

DATE (MM/DD/YYYY) 4/5/2019

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.

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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@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 Assur	cance 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:		
00//504050	OFFICIOATE NUMBER CERTETONE	E (04/10) DEVICION NI	IMPED	<u> </u>

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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 EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner States						E.L. Disease - Each Employee	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 CA	NCELLATION
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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./YCASH

FIGN. All minutes are a server



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5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
00//504050	OFFICIAL AND STREET	T (04/10)	DEVIOLENT NUM	4DED		

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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	Α	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					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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

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

CANCELLATION

R.L. Ring, Jr./YCASH

TION All rights recents



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El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: certificates@e	eldoradoinsuran	ce.com		
3673 Westcenter Drive		INSURER(S) AFFORDING 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	any	22945	
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance Company				
		INSURER E :				
Corpus Christi TX	78408	INSURER F:				
00//504050	OFFICIAL AND STREET	T (04/10)	DEVIOLENT NUM	4DED		

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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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		1,000,000

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CERTIFICATE HOLDER CAN	ICELLATIC
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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

R.L. Ring, Jr./YCASH

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3673 Westcenter Drive		INSURER(S) AFFORDI	ING COVERAGE	NAIC #
Houston TX	77042	INSURER A: Allied World Surp	lus Lines Insurance Co	24319
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5729 Leopard St., Building	8	INSURER D: Argonaut Insurance	e Company	
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COVERAGEO	OFFICIOATE NUMBER CERTETONE	E (04/10)	EVICION NUMBER	

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	T O LIO T TO	(IIIII)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
А		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	7/13/2018	7/13/2019	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
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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.

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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:	
	- (04/10)	

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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.

AUTHORIZED REPRESENTATIVE

R.L. Ring, Jr./YCASH

TION All rights reserve



DATE (MM/DD/YYYY) 4/5/2019

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PRODUCER		CONTACT NAME: 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	eldoradoinsuran	ce.com	
3673 Westcenter Drive		INSURER(S) A	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	any	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	T (04/10)	DEVIOLENT NUM	4DED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	T O LIO T TO	(IIIII)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
А		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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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

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

R.L. Ring, Jr./YCASH

TION All rights recent



DATE (MM/DD/YYYY) 4/5/2019

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INSURED		INSURER B: Allied World	National Assura	ance Company	
Sec-Ops, Inc.		INSURER C: Texas Mutual	Insurance Compa	any	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	T (04/10)	DEVIOLENT NUM	4DED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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 C	CANCELLATION
----------------------	--------------

Mike.daher@chemtex.com

M&G Chemicals 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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El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: certificates@e	eldoradoinsuran	ce.com	
3673 Westcenter Drive		INSURER(S) A	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	any	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	T (04/10)	DEVIOLENT NUM	4DED	

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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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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	CANCELL ATION

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

R.L. Ring, Jr./YCASH

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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:					
	- (04/10)					

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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	Α	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)	\$	
									\$	
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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					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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D	Wor	kers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
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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.

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3673 Westcenter Drive		INSURER(S) AFFORDI	ING COVERAGE	NAIC #	
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INSURED		INSURER B: Allied World Natio	onal Assurance Company		
Sec-Ops, Inc.		INSURER C: Texas Mutual Insu	rance Company	22945	
5729 Leopard St., Building	8	INSURER D: Argonaut Insurance	e Company		
		INSURER E :			
Corpus Christi TX	78408	INSURER F:			
COVERAGEO	OFFICIOATE NUMBER CERTETONE	E (04/10)	EVICION NUMBER		

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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
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	Otl	ner States						E.L. Disease - Each Employee	1,000,000

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CERTIFICATE HOLDER

New Mexico Regulation and Licensing Dept., Board and Commissions Division Private Investigations Advisory Board

PO Box 25101 Sante Fe, NM 87504

CANCELLATION

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 4/5/2019

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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:					
	- (04/10)					

