

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2020

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 have ADDITIONAL INSURED provisions or be endorsed

	If SUBROGATION IS WAIVE this certificate does not con	D, subject	to to	he te	erms and conditions of the crificate holder in lieu of	ne policy, certain	policies may	require an endorseme	nt. A st	atement on
PF	RODUCER						LD J LEVIN	E		
Bluebonnet Insurance Agency						PHONE (A/C, No, Ext): (210) 822-3033 FAX (A/C, No): (866) 2			29-2487	
113 Castano Avenue #1						E-MAIL ADDRESS: Harold@biitx.com				20 2 701
San Antonio TX 78209						INSURER(S) AFFORDING COVERAGE				NAIC #
						INSURER A : HALLMARK				NAIC#
INSURED						INSURER B: UNITED SPECIALTY				
	SWIFT MOVERS			INSURER C: PROGRESSIVE COMMERCIAL AUTO INS						
1316 AUSTIN STREET						INSURER D :				
BUILDING "A"						INSURER E :				
	SAN ANTONIO T			INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
	THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDI CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITION	OR MAY P OS OF SUCH	EQUII PERT 1 PO	AIN, LICIE	ENT, TERM OR CONDITION THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HA	OF ANY CONTRAC	T OR OTHER	ED NAMED ABOVE FOR T DOCUMENT WITH RESPI	TOT TO	AUTOUTING
INS				ADDL SUBR INSD WVD POLICY NUMBE		POLICY EFF (MM/DD/YYYY	POLICY EXP	LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1000		0000
Α	CLAIMS-MADE X O	CCUR -						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
			X	X	G42416897	10/31/2020	10/31/2021	MED EXP (Any one person)	s 5000	)
					J			PERSONAL & ADV INJURY	s 1000	000
	GEN'L AGGREGATE LIMIT APPLIES	S PER:					And the second s	GENERAL AGGREGATE	\$ 2000	000
	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	s INCL	UDED
_	OTHER:								\$	****
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 750,0	000
C								BODILY INJURY (Per person)		
	AUTOS ONLY AUTO	DULED S	X	X	025370363	06/15/2020	06/15/2021	BODILY INJURY (Per accident)	\$	
		OWNED S ONLY						PROPERTY DAMAGE (Per accident)	\$	
	x DED-\$1000							COMP / COLLISON	\$ 95,00	00
	UMBRELLA LIAB OG	CCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CL	AIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	* V / N						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under	L .						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS beli	ow						E.L. DISEASE - POLICY LIMIT	\$	
В	B MOTOR TRUCK CARGO				USA4232045	09/06/2020			\$ 50,000	
PR FU CE	SCRIPTION OF OPERATIONS / LOCATI ROGRESSIVE COMMERCIAL JLL COVERAGE FOR \$ 95,00 ERTIFICATE HOLD IS A NAM DLLOWING IS A NAMED INSI	AUTO PO 00 WITH \$ 1 ED ADDIT	LICY 1000 ION	DEE AL A	CLUDES LIABILITY LIMIT DUCTIBLE ND LOSS PAYEE	S OF \$ 750,000 C		uired)		
<u>c</u> _						CANCELLATION				
						SHOULD ANY OF THE EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE C REOF, NOTICE WILL F	ANCELLE	ED BEFORE

ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE