

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2018

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(les) 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 Ilou of such endorsement(s).

PRODUCER

Sandy Garza and Associates Inc

2100 Lakeside Blvd. #170

THIS CERTIFICATE HOLDER. THIS CONTRACT CSR HOUSE

PHONE

LACE HOLDER

FAX (AIC, No): (866) 799-8402

E-MAIL

ADDRESS:

RODUC	ER				NAME:	Carnot	13L				
Sandy Garza and Associates Inc						PHONE (972) 889-1833 FAX (A/C, No): (866) 799-8402					
100 La	skeside Blvd. #170				E-MAIL ADDRES	S:					
						ins	SURER(S) AFFOR	DING COVERAGE		NAIC #	
Richardson TX 75082					INSURER A: Evansion Insurance Company				35378		
NSURED						INSURER B:					
All In One Construction Inc.						INSURER C:					
2222 Moss Trail						INSURER D:					
						INSURER E:					
	Garland			TV 75044	INSURER			·		<del> </del>	
COVERAGES CERTIFICATE NUMBER:				21.122.122.22	<del></del>						
THIS INDIC CERT	IS TO CERTIFY THAT THE POLICIES OF I ATED. NOTWITHSTANDING ANY REQUI IFICATE MAY BE ISSUED OR MAY PERTA USIONS AND CONDITIONS OF SUCH PO	NSUR REME VIN, TI LICIE	ANCE NT, TE HE INS S. LIM	LISTED BELOW HAVE BEEN I ERM OR CONDITION OF ANY C SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN I	CONTRA POLICIE	CT OR OTHER S DESCRIBE ED BY PAID CL	R DOCUMENT V D HEREIN IS SI LAIMS.	VITH RESPECT TO WHICH T	HIS		
R	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY E		POLICY EXP (MM/DD/YYYY)	LIMITS			
<b></b>	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s 1,00	0,000	
	CLAIMS MADE OCCUR	1						DAMAGE TO RENTED PREMISES (En occurrence)	s 100.	000	
								MED EXP (Any one person)	s 5,00	0	
\				3AA183682		08/15/2018	08/15/2019	PERSONAL & ADV INJURY	<del></del>	0,000	
-	ENT AGGREGATE LIMIT APPLIES PER	1	1					GENERAL AGGREGATE	<del></del>	0,000	
"	PRO-	l			1			PRODUCTS - COMP/OP AGG	, 2,00	0,000	
$\vdash$	1 — —							Bodily Injury Ded	s 1,000		
- L	OTHER  JTOMOBILE LIABILITY	$\vdash$	<del> </del>	<del></del>				COMBINED SINGLE LIMIT	\$		
	T ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
$\vdash$	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	s		
-	AUTOS ONLY AUTOS ONLY							(Per accident)	5		
	<del>                                     </del>	├	├				<b>!</b>	<del></del>	_		
_	UMBRELLA LIAB OCCUR	ĺ			- 1		[	EACH OCCURRENCE	\$		
<u> </u>	EXCESS LIAB CLAIMS MADE	ļ			1			AGGREGATE	\$		
<u> </u>	DED RETENTION S	<b> </b>	<b> </b>					PER OTH-	\$		
	ORKERS COMPENSATION D EMPLOYERS' LIABILITY		1					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	<u>s</u>		
(Ma	es, describe under		ł		ŀ			E L. DISEASE - EA EMPLOYEE	\$		
DĚ	SCRIPTION OF OPERATIONS below	L	<b> </b>					E L DISEASE - POLICY LIMIT	\$		
SCRIE	PTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	CORD	101, Additional Remarks Schedule, n	may be at	tached if more s	pace is required)				
ertific	ate holder Only										
FRTI	FICATE HOLDER				CANC	ELLATION			•		
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHOF	RIZED REPRESE	NTATIVE				