

DATE (MM/DD/YYYY) 7/11/2019

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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   Certificate Department		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	0125
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
00//504050	OFFICIALE NUMBER SERVICES	T/07/10)	MADED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY	INOD	1112		(, 22, )	(,22,1111)	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	datory in NH)	", "		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER	CANCELL ATION

TOnay@AZDPS.GOV

Arizona Department of Public Safety Licensing Unit PO Box 6328

Phoenix, AZ 85005-6328

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

R.L. Ring, Jr./DTANG

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INSURED		INSURER B: Allied World National Assuran	nce Company	
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5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
COVERAGES	CERTIFICATE NUMBER: CERTIFICATE	E(07/19) REVISION NUM	BER:	•

CERTIFICATE NUMBER: CERTIFICATE(07/19) COVERAGES

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				-	MITS SHOWN MAY HAVE BEEN RED					
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
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City of Cheyenne Building Safety Department 2101 O'Neil Avenue Room 202 Cheyenne, WY 82001

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



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Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
00//504050	OFFICIALE NUMBER SERVICES	T/07/10)	MADED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19)

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

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CANCELLATION

Corpus Christi Polymers, LLC 7001 Joe Fulton International Trade Corridor Corpus Christi, TX 78409 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



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Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
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Corpus Christi TX	78408	INSURER F:		
00//504050	OFFICIALE NUMBER SERVICES	T/07/10)	MADED	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY	IIIOD			(	(,22,,	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

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|--|

CANCELLATION

Corpus Christi Regional Transportation Authority (CCRTA) 602 N. Staples Corpus Christi, TX 78401 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



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Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945			
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company				
	INSURER E:				
Corpus Christi TX 78408	INSURER F:				
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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS		
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^					5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
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A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
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		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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CERTIFICATE HOLDER	CANCELLATION
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LBlock@lclsonline.org

Laramie County Library System Attn: Ms. Laura M. Block 2200 Pioneer Avenue Cheyenne, WY 82001 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT Certificate Department					
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125			
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #			
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319			
INSURED		INSURER B: Allied World National Assur	ance Company				
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Comp	any	22945			
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company					
		INSURER E :					
Corpus Christi TX	78408	INSURER F:					
COVERAGES	CERTIFICATE NUMBER: CERTIFICATE	E(07/19) REVISION NU	MBER:	•			

CERTIFICATE NUMBER: CERTIFICATE(07/19) COVERAGES

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.  R   POLICY EFF   POLICY EXP								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	ICER/MEMBER EXCLUDED?	117.4		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	her States						E.L. Disease - Each Emplyee	\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER	CANCELLATIO

Layton Construction Company, LLC 9090 Sandy Pkwy W Sandy, UT 84070

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



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Department					
El Dorado Insurance Agency, Inc		PHONE (A/C, No, Ext): (713)521-9251	-0125				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77	7042	INSURER A: Allied World Surplus Lines	Insurance Co	24319			
INSURED		INSURER B: Allied World National Assur	ance Company				
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Comp	any	22945			
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company					
		INSURER E:					
Corpus Christi TX 78	3408	INSURER F:					
		-(07/10)					

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS		
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^					5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Mike.daher@chemtex.com

M&G Chemicals 7001 Joe Fulton International Trade Corridor Corpus Christi, TX 78409

AUTHORIZED REPRESENTATIVE

R.L. Ring, Jr./DTANG

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Depart	ment	
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	-0125	
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldor	radoinsurance.com	
3673 Westcenter Drive		INSURER(S) AFFORD	ING COVERAGE	NAIC #
Houston TX	77042	INSURER A: Allied World Surp	olus Lines Insurance Co	24319
INSURED		INSURER B: Allied World Nati	onal Assurance Company	I
Sec-Ops, Inc.		INSURER C: Texas Mutual Insu	rance Company	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance	e Company	1
		INSURER E :		I
Corpus Christi TX	78408	INSURER F:		1
00//504050	OFFICIOATE AUTMOND CODETETON	B(07/10)	EVIOLONI NUMBER	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS		
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^					5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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MVM, Inc.

