

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/7/2015

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).

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PRODUCER			CONTACT Patty Starrett	
Powter Insurance, Inc	•		PHONE (A/C, No, Ext): (800) 473-8697 FAX (A/C, No): (800) 473-8	3696
2150 S Central Expwy			E-MAIL ADDRESS: pstarrett@gdpadvisors.com	
Suite # 280			INSURER(S) AFFORDING COVERAGE	NAIC #
McKinney	TX	75070	INSURER A James River Insurance Company 12	2203
INSURED			INSURER B Great American E & S Insurance	
Pickup, LLC			INSURER C: Texas Mutual Ins. Co	
3204 Bloomfield Ct.			INSURER D:	
			INSURER E:	
Plano	TX	75093	INSURER F:	
COVERAGES		CERTIFICATE NUMBER:CL15770604	45 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		ADDL SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)		
LTR		INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	x COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
A	CLAIMS-MADE x OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
			000664300	4/10/2015	4/10/2016	MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
l _A	ANY AUTO		CA43600351	4/1/2015	4/1/2016	BODILY INJURY (Per person)	\$
**	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	x HIRED AUTOS x NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TSF0001299905	01/16/2016	01/16/2017	x PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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
В	Cargo		IMP4259128	4/10/2015	4/10/2016	Any One Loss	\$20,000
						Any one Vehicle	420,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder shown below is hereby added as an Additional Insured and Loss Payee as per written contract.

CERTIFICATE HOLDER	CANCELLATION
	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
	John Powter/PATTYJ

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