



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2015

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 Bell Insurance 16980 Dallas Parkway#210 Dallas TX 75248 | CONTACT NAME: Betty Kammerdiener PHONE (A/C, No, Ext): (972) 581-4863 FAX (A/C, No): (972) 581-4864 E-MAIL ADDRESS: bettyk@bellgroup.com |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED Sands Surveying Corporation 422 Willow Way Highland Village TX 75077 | INSURER A: Continental Ins Co NAIC # 55289 |
| | INSURER B: Amer. Casualty Co of Reading PA 20427 |
| | INSURER C: Hartford Accident & Indemnity 22357 |
| | INSURER D: Transportation Ins. Co. 20494 |
| | INSURER E: |
| | INSURER F: |

COVERAGES **CERTIFICATE NUMBER: 2014/2015** **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|--|---|----------|---------------|-------------------------|-------------------------|---|--------------------------------|----|
| A | GENERAL LIABILITY | | | B4031064101 | 10/10/2014 | 10/10/2015 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$ 10,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | | | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | 46 UEC 2R5730 | 10/28/14 | 10/28/15 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS | | | | | | BODILY INJURY (Per person) | \$ | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | PIP-Basic | \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | 5095885719 | 10/10/2014 | 10/10/2015 | EACH OCCURRENCE | \$ 2,000,000 | |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ 2,000,000 | |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | | \$ | |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC431064230 | 10/10/2014 | 10/10/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | |

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

| | |
|---|---|
| CERTIFICATE HOLDER City of Plano Attn: Grisenia Matos Community Service Supervisor 1520 K Avenue - 2nd Floor Suite 250 Plano, TX 75074 | CANCELLATION 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 Vincent V. Bell/BEK <i>Vincent Bell</i> |