Attn: Chris McAllen 44620 Guilford Drive

Suite 150

Ashburn, VA 20147-6063

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

CANCELLATION

R.L. Ring, Jr./DTANG

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DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate De	epartment				
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-925	-0125				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE							
Houston TX	77042	INSURER A: Allied World	Surplus Lines 1	Insurance Co	24319		
INSURED		INSURER B: Allied World	National Assura	ance Company			
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company 22945					
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company					
		INSURER E:					
Corpus Christi TX	78408	INSURER F:					
00//504050	OFFICIAL AND STREET	E/0E/10\	DEVIOLENT NUM	1D.E.D.			

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<b>e</b>
LTR	x	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
A	x	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	VIL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						x PER X OTH- STATUTE X OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	ndatory in NH)			0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wo	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

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CERTIFICATE HOLDER	CANCELLATION

mrussell@navco.com

NAVCO 1041 N. PacifiCenter Drive Anaheim, CA 92806 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

R.L. Ring, Jr./DTANG

TION All rights reserve



DATE (MM/DD/YYYY) 7/11/2019

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Houston TX	77042	INSURER A: Allied World	Surplus Lines 1	Insurance Co	24319		
INSURED		INSURER B: Allied World	National Assura	ance Company			
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company 22945					
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company					
		INSURER E:					
Corpus Christi TX	78408	INSURER F:					
00//504050	OFFICIAL AND STREET	E/0E/10\	DEVIOLENT NUM	1D.E.D.			

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19)

**REVISION NUMBER:** 

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY	INOD	1112		(, 22, )	(,22,1111)	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	datory in NH)	", "		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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#### **CERTIFICATE HOLDER**

CANCELLATION

New Mexico Regulation and Licensing Dept., Board and Commissions Division Private Investigations Advisory Board PO Box 25101 Sante Fe, NM 87504 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



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER			CONTACT NAME: Certificate De	epartment		
El Dorado Insurance Agency,	Dorado Insurance Agency, Inc.  PHONE (A/C, No, Ext): (713)521-9251					-0125
El Dorado Sec Srvs Ins Agy			E-MAIL ADDRESS: Certificates@e			
3673 Westcenter Drive			INSURER(S) A	FFORDING COVERAGE		NAIC #
Houston TX	77042	1	INSURER A: Allied World	Surplus Lines 1	Insurance Co	24319
INSURED			INSURER B: Allied World	National Assura	ance Company	
Sec-Ops, Inc.			INSURER C: Texas Mutual Insurance Company 22945			
5729 Leopard St., Building	8		INSURER D: Argonaut Insurance Company			
			INSURER E :			
Corpus Christi TX	78408	1	INSURER F :			
COVERAGES	CERTIFICATE NU	MBER: CERTIFICATE	(07/19)	REVISION NUM	MBER:	

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.  REVENUE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

<u>.                                      </u>	
CERTIFICATE HOLDER	CANCELLATION

Pima Pistol Club 13990 N Lago Del Oro Pkwy Tucson, AZ 85739

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



DATE (MM/DD/YYYY) 7/11/2019

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El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (713)521-0125						
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	icates@eldoradoinsurance.com					
3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE								
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319				
INSURED		INSURER B: Allied World National Assu	rance Company					
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company 22945						
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company						
		INSURER E:						
Corpus Christi TX	78408	INSURER F:						
00//504050	OFFICIOATE AUGMED CHRISTICANI	7(07/10) <b>DEVICION N</b>	IMPED					

CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^					5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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CERTIFICATE HOLDER CANCELLATI
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tom.stoker@wyo.gov

State of Wyoming Department of Transportation 5300 Bishop Blvd. Cheyenne, WY 82009

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 7/11/2019

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El Dorado Insurance Agency, Inc		PHONE (A/C, No, Ext): FAX (A/C, No): (713)521-0125						
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsuran	S: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE								
Houston TX 77	7042	INSURER A: Allied World Surplus Lines	Insurance Co	24319				
INSURED		INSURER B: Allied World National Assur	ance Company					
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company 22945						
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company						
		INSURER E:						
Corpus Christi TX 78	3408	INSURER F:						
		-(07/10)						

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19)

**REVISION NUMBER:** 

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY	IIIOD			(	(,22,,	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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CEDT	IEIC V.	) DFR

