

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2018

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(les) must have ADDITIONAL INSURED provisions or 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).

100000	ate Farm KYLE LINDNER			NAME: Claudia E				
				PHONE 281-392-0080 FAX (A/C, No): 281-392-2120 E-MAIL incurrentification and				
3	430 S MASON RD #11:	2		ADDRESS: Insurewi	thkyle.net			1
	KATY, TX 77450					RDING COVERAGE	_	NAIC #
				INSURER A : State Fa	arm Fire and	Casualty Company		25143
SCORPION LOCKSMITH HOUSTON DBA SHAI SHITRIT 1806 RICHMOND AVE				INSURER B:				
				INSURER C:				
				INSURER D:				
	HOUSTON, TX 77098			INSURER E :				
				INSURER F :				
CO	VERAGES CER	RTIFICATE NU	REVISION NUMBER:					
CE	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREMENT, PERTAIN, THE POLICIES LIMI	TERM OR CONDITION INSURANCE AFFORI	OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
rese in a g	COMMERCIAL GENERAL LIABILITY	3.550.660.65		1		EACH OCCURRENCE	\$ 1.0	00,000
	CLAIMS-MADE X OCCUR				D 0	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300	000,
	Any & All Jobs Liability			17 427 544 5 127 7 4	L IEVA O EN OCEAN	MED EXP (Any one person)	5 5,0	a family Alice
Α	X AIE Ongoing/Complete		90-EQ-A275-5	12/05/2018	12/05/2019	PERSONAL & ADV INJURY	5	
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	-	00,000
	POLICY X PRO- LOC					PRODUCTS - COMP/OP AGG	0.0	The state of the s
	OTHER CONTRACTOR				1	PRODUCTS - COMPJUP AGG	5	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	s	
	ANY AUTO				II - 1	(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED			10	II 8		10.	
	AUTOS ONLY AUTOS NON-OWNED	11 11 11			10 /	PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY				li e	(Per accident)	\$	
-	<u> </u>						5	
	UMBRELLA LIAB OCCUR				8	EACH OCCURRENCE	5	
	EXCESS LIAB CLAIMS-MADE	6 1 1			- 8	AGGREGATE	5	
_	DED RETENTION \$					1100 1-110	3	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				4	STATUTE ER		
- 4	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	5	
	(Mandatory in NH) If yes, describe under				1	E.L. DISEASE - EA EMPLOYER	5	
_	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	5	
	SAME CONTRACTOR SECTIONS							
				10 0				
JES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACORD 101,	Additional Kemarks Sched	ule, may be attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER				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, REPRESE	and	lia (0	

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