



# CERTIFICATE OF LIABILITY INSURANCE

MCALL-1

OP ID: JU

DATE (MM/DD/YYYY)

01/16/12

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).

<b>PRODUCER</b> Carlisle Insurance Agency, Inc Corpus Christi Office 500 N Water Suite 900 Corpus Christi, TX 78401-0234 Tom L Carlisle CIC	361-884-2775	<b>CONTACT NAME:</b> Jessica Molina <b>PHONE (A/C, No, Ext):</b> 361-884-2775 <b>E-MAIL ADDRESS:</b> jessicam@carlisleins.com	<b>FAX (A/C, No):</b> 361-884-3470
	361-884-3470	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Affordable Homes of South Texas Inc 1420 Erie Ave McAllen, TX 78501	<b>INSURER A:</b> Mid Continent Casualty Company		<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			04GL000833006	10/13/11	10/13/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

**CERTIFICATE HOLDER**

HIDAL02

Hidalgo Urban County  
 1916 Tesoro Blvd  
 Pharr, TX 78577

**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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ESSEX INSURANCE COMPANY

COMMERCIAL LIABILITY DECLARATIONS

Renewal of Number: 3DB4799

Policy Number: 3DD7291

Item 1. Named Insured: PROYECTO AZTECA, INC.
Mailing Address:
Address Line 1: P.O. BOX 27
Address Line 2: SAN JUAN
State: TX Zip Code: 78589

Item 2. Policy Period FROM: 11/19/2011 TO: 11/19/2012 Term: ONE YEAR
12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

Item 3. Retroactive Date:

Item 4. Business Description: NON-PROFIT DWELLING CONTRACTOR

Item 5. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Table with 3 columns: Coverage Part(s), Form No. And Edition Date, Premium. Rows include Commercial General Liability Coverage Part (\$12,288.00), Professional Liability Coverage Part (\$), POLICY FEE (\$300.00), SURPLUS LINES TAX (\$610.52), STAMPING FEE (\$7.55), and a TOTAL of \$13,206.07.

Item 6. Forms and endorsements applicable to all Coverage Parts: MJIL 1000 08 10, 011-1061(08-02)

Agents Name: AMERICAN UNDERWRITING MANAGERS; KRB MANAGEMENT, INC. DBA

Agents Mailing Address:

Address Line 1: 365 MIRON DRIVE, SUITE D

Address Line 2: SOUTHLAKE

State: TX Zip Code: 76092

Agent Number: 01632

Underwriter Name: L. SNIDER

Countersigned: 11/28/2011 DATE

By: [Signature] AUTHORIZED REPRESENTATIVE

THIS COMMERCIAL LIABILITY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.



**ESSEX INSURANCE COMPANY**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number 3DD7291

<b>LIMITS OF INSURANCE</b>	
General Aggregate Limit (other than Products/Completed Operations)	\$ <u>2,000,000</u>
Products/Completed Operations Aggregate Limit	\$ <u>1,000,000</u>
Personal and Advertising Injury Limit	\$ <u>1,000,000</u>
Each Occurrence Limit	\$ <u>1,000,000</u>
Damage to Rented Premises	\$ <u>100,000</u> Each Occurrence
Medical Expense Limit	\$ <u>5,000</u> Any One Person

**BUSINESS DESCRIPTION AND LOCATION OF PREMISES COVERED BY THIS POLICY**

Form of business:  
 Individual     Joint Venture     Partnership     Organization (other than Partnership or Joint Venture)

Location of all premises you own, rent or occupy:  
 BUSINESS 83 & CESAR CHAVEZ, SAN JUAN, TX 78589

<b>PREMIUM</b>								
Description of Hazards/ Insured Classification(s)	Code No.	*Premium Basis	Rate		Advance Premium			
			PR/Co	All Other	Pr/Co	All Other		
CONTRACTOR-EXECUTIVE SUPERVISORS OR EXEC. SUPERINTENDENTS - RESIDENTIAL	91580	O) 1,279,985	INCL	9.60	\$	INCL	\$	12,288.00
SUBCONTRACTOR - RESIDENTIAL	91583	O) INCL	INCL	INCL		INCL		INCL
ADDITIONAL INSURED (SEE FORM MEGL0009)		T) 1	INCL	INCL		INCL		INCL
						<b>TOTAL ADVANCE PREMIUM</b>	\$	12,288.00

**FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)**

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:  
 MJIL 1000 08 10, IL 00 17 (11-98), MDIL 1001 08 10, ME 043 04 10, ME-051(01-09), ME-143(01-09), MEGL 0001 05 10,  
 MEGL 0009 04 11, MEGL 0311 04 10, MEGL 1361 08 10, MEIL 1200 01 10, CG 00 01 (12-07), CG 21 36 (03-05),  
 CG 21 47 (12-07), CG 21 49 (09-99), CG 21 73 (01-08), CG 21 86 (12-04), IL 00 21 09 08, IL 01 68 09 08, MPIL 1007 04 10,  
 MPIL 1009 04 10, MPIL 1010 05 10

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.