T.G. Mercer Consulting Services Attn: Steve Stover 120 El Chico Trail Willow Park, TX 76087 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

CANCELLATION



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El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
00//504050	OFFICIALE NUMBER SERVICES	T/07/10)	MADED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE(07/19)

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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#### **CERTIFICATE HOLDER**

US Customs and Border Protection Border Enforcement Contracting Division Attn: Frank S. Duarte, Contracting Office 4760 N Oracle Rd, Suite 100 Tucson, AZ 85705

#### CANCELLATION

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AUTHORIZED REPRESENTATIVE



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INSURED	INSURER B: Allied World National Assurance Company	
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company	
	INSURER E :	
Corpus Christi TX 78408	INSURER F:	
	-(05/10)	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
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	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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CERTIFICATE HOLDER CANCELLAT	TON
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KMagee@wh-m.com

W&M Environmental Group, LLC Kate Magee 906 E. 18th Street

Plano, TX 75704

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DATE (MM/DD/YYYY) 7/11/2019

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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 NAME: Certificate De	epartment		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-925	51	FAX (A/C, No): (713)521	-0125
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@e	eldoradoinsuran	ce.com	
3673 Westcenter Drive			FFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World	Surplus Lines 1	Insurance Co	24319
INSURED		INSURER B: Allied World	National Assura	ance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual	Insurance Compa	iny	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insu	rance Company		
		INSURER E:			
Corpus Christi TX	78408	INSURER F:			
00//504050	OFFICIAL AND STREET	E/0E/10\	DEVIOLENT NUM	1D.E.D.	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) 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.    POLICY EFF   POLICY EXP								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	ICER/MEMBER EXCLUDED?	117.4		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	her States						E.L. Disease - Each Emplyee	\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

cmckinstry@weifieldgroup.com

WEIFIELD GROUP CONTRACTING, INC. 6950 South Jordan Road Centennial, CO 80112

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

R.L. Ring, Jr./DTANG

TION All rights received



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Department		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	-0125	
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company		
		INSURER E:		
Corpus Christi TX	78408	INSURER F:		
00//504050	OFFICIOATE AUGMED CHRISTICANI	7(07/10) <b>DEVICION N</b>	IMPED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY	INOD	1112		(, 22, )	(,22,1111)	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	datory in NH)	", "		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER		CANCELLATION
(361)886-6576	13618866576@faxmaker.com	
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Wells Fargo Bank		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
615 35 35 35 35		ACCORDANCE WITH THE POLICY PROVISIONS.

615 N. Upper Broadway Corpus Christi, TX 78477

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-0125					
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company					
	INSURER E :					
Corpus Christi TX 78408	INSURER F:					
	-(05/10)					

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^					5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Wyoming Game and Fish Department 5400 Bishop Blvd. Cheyenne, WY 82006 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

R.L. Ring, Jr./DTANG

TION All rights receive



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Departmen	it			
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	-0125			
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com				
3673 Westcenter Drive		INSURER(S) AFFORDING (	COVERAGE	NAIC #		
Houston TX	77042	INSURER A: Allied World Surplus	Lines Insurance Co	24319		
INSURED		INSURER B: Allied World Nationa	l Assurance Company			
Sec-Ops, Inc.		INSURER C: Texas Mutual Insuran	ce Company	22945		
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
001/504050	OFFICIOATE NUMBER OFFICER THE	DEG ( 07 /10 ) DEV	CION NUMBER	·		

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

American Bank is listed as Leinholder on the vehicles that included physical damage:
comp ded \$1,000.

coll ded \$1,000.

See next page

CERTIFICATE HOLDER	CANCELLATION

American Bank 800 Shoreline Blvd Ste 100 Corpus Christi, TX 78401 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

R.L. Ring, Jr./DTANG

Cont.

