



FORTDEM-01

RODR01

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
04/03/2017

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 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 Shepard Insurance Agency 6801 N 10th St Ste 600 McAllen, TX 78504	CONTACT NAME: PHONE (A/C, No, Ext): (856) 688-3888 FAX (A/C, No): (856) 682-5950 E-MAIL: shepard@shepins.com ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Western World Insurance Compan</td> <td></td> </tr> <tr> <td>INSURER B: Hallmark County Mutual Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: United Specialty Insurance Company</td> <td>12637</td> </tr> <tr> <td>INSURER D: Texas Mutual Insurance Company</td> <td>22945</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Western World Insurance Compan		INSURER B: Hallmark County Mutual Ins Co		INSURER C: United Specialty Insurance Company	12637	INSURER D: Texas Mutual Insurance Company	22945	INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Western World Insurance Compan														
INSURER B: Hallmark County Mutual Ins Co														
INSURER C: United Specialty Insurance Company	12637													
INSURER D: Texas Mutual Insurance Company	22945													
INSURER E:														
INSURER F:														
INSURED Forte Demolition, Inc. 2502 Dove Ave Mission, TX 78574														

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 INSD	INSUR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible \$1,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			NPP8344177	10/04/2016	10/04/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RISED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A42811787	11/23/2016	11/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			USA4164241	11/23/2016	10/04/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001316078	11/02/2016	11/02/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 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 for ongoing and completed operations, Primary and Noncontributory Provision and Waiver of Subrogation form WW433 (09-14), that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

The Business Auto Policy provides Blanket Waiver of Subrogation form CA2046A (03-02) and Blanket Additional Insured form CA8901T (08-08) that provides this feature only when there is a written contract between the named insured and the certificate holder.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

HC Precinct 2 300 W Hall Acres Ste G Pharr, TX 78577	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
--	---

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



ADDITIONAL REMARKS SCHEDULE

AGENCY Shepard Insurance Agency		NAMED INSURED Forte Demolition, Inc. 2502 Dove Ave Mission, TX 78574 Hidalgo	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 26 FORM TITLE: Certificate of Liability Insurance**

Description of Operations/Locations/Vehicles:

The workers Compensation policy includes Blanket Waiver of Subrogation Endorsement (WC420304B) that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

Workers Compensation excludes executive officers: Hector Rivera (president) and Ricardo Lara (Vice-President).

The Excess Liability Policy is a follow form over the GL, AL and EL