

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/29/2022

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).

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PRODUCER RANDY FLASOWSKI	(35-31-34M)	CONTACT NAME:							
1001 University, #105	(55 51 54111)	PHONE (A/C, NO, EXT): (979) 691-2534	FAX 979-691-2608 (A/c, NO):						
College Statio, TX 77840		E-MAIL ADDRESS:rflasowski@farmersagent.com							
		INSURER(S) AFFORDING C	NAIC#						
INSURED		INSURER A: Truck Insurance Exchange		21709					
HERITAGE MEADOWS		INSURER B: Farmers Insurance Exchan	21652						
		INSURER C: Mid Century Insurance Co	21687						
2100 HERITAGE MEADOW LN BRYAN, TX 77803-1894		INSURER D:							
		INSURER E:							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:							

CENTRALS CENTRAL HOMBER.										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000		
С	CLAIMS-MADE X OCCUR			606986155	03/25/2022	03/25/2023	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$75,000		
							MED EXP (Any one person)	\$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC						PERSONAL & ADVINJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
							PRODUCTS - COMP/OP AGG	\$1,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANYAUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY						PER STATUTE OTHER	\$		
	ANY PROPRIETOR/PARTNER/ Y/N	N N/A					E.L. EACH ACCIDENT	\$		
	EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
CLRIII	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