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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. R POLICY EFF POLICY EXP									
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
	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)	\$	
~		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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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
--------------------	--------------

tom.stoker@wyo.gov

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

TION All rights recentled



DATE (MM/DD/YYYY) 4/5/2019

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PRODUCER		CONTACT NAME: Certificate De	partment		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)5			-0125
El Dorado Sec Srvs Ins Agy E-MAIL ADDRESS: certificates@eldoradoinsurance.com					
3673 Westcenter Drive		INSURER(S) A		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	any	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	T (04/10)	DEVIOLENT NUM	4DED	

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	T O E O E O E O E O E O E O E O E O E O	(IIIII)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
А		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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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

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



DATE (MM/DD/YYYY) 4/5/2019

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certificate florder in fled 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@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: CERTIFICATE (04/19) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	T O E O E O E O E O E O E O E O E O E O	(IIIII)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
А		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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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

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

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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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:					
	- (04/10)					

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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	Α	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					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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
KMagee@wh-m.com	
W&M Environmental Group, LLC Kate Magee 906 E. 18th 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.
Plano, TX 75704	AUTHORIZED REPRESENTATIVE

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	- (-)					
PRODUCER		CONTACT NAME: Certificate Department				
El Dorado Insurance Agency, Inc.		PHONE (A/C, No, Ext): (713)521-9251 (A/C, No, Ext):				
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: certificates@eldoradoinsur	ance.com			
3673 Westcenter Drive		INSURER(S) AFFORDING COVERAG	E	NAIC #		
Houston TX 77042	2	INSURER A: Allied World Surplus Line	s 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	8	INSURER F:				
		(04/10)		_		

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	T O LIO T TO	(IIIII)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
А		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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		1,000,000

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CERTIFICATE HOLDER C	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



DATE (MM/DD/YYYY) 4/5/2019

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PRODUCER		CONTACT NAME: 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		INSURER(S) A	FFORDING COVERAGE		NAIC #	
Houston TX	77042	INSURER A: Allied World	Surplus Lines 1	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:				
00//504050	OFFICIAL AND STREET	T (04/10)	DEVIOLENT NUM	4DED		

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (04/19) 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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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 CANCELLE

Wells Fargo Bank 615 N. Upper Broadway Corpus Christi, TX 78477 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) 4/5/2019

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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 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:				
OCUEDA OFO	. (04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP			
LTR			INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(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	x		5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- 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 \$	x		5201-0798-01	4/27/2019	4/27/2020		\$	
		RKERS 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
C	(Man	ndatory in NH)	,,		0001226244	7/13/2018	7/13/2019	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	Woı	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	:	1,000,000
	Oth	ner States						E.L. Disease - Each Employee	=	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 82	Room 1	SHOULD ANY OF THE ABOVE DESCRIBE THE EXPIRATION DATE THEREOF, NOTIC ACCORDANCE WITH THE POLICY PROVI	E WILL BE DELIVERED IN				
one, eme, wi		AUTHORIZED REPRESENTATIVE					
1		R.L. Ring, Jr./YCASH					



DATE (MM/DD/YYYY) 4/5/2019

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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)52:	-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:				
OCUEDA OFO	. (04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner States						E.L. Disease - Each Employee	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./YCASH			

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

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()		
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El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
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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:	
	(04/10)	

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		1,000,000

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CERTIFICATE HOLDER	CANCELLATION			
mandy.gershmell@wyo.gov Department of Adminstration and Informati Department of Worforce 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./YCASH			

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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



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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:				
OCUEDA OFO	. (04/10)				

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIW/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$ 1,000	000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	,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 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-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	147.4		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000	,000
	Oth	ner States						E.L. Disease - Each Employee	1,000	,000

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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.
Claibon, Ki vijiv	AUTHORIZED REPRESENTATIVE
1	R.L. Ring, Jr./YCASH

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DATE (MM/DD/YYYY) 4/5/2019

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@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:	
	(04/10)	

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIW/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$ 1,000	000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	,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 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-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	147.4		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000	,000
	Oth	ner States						E.L. Disease - Each Employee	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.

