

## CERTIFICATE OF LIABILITY INSURANCE

04/20/2016

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 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).

ce	rtificate holder in lieu of such endors	eme	nt(s)								
PRODUCER						CONTACT NAME:					
Hiscox Inc.					PHONE (A/C, No, Ext): 855-970-8255 FAX (A/C, No):						
520 Madison Avenue, 32nd Floor						É-MAIL ADDRESS:					
New York, NY 10022										NAIC#	
					INSURER A: Hiscox Insurance Company Inc.				10200		
INSURED RIDDLE'S HEATING AND AIR CONDITIONING					INSURER B:						
					INSURER C :						
308 JONESVILLE CUTOFF				INSURER D :							
Waskom TX				INSURER E :							
75692					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						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 ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
	X COMMERCIAL GENERAL LIABILITY		4440					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
Α		N	N	32160212-GL		06/04/2016	06/04/2017	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			937 gas 4000 f. 8 2000 f. 9000 f. 50 codo (1964 1964				GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	1	2,000,000	
	OTHER:								1		
	AUTOMOBILE LIABILITY					Appropriate and translation of the second se		COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident	) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Fer accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								1		
	WORKERS COMPENSATION					and the Marie of School and Annie of School an		PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						V		E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYE	= \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		***************************************			-		NAMES OF THE STATE		набликания		
	,										
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	0 101, Additional Remarks Schedule	e, may b	e attached if more	e space is require	ed)			
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DIDDLES HEATING AND AIR CONDITIONING						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
RIDDLE'S HEATING AND AIR CONDITIONING					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
308 JONESVILLE CUTOFF Waskom											
TX					AUTHORIZED REPRESENTATIVE /						
75692					(2.10.						
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