

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2018

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A st	tatement on	
PRODUCER Roach, Howard, Smith & Barton						CONTACT Jeffrey Meyers					
						PHONE (A/C, No, Ext): (972) 231-1300 (A/C, No): (972) 231-1368					
8750 N. Central Expressway Suite 500					E-MAIL				(312)	231-1300	
Dallas TX 75231					ADDRESS: jmeyers@rhsb.com INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Admiral Ins Co					24856	
INSURED (972) 377-8188						INSURER B:					
Town and Country Roofing, Inc.					INSURE						
Town and Country Windows, Inc. 4900 Preston Road, Suite 101					INSURER D :						
Prisco TV 75034					INSURE						
Frisco TX 75034					INSURER F:						
COVERAGES CERTIFICATE NUMBER: Cert ID 42						•					
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIF	REME!	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY		•					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CA00002218504	08/18/2018	08/18/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	X Deductible: \$5,000							MED EXP (Any one person)	\$	5,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:	7						Per Project Agg	\$	5,000,000	
	AUTOMOBILE LIABILITY	. '\						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO		,					BODILY INJURY (Per person)	\$	· ·	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									\$		
									\$		
Ger pro bet inc	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL neral liability policy includes ovides additional insured statuce ween named insured and certifications a blanket automatic waitly when there is a written control of the contro	s a us t icat ver	blan o ce e ho of s	ket automatic addit ertificate holder on older that requires subrogation endorsem	ional ly who such s ent/pr	insured en en there is status. Gen rovision th	ndorsement s a writte neral liab nat provid	/provision that n contract ility policy es this feature			
CERTIFICATE HOLDER						ELLATION					
For Information Only Confers no right to holder					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						
						Bost Tucker					

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