# COMMENTS/REMARKS

2015 Toyota Tacoma Serial 5TFTX4CNXFX066644 2015 Toyota Tacoma Serial 5TFTX4CN2FX068162 2015 Toyota Tacoma Serial 5TFTX4CN1FX067438

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DATE (MM/DD/YYYY) 7/11/2019

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certificate fiolice in fieu of such effectsement(s).						
PRODUCER	CONTACT NAME: Certificate Department					
El Dorado Insurance Agency, Inc.	PHONE (713)521-9251 FAX (A/C, No, Ext): (713)521-9251	-0125				
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company					
	INSURER E :					
Corpus Christi TX 78408	INSURER F:					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	e
LTR	1		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS	x		5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	ICER/MEMBER EXCLUDED?	N/A		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
		her States						E.L. Disease - Each Emplyee	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is named as Additional Insured on all policies except Workers Compensation. A Waiver of Subrogation applies on all policies.

CERTIFICATE HOLDER CANCELLATION

CITGO Petroleum Corp., CITGO Refining and Chemicals Company, LP, PDV Midwest Refining LLC and their affiliates, subsidiaries and parents P.O. Box 9176 Corpus Christi, TX 78469

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

R.L. Ring, Jr./DTANG

TION All minutes and an arrange



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	-0125				
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company					
	INSURER E :					
Corpus Christi TX 78408	INSURER F:					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) 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			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<b>e</b>
LTR	x	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
A	x	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	VIL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						x PER X OTH- STATUTE X OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	ndatory in NH)			0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wo	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

OEKTII IOATE TIOEDEK	OANGELEANION
City of Corpus Christi	SHOULD ANY OF THE ABOVE DESCRIE THE EXPIRATION DATE THEREOF, NOT

Attn: Risk Manager P. O. Box 9277

Corpus Christi, TX 78469-9277

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

CANCELL ATION

R.L. Ring, Jr./DTANG

ATION All rights recents

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 7/11/2019

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	. ,						
PRODUCER		CONTACT NAME: Certificate Department					
El Dorado Insurance Agency, I	L.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	0125				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX	77042	INSURER A: Allied World Surplus Lines Insurance Cc	24319				
INSURED		INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company					
		INSURER E :					
Corpus Christi TX	78408	INSURER F:					
COVERACES	PERTIFICATE NUMBER CRECTAL ENT	OTG ( 0.7 / 1.0.) DEVICION NUMBER.	•				

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY	IIIOD			(	(,22,,	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FIN Inc. is listed as Leinholder on the vehicles that included physical damage: comp ded \$1,000. coll ded \$1,000.

•	
CERTIFICATE HOLDER	CANCELL ATION

FIN Inc. 3360 Ocean Dr. Corpus Christi, TX 78411 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

R.L. Ring, Jr./DTANG

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See next page

# COMMENTS/REMARKS

2015 Toyota Tacoma Serial 5TFTX4CNXFX066644 2015 Toyota Tacoma Serial 5TFTX4CN2FX068162 2015 Toyota Tacoma Serial 5TFTX4CN1FX067438

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PRODUCER	CONTACT Certificate Department					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	-0125				
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company					
	INSURER E:					
Corpus Christi TX 78408	INSURER F:					
	(0_(10)					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR	NITS SHOWN WAT HAVE BEEN KED	POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^	·				5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project:US 181 Harbor Bridge Project, Corpus Chrisit, Texas

Flatiron/Dragados, LLC, the Texas Department of Transportation, The State, Texas Transportation Commission, HNTB Corporation, Atkins Global, Port of Corpus Christi Authority, Port Commissions, and their respective successors, assigns officeholders, officers, directors, agents, representatives, consultants and employees are included in Blanket Additional Insured endorsement as by written contract with respects to General Liability, Automobile Liability policies as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

brmitchell@harborbridgeprojec

Flatiron/Dragados, LLC Jenny Janca 500 N. Shoreline Blvd. Ste 500 Corpus Christi, TX 78401 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

# **COMMENTS/REMARKS**

Excess Liability policy follows form of the General Liability. The above General Liability and Automobile Liability policies are afforded on a Primary and Non-Contributory basis as
required by written contract Excess Coverage is Follow Form. Waiver of Subrogation applies in favor of the aforementioned Additional Insured and any other required by contract with respect to General Liability, Automobile Liability and Workers Compensation as required by written contract. In the event of cancellation by the insurance companies,
the policies have been endorsed to provide thirty days notice of cancellation (except for non-payment) to the aforementioned Additional insured if required by written contract.

