

## **COVEOFN-01**

**WENDYH** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/24/2022

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 have ADDITIONAL INSURED provisions or be endorsed.

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Anco Insurance PO Box 3889 Bryan, TX 77805  RSURER B: RS	PRODUCER Anco Insurance PO Box 3889						CONTACT Holly Medina PHONE (A/C, No, Ext): (979) 774-6557  PHONE (A/C, No) Ext): (979) 774-6557					
Part												
INSURER A: U. S. Liability Insurance Co.  INSURER 1:  INSURER 1:  INSURER 2:  INSURER 2:  INSURER 3:  INSURER 3:  INSURER 3:  INSURER 3:  INSURER 5:  INSURER 6:  INSURER 6:  INSURER 6:  INSURER 6:  INSURER 6:  INSURER 6:  INSURER 7:  INSURER 7:  INSURER 8:  INSURER 8:  INSURER 8:  INSURER 8:  INSURER 9:  INSURER 8:  INSURER 9:												
INSURER A : U. S. Liability Insurance Co.  INSURER B :  INSURER B :  INSURER C :  INSURER B :  INSURER C :  INSURER B :  INSURER C :  INSURER B :  I												
NSURER B:  NSURER C:  NSURER D:  NSURCE D:  NSURER D:  NSURCE D:  NSURCE D:  NSURCE D:									NAIO #			
COVE AS 197 Wellborn, TX 77881    INSURER C:   INSURER D:   INSURER F:	INSURED											
PO Box 197 Wellborn, TX 77881    Insurer D :												
Wellborn, TX 77881    INSURER E :   INSURER F :   INSURER												
COVERAGES  CERTIFICATE 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.		Wellborn, TX 77881										
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 SUBJECT TO WHICH THIS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURANCE APPROADS OF SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  INTER TYPE OF INSURING LIMITS  EACH OCCURRENCE \$ 1,000,000  PERSONAL A BOY INJURY (Per person) \$ BOOLY INJURY (PER accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ BOOLY INJURY (PER accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ BOOLY INJURY (PER accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ BOOLY INJURY (PER accident) \$ PROPERTY DAMAGE \$ S PROPERTY DA												
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A   X     COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   CLAIMS-MADE   CLAIMS-	II C	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
A   X     COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X   OCCUR   CLAIMS-MADE   CLAIMS-	INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	Y NUMBER		POLICY EXP	LIMIT			
MED EXP (Any one person)   \$ 5,000							<b>,</b>	<u>, , , , , ,</u>	EACH OCCURRENCE	\$	1,000,000	
MED EXP (Any one person)   \$ 5,000		CLAIMS-MADE X OCCUR			NPP1601026A		2/21/2022	2/21/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
GENTL AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS O										\$	5,000	
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OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTO		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident)  \$  EACH OCCURRENCE \$  AGGREGATE \$  AGGREGATE \$  PER OTH- STATUTE OTH- STATUTE ER  ANY PROPRIETOR/PATNER/EXECUTIVE OF ACCIDENT SEL. DISEASE - POLICY LIMIT \$  A Commercial Property  A Directors & Officers  NPP1601026A  NP1601026A		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	Included	
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HIRED AUTOS ONLY AUTOS ONLY S  WMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property A Directors & Officers  NPP1601026A NPP1601026A NPP1601026A PEACH OCCURRENCE S AGGREGATE \$  LEACH OCCURRENCE S AGGREGATE \$  LEACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT ARE TO POLICY LIMIT TO POLICY									BODILY INJURY (Per person)	\$		
WORKERS COMPENSATION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property A Directors & Officers  NPP1601026A NPP1601026A  SEACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$  PER OTH- STATUTE ER- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$  Refer to Policy Limit 1,000,000		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property A Directors & Officers  NPP1601026A NPP1601026A 2/21/2022 2/21/2023 Refer to Policy Limit 1,000,000		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property A Directors & Officers  NPP1601026A NPP1601026A NPP1601026A 2/21/2022 2/21/2023 Refer to Policy Limit 1,000,000										\$		
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property A Directors & Officers  NPP1601026A NPP1601026A 2/21/2022 2/21/2023 Refer to Policy Limit 1,000,000		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  A Commercial Property  A Directors & Officers  NPP1601026A  NPP1601026A  NPP1601026A  2/21/2022  2/21/2023  Refer to Policy  Limit  1,000,000		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER			
(Mandatory in NH)		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
DÉSCRIPTION OF OPERATIONS below		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
A Directors & Officers NPP1601026A 2/21/2022 2/21/2023 Limit 1,000,000	_	DÉSCRIPTION OF OPERATIONS below			NDD1601026A		2/24/2022	2/24/2022		\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	١.										1,000,000	
CERTIFICATE HOLDER CANCELLATION			_ES (A	ACORI	 D 101, Additional Remarks Schedu			e space is requi	red)			
CANCELLATION CANCELLATION	UE	KIII IOATE HOLDER				OANOLLLATION						
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	PO Box 197						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
allin & M. Doubl & _												