

CERTIFICATE OF LIABILITY INSURANCE

ACRUZ DATE (MM/DD/YYYY) 10/20/2023

B&GWALK-01

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.																
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of	the policy, certain	policies may									
			o trie	Cert												
PRODUCER Hibbs - Hallmark & Co PO Box 8357 Tyler, TX 75711 INSURED Boys and Girls Club of Walker County, Inc. P.O. Box 8600 Huntsville, TX 77340						CONTACT Amy Cruz PHONE (A/C, No, Ext): (903) 266-5611 FAX (A/C, No): (903) 561-8341 E-MAIL ADDRESS: amy.cruz@hibbshallmark.com INSURER(S) AFFORDING COVERAGE NAIC #										
											INSURER A : Philadelphia Indemnity Ins				18058	
															10895	
										64890						
										04050						
						INSURER D :										
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 INSD		POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$		1,000,000						
		CLAIMS-MADE X OCCUR			PHPK2616939	10/21/2023	10/21/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000						
								MED EXP (Any one person) \$		5,000						
								PERSONAL & ADV INJURY \$		1,000,000						
	GEN	J N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		3,000,000						
	X							PRODUCTS - COMP/OP AGG \$		3,000,000						
	X	OTHER: Abuse/Molestation						S								
								COMBINED SINGLE LIMIT								
	A01															
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per person) \$								
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE								
		AUTOS ONLY AUTOS ONLY						(Per accident) \$								
Α	x	UMBRELLA LIAB X OCCUR						\$		1,000,000						
		EXCESS LIAB CLAIMS-MADE			PHUB886649	10/21/2023	10/21/2024	EACH OCCURRENCE \$		1,000,000						
								AGGREGATE \$,,						
В	WOF	RKERS COMPENSATION						X PER OTH- STATUTE ER								
-	AND	EMPLOYERS' LIABILITY			0101WP 1056735 01	7/20/2023	7/20/2024			1,000,000						
OFF (Mar		PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT \$		1,000,000						
	If yes	If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$		1,000,000						
С		CRIPTION OF OPERATIONS below			PAI L215020301201	10/21/2023	10/21/2024	E.L. DISEASE - POLICY LIMIT \$		250,000						
C		Sherit				10/21/2023	10/21/2024	Aggregate		200,000						
		rion of operations / Locations / VEHIC red by written contract, Huntsville Umbrella is following form, includii				ule, may be attached if mo d with waiver of subr	re space is requi ogation on th	r ^{red)} ne general liability policy, pe	r For	m PI-GLD-HS						
CF	RTIE	FICATE HOLDER				CANCELLATION										
Huntsville Independent School District 441 FM 2821 East Huntsville, TX 77340																
						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										
						Guild Balan										
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