

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2019

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 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 noticer in fled of such endorsement(s).								
PRODUCER	_		NAME: Melinda Carey					
Frederiksen & Frederiksen, A Corp.			(A/C, No, Ext): (A/C, No):	91-9307				
Insurance & Risk Mgmt Services			E-MAIL melinda@fredandfred.com ADDRESS:					
12900 Preston Road, Suite 500			INSURER(S) AFFORDING COVERAGE	NAIC#				
Dallas	TX	75230	INSURER A: Illinois National Insurance Company	23817				
INSURED			INSURER B: Texas Mutual Insurance Company	22945				
Lone Star Justice Alli	ance		INSURER C: Certain Underwriters at Lloyds					
1411 West Avenue, S	Suite 200		INSURER D:					
			INSURER E:					
Austin	TN	78701	INSURER F:					
COVERAGES	CEDTIEICATE NI IMBED.	CL1971904040	DEVISION NUMBED:					

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	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE   X OCCUR	Y					PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,000
Α	GEN'LAGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC			06-LX-012417564-0	07/16/2019	07/16/2020	PERSONAL & ADV INJURY	\$ 1,000,000
							GENERALAGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						Abuse/Molestation	\$ \$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	A OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		06-CA-060782036-0	06-CA-060782036-0	07/16/2019	07/16/2020	BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$	
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACHOCCURRENCE	\$
							AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0002034908	07/19/2019	07/19/2020	PER OTH- STATUTE ER	
В							E.L. EACH ACCIDENT	\$ 500,000
_							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Cyber Liability						Each Incident	\$1,000,000
С	Cyboi Liabiity			ESI001184749	07/16/2019	07/16/2020	Deductible	\$2,500

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

Williamson County, its elected and appointed officials, employees and agents acting on its behalf are named as additional insured as required by written contract.

CERTIFICATE HOLDER		CANCELLATION			
Williamson County 710 Main Street Suite 200		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
7 To Main Offeet Gaile 200		AUTHORIZED REPRESENTATIVE			
Georgetown	TX 78626	Mal Federilse			