



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2014

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 Atlantis Financial Group Inc. 6401 W Eldorado Parkway, Ste. 341 McKinney, TX 75070	CONTACT NAME: Chuck Masterson PHONE (A/C, No, Ext): 972 984-2449 E-MAIL ADDRESS: chuck@atlantisfinancialgroupinc.com	FAX (A/C, No): 888 224-3076
	INSURER(S) AFFORDING COVERAGE	
INSURED DC Decorative Concrete of Texas, LLC and DC Decorative Concrete of Oklahoma, LLC 3500 Snapdragon Lane McKinney, TX 75070	INSURER A : The Hartford-Sentinel Insurance Company	
	INSURER B :	
	INSURER c : The Hartford-Sentinel Insurance Company	
	INSURER D : Hartford Insurance Company of the Midwest	
	INSURER E :	
	INSURER F :	

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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>	46SBAUJ1689	02/19/2014	02/19/2015	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				MED EXP (Any one person) \$ 10,000
		<input type="checkbox"/>	<input type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	46SBAUJ1689	02/19/2014	02/19/2015	GENERAL AGGREGATE \$ 2,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				EPLI \$ 10,000
		<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>	46SBAUJ1689	02/19/2014	02/19/2015	BODILY INJURY (Per person) \$
	DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	46WBCAK0822	02/19/2014	02/19/2015	PROPERTY DAMAGE (Per accident) \$
	Y/N N	N/A	<input type="checkbox"/>				AGGREGATE \$ 1,000,000
							E.L. EACH ACCIDENT \$ 500,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$ 500,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Application of decorative masonry floor covering. Operations covered in all states. Waiver of Subrogation and Additional Insured endorsements added as per contractual requirements. Per project liability limits apply.

CERTIFICATE HOLDER

CANCELLATION

SILVERCLIFFE CONSTRUCTION COMPANY
P.O. Box 149 Edmond, OK 73083
rhonda@silvercliffe.com
ph: 405 285-6199 fx: 405 285-6499

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

Charles A. Masterson

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