 ### \$1	
С	AND ANY OFFI (Man	KERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Υ	WC4521419	10/31/2016	10/31/2017	X PER OTH- E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	
DESC	DIDT	ION OF OPERATIONS / LOCATIONS / VEHICL	I ES /	ACOR	0.101 Additional Pemarka Schedula man	he attached if m		nicot)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 (2) 4 (3) (5) (5)
AUTHORIZED REPRESENTATIVE BOXAD OF HONKYLK, ACSE

CANCELLATION

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CERTIFICATE HOLDER