

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER (972)783-4915 FAX (972)699-9850  
 Wood Wilson Company, Inc.  
 Insurance & Financial Services  
 8111 LBJ Freeway, Suite 585  
 Dallas, TX 75251

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE           | NAIC # |
|---------------------------------------|--------|
| INSURER A: Colony Insurance Co.       |        |
| INSURER B: Colony Insurance Co.       |        |
| INSURER C: Texas Mutual Ins. Co.      |        |
| INSURER D: Hartford Insurance Company |        |
| INSURER E:                            |        |

INSURED  
**SUBCONTRACTOR**

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR                                      | INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|---|-------|--|---------------|----------------------------------|-----------------------------------|--|
| A   |       | GENERAL LIABILITY  |               |                                  |                                   | EACH OCCURRENCE \$ 1,000,000                                   |
|   |       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000           |
|   |       | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                           |               |                                  |                                   | MED EXP (Any one person) \$ 5,000                              |
|   |       | GEN'L AGGREGATE LIMIT APPLIES PER:   |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000                             |
|   |       | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000                                 |
|   |       |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 2,000,000                            |
| D   |       | AUTOMOBILE LIABILITY   |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000               |
|   |       | <input checked="" type="checkbox"/> ANY AUTO   |               |                                  |                                   | BODILY INJURY (Per person) \$                                  |
|   |       | <input type="checkbox"/> ALL OWNED AUTOS   |               |                                  |                                   | BODILY INJURY (Per accident) \$                                |
|   |       | <input checked="" type="checkbox"/> SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                              |
|   |       | <input checked="" type="checkbox"/> HIRED AUTOS  |               |                                  |                                   |  |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |       |  |               |                                  |                                   |  |
|   |       | GARAGE LIABILITY   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                                     |
|   |       | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$                                |
|   |       |  |               |                                  |                                   | AGG \$   |
| B   |       | EXCESS/UMBRELLA LIABILITY  |               |                                  |                                   | EACH OCCURRENCE \$ 5,000,000                                   |
|   |       | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                           |               |                                  |                                   | AGGREGATE \$ 5,000,000   |
|   |       | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   | \$   |
|   |       | <input checked="" type="checkbox"/> RETENTION \$ 10,000  |               |                                  |                                   | \$   |
| C   |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | <input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER |
|   |       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |               |                                  |                                   | E.L. EACH ACCIDENT \$ 1,000,000                                |
|   |       | If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                        |
|   |       | OTHER  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                       |

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 THE GENERAL LIABILITY POLICY INCLUDES A BLANKET AUTOMATIC ADDITIONAL INSURED ENDORSEMENT THAT PROVIDES ADDITIONAL INSURED STATUS ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE CERTIFICATE HOLDER THAT REQUIRES SUCH STATUS

| CERTIFICATE HOLDER  | CANCELLATION  |
|---|---|
| Eloy Construction Interiors, LLC<br>1165 S. Stemmons Frwy. #115<br>Lewisville, TX 75067 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
|   | AUTHORIZED REPRESENTATIVE<br>R Lamar Wilson/CJJ <i>R. Lamar Wilson</i>  |