## ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT Agency Contact					
Agency Name	PHONE (A/C, No, Ext): Agency Phone (A/C, No):	Agency Fax				
Address	E-MAIL ADDRESS: Agency Contact Email					
Address	INSURER(S) AFFORDING COVERAGE	NAIC #				
Phone Number	INSURER A: Approved Carrier Name	NAIC #				
INSURED	INSURER B : Approved Carrier Name	NAIC #				
John Doe Enterprises 1234 Main Street Anytown USA & Zip	INSURER C : Approved Carrier Name	NAIC #				
	INSURER D : Approved Carrier Name	NAIC #				
	INSURER E : Approved Carrier Name	NAIC #				
	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR TYPE OF INSURANCE ADDL SUBRINSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYŶY)	LIMIT	8		
Α	GENERAL LIABILITY	X	X	12345678	xx/xx/xxxx		EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY	_					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000		
	POLICY X PRO- JECT LOC							\$		
В	AUTOMOBILE LIABILITY	Χ	X 12345678	12345678	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
С	X UMBRELLA LIAB X OCCUR	X		12345678	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$2,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000		
	DED RETENTION \$							\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7		12345678	xx/xx/xxxx	xx/xx/xxxx	X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Houchin Construction, Inc., is endorsed as Additional Insured on a PRIMARY and NON CONTRIBUTORY
endorsement at least as broad as CG 2010 (11/85) and will include coverage for ongoing operations as well
as your work including products and completed operations. Waiver of subrogation is endorsed in favor of
Contractor on General Liability, Auto Liability and Excess/Umbrella as required by written contract.
30 Day written Notice of Alteration or Cancellation on all policies.

## CERTIFICATE HOLDER

WE ROC+, LLC 3108 Old Denton Rd, Suite 115 Carrollton, TX 75007

## **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