

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/9/2021

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)

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PRODUCER		CONTACT NAME: Linda Michael				
Frost Insurance Agency Inc. P O Box 2411		PHONE (A/C, No, Ext): 210-220-6469 FAX (A/C, No): 210-		0-6460		
San Antonio TX 78298-2411		E-MAIL ADDRESS: linda.michael@frostinsurance.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Subcontractor's insurance info goes	n this section			
***Cubcontractor's name and addre	as as hara***	INSURER B:				
***Subcontractor's name and addre	ss go nere	INSURER C :				
		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 496377048	REVISION NUI	MRFR.			

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Χ	Х	Subcontractor's policy number	Effective Date	Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						Date	Bato	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			х	Subcontractor's policy number	Effective Date	Expiration Date	BODILY INJURY (Per person)	\$
			X					BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
	X     EXCESS LIAB       X     CLAIMS-MADE				Subcontractor's policy number	cy number Effective Date	Expiration Date	EACH OCCURRENCE	\$ 2,000,000
			X	Х	. ,			AGGREGATE	\$ 2,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY			Subcentractor's policy number	Effective	Expiration	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A			Date	Date	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)		1177					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

General Liability:

CG2010 0413 - Blanket Additional Insured when required by written contract or agreement

CG2037 0413 - Blanket Additional Insured - Completed Operations - when required by written contract or agreement

CG2404 0509 - Blanket Waiver of Subrogation when required by contract or agreement

CG2034 0413 - Additional Insured - Lessor Of Leased Equipment - when required in lease agreement with you

CG2001 0413 - Primary and Noncontributory - Other Insurance Condition - when required by written contract or agreement

HG0032 0712 - Blanket Designated Construction Project(s) General Aggregate Limit - Capped \$5,000,000

HG0084 0719 - 30-Day Notice of Cancellation for Designated Persons or Organizations

See Attached...

CERTIFICATE HOLDER	CANCELLATION			
Robinson General Contractors, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
20770 US Highway 281 N STE #108-288 San Antonio TX 78258	AUTHORIZED REPRESENTATIVE			
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AGENCY	CUST	OMER	ID.	WATER	I A-02
AGENC I	CUSI	CIVIER	ID.	V V/ \ I I I I	

LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Subcontractors insurance agent name		Subcontractor's name and address go here				
POLICY NUMBER						
CARRIER	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL DEMARKS						
	ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY II	NSURANCE				
Coverage includes EIFS applications						
Business Auto: SA3002 0608 - Additional Insured-Automatic Status and Transfer of Rights of Recovery Against Others to Us when required by written contract or agreement SA3006 0416 - Primary and Noncontributory Insurance-Automatic Status as required by contract						
Workers Compensation: WC420304B - Blanket Waiver of Subrogation for all Texas operations WC420601 - Blanket Texas Notice of Material Change - 30 days						
Excess Liability: Policy is Follow Form except with respects 30-Day Notice of Cancel						
Job Description/Project Name go here						
NOTE:						
Robinson General Contractors and our Client must be listed as ac	ditional insure	ers.				