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	(-)			
PRODUCER		CONTACT NAME: Certificate Department		
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El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsuran	ce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assur	ance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Comp	any	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E:		
Corpus Christi TX	78408	INSURER F:		
001/201020		DES ( OF (10 )		

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR	NITS SHOWN WAT HAVE BEEN KED	POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^	·				5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	••••
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

RE: Wyoming Capitol Square Project

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

CERTIFICATE HOLDER		CANCELLATION					
J. E. Dunn Co 2000 S. Color Suite 12000	nstruction Company ado Blvd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Denver, CO		AUTHORIZED REPRESENTATIVE					
		R.L. Ring, Jr./DTANG	a.f.				

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PRODUCER		CONTACT NAME: Certificate Departmen	it	
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El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldorado	insurance.com	
3673 Westcenter Drive		INSURER(S) AFFORDING (	COVERAGE	NAIC #
Houston TX	77042	INSURER A: Allied World Surplus	Lines Insurance Co	24319
INSURED		INSURER B: Allied World Nationa	l Assurance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insuran	ce Company	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance C	ompany	
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
001/504050	OFFICIOATE NUMBER OFFICER THE	DEG ( 07 /10 ) DEV	CION NUMBER	·

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR	NITS SHOWN WAT HAVE BEEN KED	POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
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								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
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									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"' ^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

CERTIFICATE HOLDER	CANCELLATION				
Modern Electric 246 West First Casper, WY 82601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Caspel, Wi 02001	AUTHORIZED REPRESENTATIVE				
	R.L. Ring, Jr./DTANG				



DATE (MM/DD/YYYY) 7/11/2019

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	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	-0125
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com	
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319
INSURED	INSURER B: Allied World National Assurance Company	
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company	
	INSURER E :	
Corpus Christi TX 78408	INSURER F:	

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) 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	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. The Automobile Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the

CERTIFICATE HOLDER	CANCELLATION
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Nueces County Appraisal District Attn: Elias Sissamis 201 N. Chaparral, Ste. 206 Corpus Christi, TX 78401-2503 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

R.L. Ring, Jr./DTANG

O.F.

# **COMMENTS/REMARKS**

r	named insured and the certificate holder that requires such status. The Automobile
	iability policy includes a blanket automatic waiver of subrogation endorsement that
	provides this feature only when there is a written contract between the named insured and
t	the certificate holder that requires it. The Workers' Compensation policy includes a
ŀ	planket automatic waiver of subrogation endorsement that provides this feature only when
	There is a written contract between the named insured and the certificate holder that
1	requires it. The General Liability policy includes an endorsement providing that 30 days'
r	notice of cancellation will be furnished to the certificate holder.

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COMMENTS/REMARKS	
Certificate Holder Defined As: Nueces County Appraisal District, and its officers, officials	s, employees, and volunteers
OFREMARK	COPYRIGHT 2000, AMS SERVICES INC.



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	-0125
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com	
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319
INSURED	INSURER B: Allied World National Assurance Company	
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company	
	INSURER E :	
Corpus Christi TX 78408	INSURER F:	

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) 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	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. A waiver of subrogation endorsement is included on the General Liability policy in favor of the certificate holder. Certificate holder is named as Additional Insured on the Automobile Liability policy. A waiver of subrogation endorsement is included on the Automobile Liability policy in favor of the certificate holder. Excess to follow form of underlying policies (General Liability, Automobile Liability and Employers Liability). The policies

CERTIFICATE HOLDER	CANCELLATION				
(361)888-0458  Nueces County 901 Leopard Stree Corpus Christi, T	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
corpus carriser, r	AUTHORIZED REPRESENTATIVE  R.L. Ring, Jr./DTANG	a.f.			

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COMMENTS/REMARKS			
include an endorsement providing that 30 days' notice of cand the certificate holder.	cellation will be	furnished to	
OFREMARK	COPYRIGHT 2000,	AMS SERVICES	INC.



