

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/17/2024

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. 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		INSURER(S) AFFORDING COVERAGE	NAIC #
WARD INSURANCE GROUP		INSURER A: Clear Blue Specialty Insurance	37745
1801 Precinct Line Rd		INSURER B: Clear Blue Specialty Insurance	37745
Ste. B		INSURER C: Texas Mutual Insurance Company	22945
Hurst	TX 76054	INSURER D: Security National Insurance Company	19879
INSURED		INSURER E :	
Excel Roofing Commercial		INSURER F:	
Felix Salinas Group Inc dba			
5701 Watauga Rd.			
Watauga	TX 76148		
COVERACES	ATE NUMBER: CL 238707963	DEVICION NUMBER.	·

COVERAGES CERTIFICATE NUMBER: CL238707963 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	ADDLS INSD V	UBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	=
А	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIIVIS-IVIADE CCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
				AR01-RS-2300713-04	08/08/2023	08/08/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR			0100142303-2	08/08/2023	08/08/2024	EACH OCCURRENCE	\$ 2,000,000
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0001297340	11/19/2023	11/19/2024	PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
•	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Installation Floater/						Installation Floater Max	\$20,000
	Rented Equipment			42-IM046784	08/28/2023	08/28/2024	Rented Equipment Max	\$150,000

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

GENERAL LIABILITY POLICY RATED AS A ROOFING AND REMODELING CONTRACTOR TO INCLUDE STUCCO, SIDING, & MASONRY. ADDITIONAL INSURED AND WAIVER OF SUBROGATION APPLY PER WRITTEN CONTRACT.
WORK COMP POLICY RATED FOR CONSTRUCTION SUPERVISION BY TEXAS EMPLOYEES ONLY. BLANKET WAIVER OF SUBROGATION APPLIES.

CERTIFICATE HOLDER	CANCELLATION
FOR INFORMATION PURPOSES	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
	Tom War