OEKTII IOATE HOEBER	VANGLELATION
Retail Security Services 3249 Route 112, Building 4 Suite 2	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./YCASH

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 4/5/2019

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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)52:	-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:				
OCUEDA OFO	. (04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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.				
	AUTHORIZED REPRESENTATIVE				
	R.L. Ring, Jr./YCASH				



DATE (MM/DD/YYYY) 4/5/2019

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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 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:	
	(04/10)	

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIW/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$ 1,000	000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	,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 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-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	147.4		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000	,000
	Oth	ner States						E.L. Disease - Each Employee	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

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



DATE (MM/DD/YYYY) 4/5/2019

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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 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:	
	(04/10)	

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner States						E.L. Disease - Each Employee	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
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
	R.L. Ring, Jr./YCASH

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DATE (MM/DD/YYYY) 4/5/2019

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PRODUCER		CONTACT NAME: Certificate Department				
El Dorado Insurance Agency,		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 Comp	any	22945		
5729 Leopard St., Building 8	3	INSURER D: Argonaut Insurance Company				
		INSURER E:				
Corpus Christi TX	78408	INSURER F:				
001/2010	A-D-1104	(04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIW/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$ 1,000	000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	,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 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-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	147.4		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000	,000
	Oth	ner States						E.L. Disease - Each Employee	1,000	,000

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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.
CHELENNEY WI 02002 0000	AUTHORIZED REPRESENTATIVE
	R.L. Ring, Jr./YCASH

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DATE (MM/DD/YYYY) 4/5/2019

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@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:				
	(04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) 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 EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner States						E.L. Disease - Each Employee	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				
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./YCASH				



DATE (MM/DD/YYYY) 4/5/2019

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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)52:	21-0125			
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:				
OCUEDA OFO	. (04/10)				

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/19) REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	
LTR			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 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 ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner States						E.L. Disease - Each Employee	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
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.
Colpus Childel, In 70401	AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 4/5/2019

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PRODUCER	CONTACT				
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52:	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:				
OCUMEN A SEC.	TOTI (04/10) DEVICION NUMBER				

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
LIK	х	COMMERCIAL GENERAL LIABILITY	เพรบ	WVD	FOLICT NUMBER	(WIN/DD/TTYY)	(ואוואו/טט/זזז(ץ)		\$ 1,000,0	100
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0	00
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,0	000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
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	\$ 1,000,0	00
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,0	00
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,0	00
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	"'' ^		0001226244	7/13/2018	7/13/2019	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	000
D	Wor	kers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,0	00
	Oth	ner Sttes						E.L. Disease - Each Employee	1,000,0	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

COMMENTS/REMARKS

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

COPYRIGHT 2000, AMS SERVICES INC.



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939

6/28/18



DATE (MM/DD/YYYY) 4/5/2019

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:				
	TT (04/10)				

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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 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	L'L AGGREGATE LIMIT APP <u>LIES</u> 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	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	CER/MEMBER EXCLUDED? Indatory in NH)	IN / A		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Otl	ner Sttes						E.L. Disease - Each Employee	:	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./YCASH

TION All rights recents



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939

6/28/18



DATE (MM/DD/YYYY) 4/5/2019

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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 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 CRECIAL E	NDT (04/19) DEVICION NUMBER.				

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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				SUBR		POLICY EFF	POLICY EXP	LIMITS		
LTR	75	COMMERCIAL GENERAL LIABILITY	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	L'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:							\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	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)	\$	
									\$	
A		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A				7/13/2019	X PER X OTH- STATUTE X ER		
C								E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			0001226244	7/13/2018		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	Workers' Compensation				WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Other Sttes							E.L. Disease - Each Employee		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

City of Corpus Christi 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

R.L. Ring, Jr./YCASH

Cont.



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939

6/28/18



DATE (MM/DD/YYYY) 4/5/2019

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).