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (713)521-0125					
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE NAIC						
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company 22945					
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company					
	INSURER E :					
Corpus Christi TX 78408	INSURER F:					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDTS (07/19) REVISION NUMBER:

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INSR			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<b>e</b>
LTR	x	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
A	x	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	VIL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						x PER X OTH- STATUTE X OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	ndatory in NH)			0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wo	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

CERTIFICATE HOLDER	CANCELLATION	
lschattauer@smssi.com		
St. Moritz Sercurity Services, Inc. a Pennsylvania Corporation 4600 Clairton Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Pittsburgh, PA 15236	AUTHORIZED REPRESENTATIVE	
1	R.L. Ring, Jr./DTANG	



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT Certificate De	partment		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-925	51	FAX (A/C, No): (713)521	-0125
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@e	ldoradoinsuran	ce.com	
3673 Westcenter Drive			FFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World	Surplus Lines l	Insurance Co	24319
INSURED		INSURER B: Allied World	National Assura	ance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual	Insurance Compa	iny	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insu	rance Company		
		INSURER E :			
Corpus Christi TX	78408	INSURER F:			
00//504050	OFFICIAL AND DE DE NAMES AT	/ OP /1 O \	DEVIOLONI AULI	1D.E.D.	

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19)

**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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	
	х	COMMERCIAL GENERAL LIABILITY	INOD	1111	. 62.61.116	(IIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions	х		5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$	х		5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	datory in NH)	", "		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Other States							E.L. Disease - Each Emplyee	\$1,000,000

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

The Certificate Holder is named as Additional Insured on the General Liability policy only as required by Written Contract. \*10 day notice of cancellation applies for non-payment of premium.

CERTIFICATE HOLDER		CANCELLATION				
(307)638-4340  City of Cheyenne 2101 O'Neil Ave, Cheyenne, WY 820		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	<b>-</b>	AUTHORIZED REPRESENTATIVE				
I		R.L. Ring, Jr./DTANG	a.l.			



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Department		
El Dorado Insurance Agency, l		PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsuran	ce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assur	ance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Compa	any	22945
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company		
		INSURER E:		
Corpus Christi TX	78408	INSURER F:		
001/504.050		(07/10)		

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19)

**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	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>
LTR			INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		_
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED?	, A		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION				
mandy.gershmell@wyo.gov  Department of Administration and Informat  Department of Workforce Services  Contracting Officer: Mandy Gershmel	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
2800 Central Ave	AUTHORIZED REPRESENTATIVE				
Cheyenne, WY 82002	R.L. Ring, Jr./DTANG				

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# **COMMENTS/REMARKS** Certificate Holder Defined As: Department of Adminstration and Information; Department of Workforce Services Standards and Compliance WY Workforce Services - Security Services - Pershing Ave (WFS 0350-C)

OFREMARK

COPYRIGHT 2000, AMS SERVICES INC.



DATE (MM/DD/YYYY) 7/11/2019

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 Certificate Department		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com	
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319
INSURED		INSURER B: Allied World National Assu	rance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Comp	pany	22945
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company		
		INSURER E :		
Corpus Christi TX	78408	INSURER F:		
COVERAGES	CERTIFICATE NUMBER: BLANKET AI	(07/19) REVISION NU	JMBER:	

CERTIFICATE NUMBER: BLANKET AI(07/19) COVERAGES

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

				-	MITS SHOWN MAY HAVE BEEN RED					
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
mandy.gershmel1@wyo.gov	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Department of Adminstration and Informati Department of Worforce Services Contracting Officer: Mandy Gershmel	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2800 Central Ave	AUTHORIZED REPRESENTATIVE
Cheyenne, WY 82002	R.L. Ring, Jr./DTANG

## **COMMENTS/REMARKS** Certificate Holder Defined As: Department of Adminstration and Information; Department of Workforce Services Division of Disability Determination Services (DDS) WY Disability Determination Services (DDS) (DDS 0321-C) COPYRIGHT 2000, AMS SERVICES INC. OFREMARK



DATE (MM/DD/YYYY) 7/11/2019

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 Certificate Department				
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125		
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com			
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #		
Houston TX	77042	INSURER A: Allied World Surplus Lines	Insurance Co	24319		
INSURED		INSURER B: Allied World National Assu	rance Company			
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Com	pany	22945		
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
00//504050	OFFICIAL AND DE DE LANGER AT	(07/10) PENGION N	MADED			

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19)

