

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2021

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.

If	SUE	BROGATION IS	W۸	AIVED, subject	to th	he te	DITIONAL INSURED, the price and conditions of the ficate holder in lieu of su	ne poli	cy, certain p	olicies may				
PROI				<u> </u>										
Soli	dari	ty Insurance						CONTACT NAME: Dave Hovey PHONE (214) 206-8999 (A/C, No, Ext): (214) 206-899 (A/C, No, Ext): (2) 439-2487
		MMERCE ST						E-MAIL Contactus@SolidarityServices.com						
								INSURER(S) AFFORDING COVERAGE NAIC #						
DAI	I AS	3					TX 75202-4522	INSURER A : KINSALE INS CO					38920	
INSU							177 70202 1022							00020
		Mercer Cro	220	ing Commercia	ι Δος	ociati	on Inc	INSURER B:						
				sociation Manag			511, 1110.	INSURER C:						
				nt Drive, Suite 1	_			INSURER D :						
		Carrollton	occi	it Dilve, Gaile 1	12		TX 75006	INSURER E:						
COV	/ED			CEP	TIEI	`^TE		INSURER F:						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO												OLICY PERIOD		
IN CE	DIC/ RTI	ATED. NOTWITH: FICATE MAY BE	ST <i>A</i>	ANDING ANY RE SUED OR MAY	EQUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INS	SUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	X	COMMERCIAL GENI	ERA	L LIABILITY							EACH OCCURRENCE	CE	\$ 1,0	000,000
		CLAIMS-MADE		OCCUR							DAMAGE TO RENT PREMISES (Ea occu		\$ 10	0,000
											MED EXP (Any one		s ex	cluded
Α					0100061718-3		01/26/2021	01/26/2022	PERSONAL & ADV	DV INJURY \$ 1,00		000,000		
	GEN	I'L AGGREGATE LIMI	T AF	PPLIES PER:							GENERAL AGGREG			000,000
		POLICY PRO-	 -	LOC							PRODUCTS - COMP		s ex	cluded
		OTHER:										,	\$	
	AUTOMOBILE LIABILITY									COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO									BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED									BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED									PROPERTY DAMAGE (Per accident) \$				
		AUTOS ONLY		AUTOS ONLY							(Fer accident)		\$	
		UMBRELLA LIAB	T	OCCUB							EACH OCCURRENG	`E	\$	
		EXCESS LIAB OCCUR CLAIMS-MADE								AGGREGATE \$				
		DED RETEN									AGGREGATE		\$	
	WOF	KERS COMPENSATION		NΦ							PER STATUTE	OTH- ER	Ψ	
		EMPLOYERS' LIABIL		EXECUTIVE Y/N							E.L. EACH ACCIDE	_	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A										
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
	DES	CRIPTION OF OPERA	ATIO	INO DEIOM							E.L. DISEASE - POL	ICT LIMIT	φ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
בטנ	ANT I	ION OF ENAMONS	J, L	COATIONS/ VENIO	(F	JOND	ivi, Additional Nemarks Schedu	, may D	o attacheu ii iii0i	o opace is requir	-u,			

CERTIFICATE HOLDER	CANCELLATION						
***for informational purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
***for informational purposes	AUTHORIZED REPRESENTATIVE						
***for informational purposes	Kat E						
***for informational purposes							