COVERACES CERTIE	ICATE NUMBER SPECTAL EN	DT (04/19) DEVISION NUM	ADED.			
Corpus Christi TX 78408		INSURER F:				
		INSURER E :				
5729 Leopard St., Building 8		INSURER D: Argonaut Insurance Company				
Sec-Ops, Inc.		INSURER C: Texas Mutual Insurance Company 22945				
INSURED		INSURER B: Allied World National Assura	nce Company			
Houston TX 77042		INSURER A: Allied World Surplus Lines I	insurance Co	24319		
3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE				NAIC #		
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: certificates@eldoradoinsurance	ce.com			
El Dorado Insurance Agency, Inc.		PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521	-0125		
PRODUCER		CONTACT Certificate Department				
	(-)-					

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 (MM/DD/YYYY)	LIMIT	 S	
	х	COMMERCIAL GENERAL LIABILITY	INOD	WVD	. Olio: Nomber	(IIIII)	(MINI/DD/TTTT)	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	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner Sttes						E.L. Disease - Each Employee		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./YCASH

See next page

COMMENTS/REMARKS

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

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WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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-	1-0125				
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					
L Dorado Insurance Agency, Inc. L Dorado Sec Srvs Ins Agy 573 Westcenter Drive buston TX 77042 SURED ec-Ops, Inc. 729 Leopard St., Building 8	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:					
	TT (04/10)					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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	Α	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	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	11/ /		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner Sttes						E.L. Disease - Each Employee		1,000,000
ш										

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 CANCELLATIO

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

R.L. Ring, Jr./YCASH

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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WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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.

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PRODUCER	CONTACT					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52:	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					
El Dorado Sec Srvs Ins Agy 3673 Westcenter Drive Houston TX 77042 INSURED Sec-Ops, Inc. 5729 Leopard St., Building 8 Corpus Christi TX 78408	INSURER D: Argonaut Insurance Company					
	INSURER E:					
Corpus Christi TX 78408	INSURER F:					
OCUMEN A SEC.	TOTI (04/10) DEVICION NUMBER					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) REVISION NUMBER:

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	TOLU	ISIONS AND CONDITIONS OF SUCH PO		-	WITS SHOWN WAT HAVE BEEN KED					
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	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)	\$	
~		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		\$	
		EKERS 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
С	(Man	datory in NH)			0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner Sttes						E.L. Disease - Each Employee		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 Construction Company 2000 S. Colorado Blvd. Suite 12000	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./YCASH				

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WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

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- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

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- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

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This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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	-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:		·		
00//504050	OFFICIAL NUMBER OFFICES TO	DE (04/10)	MDED			

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
LIK	х	COMMERCIAL GENERAL LIABILITY	เพรบ	WVD	FOLICT NUMBER	(WIN/UU/TTYY)	(ואוואו/טט/זזז(ץ)		\$ 1,000,0	100
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0	00
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,0	000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
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	\$ 1,000,0	00
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,0	00
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,0	00
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	"'' ^		0001226244	7/13/2018	7/13/2019	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	000
D	Wor	kers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,0	00
	Oth	ner Sttes						E.L. Disease - Each Employee	1,000,0	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.
	AUTHORIZED REPRESENTATIVE
1	R.L. Ring, Jr./YCASH



WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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).

continuate metaer in near or each endercoment(e).				
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:			

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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 EFF	POLICY EXP	LIMIT	•	
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			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	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
		her Sttes						E.L. Disease - Each Employee		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
--------------------	--------------

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./YCASH

TION All rights reserved

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.

COPYRIGHT 2000, AMS SERVICES INC.

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



WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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.

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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:					
	TT (04/10)					

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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. SR 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	\$ 1,000,00
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,00
								PERSONAL & ADV INJURY	\$ 1,000,00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,00
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
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	\$ 1,000,00
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,00
		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	\$ 1,000,00
С	(Man	ICER/MEMBER EXCLUDED?	147.4		0001226244	7/13/2018	7/13/2019	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00
D	Woı	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,00
	Otl	ner Sttes						E.L. Disease - Each Employee	1,000,00

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	
-		SHOULD ANY OF THE ABOVE DESCRIBED POLICI THE EXPIRATION DATE THEREOF, NOTICE WILL E ACCORDANCE WITH THE POLICY PROVISIONS.	
(361)888-0458 annette.mendoza@nuecesco.com	AUTHORIZED REPRESENTATIVE R.L. Ring, Jr./YCASH	a.f.	

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.



WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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dertinoate notice in hea 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@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 ENDT (04/19) 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
LIK	х	COMMERCIAL GENERAL LIABILITY	เพรบ	WVD	FOLICT NUMBER	(WIN/UU/TTYY)	(ואוואו/טט/זזז(ץ)		\$ 1,000,0	100
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	
	х	Errors & Omissions			5200-2231-01	4/27/2019	4/27/2020	MED EXP (Any one person)	\$ 10,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0	00
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,0	000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
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	\$ 1,000,0	00
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,0	00
		DED RETENTION \$			5201-0798-01	4/27/2019	4/27/2020		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,0	00
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	"'' ^		0001226244	7/13/2018	7/13/2019	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	000
D	Wor	kers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,0	00
	Oth	ner Sttes						E.L. Disease - Each Employee	1,000,0	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. Excess to follow form of underlying GL, Auto and Employers Liability policies subject to policy terms and conditions. A waiver of subrogation endorsement is included on the General Liability policy in favor of

CERTIFICATE HOLDER	CANCELL ATION

Certificates@myCOItracking.cc

Orion Drilling Company, LLC
Orion Drilling Great Lakes, LLC
c/o myCOI
1075 Broad Ripple Avenue
Suite 313

Indianapolis, IN 46220

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./YCASH

COMMENTS/REMARKS the certificate holder. The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording. The General Liability policy includes an endorsement providing that 30 days' notice of cancellation will be furnished to the certificate holder. Workers Compensation policy includes Alternate Employer endorsement.

OFREMARK

COPYRIGHT 2000, AMS SERVICES INC.

COMMENTS/REMARKS								
Certificate Holder Defined As: Orion Drilling Company, LLC, Orion Drilling Great Lakes, LLC affiliates	and its subsidiaries and/or							
OFREMARK	COPYRIGHT 2000, AMS SERVICES INC.							



WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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).

	140.00(0).			
PRODUCER		CONTACT Certificate Department		
El Dorado Insurance Agency,	Inc.	PHONE (A/C, No, Ext): (713)521-9251	FAX (A/C, No): (713)521-0	
El Dorado Sec Srvs Ins Agy		E-MAIL ADDRESS: certificates@eldoradoinsura		
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	cance 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:		
COVERAGEO	OFFICIOATE AUMANED OFFICER EN	DE (04/10)	IMPED.	

COVERAGES CERTIFICATE NUMBER: SPECIAL ENDT (04/19) 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 EFF	POLICY EXP	LIMIT	
LTR	7.	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1 000 000
	X	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	L'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	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		\$
		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	CER/MEMBER EXCLUDED? Indatory in NH)	N/A		0001226244	7/13/2018	7/13/2019	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	Woi	rkers' Compensation			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident	1,000,000
	Otl	ner Sttes						E.L. Disease - Each Employee	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./YCASH			



WC 42 03 04 B

Insured copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- () Specific Waiver
 Name of person or organization
 - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations: ALL TEXAS OPERATIONS
- 3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below. (The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 7/13/18 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001226244 of Texas Mutual Insurance Company effective on 7/13/18

Issued to: SEC-OPS INC

This is not a bill

Authorized representative

NCCI Carrier Code: 29939



DATE (MM/DD/YYYY) 4/5/2019

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).

(1)					
PRODUCER	CONTACT Certificate Department				
El Dorado Insurance Agency, Inc.	do Insurance Agency, Inc. PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52				
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	I			
Sec-Ops Training Academy dba Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945			
5729 Leopard St., Building 8	INSURER D:	1			
	INSURER E :	I			
Corpus Christi TX 78408	INSURER F:	1			

COVERAGES CERTIFICATE NUMBER: SEC-OPS TRAINING (04/19)

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	IIIOD	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	4/27/2018	4/27/2019	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	х		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 Y/N						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)			0001226244	7/13/2018	7/13/2019	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			WC928458691124	12/5/2018	7/13/2019	E.L. Each Accident		1,000,000
	Oth	ner States						E.L. Disease - Each Employee		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				
1	R.L. Ring, Jr./YCASH				

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.								
OFREMARK COPYRIGHT 2000, AMS SERVICES INC.								