**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	SUBR		POLICY EFF	POLICY EXP	LIMIT	s
LTR		= 000	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION				
operations@nesctc.com  NESCTC Security Agency 46 Molter Street Cranston, RI 02910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Claibton, Kl. V2510	AUTHORIZED REPRESENTATIVE				
1	R.L. Ring, Jr./DTANG				

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DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT Certificate De	partment			
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-925	51	FAX (A/C, No): (713)521	-0125	
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@e	ldoradoinsuran	ce.com		
3673 Westcenter Drive			FFORDING COVERAGE		NAIC #	
Houston TX	77042	INSURER A: Allied World	Surplus Lines l	Insurance Co	24319	
INSURED		INSURER B: Allied World	National Assura	ance Company		
Sec-Ops, Inc.		INSURER C: Texas Mutual	Insurance Compa	iny	22945	
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
00//504050	OFFICIAL AND DE DE NAMED AT	/ OP /1 O \	DEVIOLONI AULI	1D.E.D.		

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19) 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.

				-	MITS SHOWN MAY HAVE BEEN RED					
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION

Retail Security Services 3249 Route 112, Building 4 Suite 2 Medford, NY 11763 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

R.L. Ring, Jr./DTANG

O.F.



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Department				
El Dorado Insurance Agency, In	ic.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125		
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsura	nce.com			
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE		NAIC #		
Houston TX 77	7042	INSURER A: Allied World Surplus Lines	Insurance Co	24319		
INSURED		INSURER B: Allied World National Assur	ance Company			
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Comp	any	22945		
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company				
		INSURER E:				
Corpus Christi TX 78	8408	INSURER F:				
		(07/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19)

**REVISION NUMBER:** 

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	х	COMMERCIAL GENERAL LIABILITY	IIIOD			(	(,22,,	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Woı	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
ssinve@swbell.net S & S Investigations & Security P O Box 767 La Porte, TX 77572	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
24 10200, 11 7,072	AUTHORIZED REPRESENTATIVE
1	R.L. Ring, Jr./DTANG



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT NAME: Certificate Department					
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (713)521	L-0125				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX	77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED		INSURER B: Allied World National Assurance Company					
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company					
		INSURER E:					
Corpus Christi TX	78408	INSURER F:					
COVERAGES	CERTIFICATE NUMBER: BLANKET AI	(07/19) REVISION NUMBER:					

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19)

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

				-	MITS SHOWN MAY HAVE BEEN RED					
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELL ATION

St. Moritz Sercurity Services, Inc. a Pennsylvania Corporation 4600 Clairton Blvd Pittsburgh, PA 15236

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

R.L. Ring, Jr./DTANG



DATE (MM/DD/YYYY) 7/11/2019

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 Certificate De	partment			
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-0125				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com				
3673 Westcenter Drive			FFORDING COVERAGE		NAIC #	
Houston TX	77042	INSURER A: Allied World	Surplus Lines l	Insurance Co	24319	
INSURED		INSURER B: Allied World	National Assura	ance Company		
Sec-Ops, Inc.		INSURER C: Texas Mutual	Insurance Compa	iny	22945	
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
00//504050	OFFICIAL AND DE DE NAMED AT	/ OP /1 O \	DEVIOLONI AULI	1D.E.D.		

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19) 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			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<b>e</b>
LTR	x	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
A	x	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	VIL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						x PER X OTH- STATUTE X OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	ndatory in NH)			0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Wo	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident	\$1,000,000
	Otl	ner States						E.L. Disease - Each Emplyee	\$1,000,000

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
Stanley Security 6699 Port West Dr #100 Houston, TX 77024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Houston, IX //024	AUTHORIZED REPRESENTATIVE
Ť:	R.L. Ring, Jr./DTANG

CANCELLATION

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CEDITICIO ATE UOI DED



DATE (MM/DD/YYYY) 7/11/2019

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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 NAME: Certificate Department					
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-0125					
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX	77042	INSURER A: Allied World Surplus Lines Insurance C	c 24319				
INSURED		INSURER B: Allied World National Assurance Compar	Δ .				
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company					
		INSURER E:					
Corpus Christi TX	78408	INSURER F:					
COVERAGES	CERTIFICATE NUMBER: BLANKET AI	(07/19) REVISION NUMBER:					

