

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2023

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 this certificate does not confer rights			such en	dorsement(s	•	require an endorsei	nent. A s	statement on	
PRODUCER				CONTACT NAME: Bryce Lancaster					
Lancaster Insurance Group				PHONE (A/C, No, Ext): 512-247-8573 FAX (A/C, No): 512-649-3439					
555 Round Rock West Dr Suite E212				E-MAL ADDRESS: crystal@lancasterinsurancegroup.com					
			ADDICE	, ,		<u> </u>		NAIC#	
Round Rock TX 78681				INSURER(s) AFFORDING COVERAGE INSURER A: Covington Specialty Insurance Company				13027	
INSURED				INSURER B: Farmers Insurance					
								21652	
Santiago's Paint and Home Improvement			INSURER C:						
1819 White Indigo Tr				INSURER D:					
			INSURE	RE:					
		78665	INSURE	RF:					
COVERAGES CER	RTIFICATI	E NUMBER:				REVISION NUMBE	R:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVI	N OF AN' DED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RED HEREIN IS SUBJECT	SPECT TO CT TO ALL	WHICH THIS	
LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		VBA928618 00		06/23/2023	06/23/2024	EACH OCCURRENCE DAMAGE TO RENTED	s e) \$	1,000,000	
CEANVIS-IVIADE 70 OCCUR						PREMISES (Ea occurrence MED EXP (Any one perso	, ,	5,000	
						` ,	<i>'</i>	1,000,000	
						PERSONAL & ADV INJUR	· ·		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP	AGG \$	2,000,000	
B AUTOMOBILE LIABILITY		606265569		02/16/2023	02/16/2024	COMBINED SINGLE LIMI (Ea accident)	Г \$	100,000	
ANY AUTO						BODILY INJURY (Per per	l l	. 00,000	
✓ OWNED SCHEDULED						BODILY INJURY (Per acc			
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
UMBRELLA LIAB OCCUR						EAGU GOOUDDENOE	\$		
- OCCUR						EACH OCCURRENCE	· ·		
CLAIIVIG-IVIADE	-					AGGREGATE	\$		
DED   RETENTION \$   WORKERS COMPENSATION						PER 0	TH-		
AND EMPLOYERS' LIABILITY Y / N						PER O	TH- R		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPL	OYEE \$		
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY L	IMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	 D 101, Additional Remarks Sched	ule, may b	attached if more	e space is require	ed)			
CERTIFICATE HOLDER			CANO	TELL ATION					
CERTIFICATE HOLDER			CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE D ACCORDANCE WITH THE POLICY PROVISIONS.									
			AUTHO	RIZED REPRESE	NTATIVE				
				Bryce Lancaster					