



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2019

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 Texas Spirit Insurance Agency 804 Pecan Blvd., Suite #3 McAllen, TX 78501	956.631.0031 866.837.2564	CONTACT NAME: Rose Quintero PHONE (A/C, No, Ext): 956.631.0031 E-MAIL ADDRESS: rose.txspiritins@yahoo.com	FAX (A/C, No): 866.837.2564
INSURED Rio Grande Valley Mobile XRay 1421 Sioux Rd Alamo, Tx 78516	(956) 350-4343	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Kinsale Insurance	38920
		INSURER B : Texas Mutual Insurance	525190
		INSURER C :	
		INSURER D :	
		INSURER E :	
		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 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		010031446-2	09/01/2018	09/01/2019	EACH OCCURRENCE	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ NA	
						PERSONAL & ADV INJURY	\$ 1,000,000.00	
						GENERAL AGGREGATE	\$ 3,000,000.00	
						PRODUCTS - COMP/OP AGG	\$ 1,000,000.00	
							\$	
	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 \$					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TSF-0001176984	02/15/2019	02/15/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 100,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N				N/A	E.L. DISEASE - EA EMPLOYEE	\$ 100,000.00
							E.L. DISEASE - POLICY LIMIT	\$ 500,000.00
A	Professional Liability		0100031446-1	09/01/2018	09/01/2019	Ea. Medical Payment	\$1,000,000/3,000,000	
						Aggregate \$2,500 ded each claim		

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

General &amp; Professional Liability: Retro Date 09/01/2006

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF INSURANCE  
If you wish to be added as  
"CERTIFICATE OF INSURANCE"  
and your requests to  
staff.txspiritins@yahoo.com

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

*Rose Quintero* Rose Quintero, Agent