CERTIFICATE NUMBER: BLANKET AI(07/19) COVERAGES

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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^	·				5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	• • • • • • • • • • • • • • • • • • • •
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"'^^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION				
STATE OF WYOMING 700 WEST 21st Street CHEYENNE, WY 82002-0060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
CHEIENNE, WI 02002-0000	AUTHORIZED REPRESENTATIVE				
	R.L. Ring, Jr./DTANG				



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER		CONTACT				
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125		
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: Certificates@eldoradoinsurance				
3673 Westcenter Drive	ļ	INSURER(S) AFFORDING COVERAGE		NAIC #		
Houston TX	77042	INSURER A: Allied World Surplus Lines I	nsurance Co	24319		
INSURED		INSURER B: Allied World National Assura	nce Company	I		
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Compa	ny	22945		
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:		1		
COVERAGEO	CERTIFICATE MUMPER, DI ANYER AT	(07/10) DEVICION NUM	ADED.			

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	100,000
^	·				5200-2231-01	4/27/2019	4/27/2020	PREMISES (Ea occurrence)		10,000
	Х	Errors & Omissions			3200-2231-01	4/2//2019	4/2//2020	MED EXP (Any one person)	\$	• • • • • • • • • • • • • • • • • • • •
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED?	"'^^		0001226244	7/13/2019	7/13/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	rkers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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CERTIFICATE HOLDER	CANCELLATION				
sharon.perkins@uas.com Universal Atlantic Systems. Inc. 45 West Industrial Blvd Paoli, PA 19301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
14011, 111 15001	AUTHORIZED REPRESENTATIVE				
	R.L. Ring, Jr./DTANG				



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-	-0125
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com	
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319
INSURED	INSURER B: Allied World National Assurance Company	
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company	
	INSURER E :	
Corpus Christi TX 78408	INSURER F:	
	(05/10)	

COVERAGES CERTIFICATE NUMBER: BLANKET AI(07/19) REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A	^	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
А	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A			7/13/2019	7/13/2020	E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)			0001226244			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

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CERTIFICATE HOLDER	CANCELLATION

Workforce Solutions of Coastal Bend 520 N. Staples St. Corpus Christi, TX 78401

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

R.L. Ring, Jr./DTANG



DATE (MM/DD/YYYY) 7/11/2019

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PRODUCER	CONTACT NAME: Certificate Department					
El Dorado Insurance Agency, Inc.	PHONE (713)521-9251 FAX (A/C, No, Ext): (713)521-9251	-0125				
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: Certificates@eldoradoinsurance.com					
3673 Westcenter Drive	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77042	INSURER A: Allied World Surplus Lines Insurance Co	24319				
INSURED	INSURER B: Allied World National Assurance Company	1				
Sec-Ops Training Academy dba Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company 22945					
5729 Leopard St., Building 8	INSURER D: Argonaut Insurance Company	1				
	INSURER E :	1				
Corpus Christi TX 78408	INSURER F:	,				

COVERAGES CERTIFICATE NUMBER: SEC-OPS TRAINING(07/19)

**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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
A	^	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			5202-0046-01	4/27/2019	4/27/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
А	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A			7/13/2019	7/13/2020	E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)			0001226244			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Wor	kers Compensation			WC928458691125	7/13/2019	7/13/2020	E.L. Each Accident		\$1,000,000
	Oth	ner States						E.L. Disease - Each Emplyee		\$1,000,000

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

\*\*\*Workers' compensation coverage provided by Texas Mutual Insurance Company applies to Texas operations and employees only\*\*\*

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. WC policy includes Alternate Employer Endorsement. The Auto Liability policy includes an additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the

CERTIFICATE HOLDER	CANCELLATION				
tom@pocca.com					
Port of Corpus Christi Authority Attn: Chief of Police, Tom Mylett 222 Power Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Corpus Christi, TX 78401	AUTHORIZED REPRESENTATIVE				
	R.L. Ring, Jr./DTANG				

COMMENTS/REMARKS							
named insured and the certificate holder that requires such status. Excess to follow form of underlying policies as per policy terms and conditions.							
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